



**Family Annual Income**

- Less than \$5,415
- \$5,416 - \$9,424
- \$9,425-\$10,829
- \$10,830-\$13,429
- \$13,430-\$16,137
- \$16,138-\$18,844
- \$18,845-\$19,927
- \$19,928-\$21,559
- \$21,560-\$32,389
- \$32,390- \$43,319
- \$43,320-\$54,149
- \$54,150 -\$74,999
- \$75,000-\$99,000
- \$100,000 and Higher

**Number in Household**

- Two (2)
- Three (3)
- Four (4)
- Five (5)
- Six (6)
- Seven (7) or more

**Do you qualify for free or reduced lunch in school?**

- Yes
- No

**Is parent in active military?**

**Branch** \_\_\_\_\_

- Yes
- No

**MEMBER EMERGENCY CONTACT AND/OR PICK UP INFORMATION**

*Please list two persons (not parents or guardians) who may be contacted in the case of an emergency:*

1. Name \_\_\_\_\_ Relationship to the member \_\_\_\_\_  
                     First                    Middle                    Last  
 Phone Number \_\_\_\_\_  Home  Work  Other \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to the member \_\_\_\_\_  
                     First                    Middle                    Last  
 Phone Number \_\_\_\_\_  Home  Work  Other \_\_\_\_\_

**MAY NOT PICK UP**

Is there a court order that restricts anyone from contact with your child/children?  Yes  No Please explain:  
 (Note: It is the parent/guardian's responsibility to provide a copy of the documents.)

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**MEMBER'S HEALTH INFORMATION** (Please provide FULL information so we may best meet her needs.)

Health Insurance Provider \_\_\_\_\_

**Allergies or Restrictions?**  Yes  No (If Yes, what happens after contact and severity):

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**Operations or Illnesses?**  Yes  No (If Yes, describe):

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**Behavioral / Emotional / Trauma Issues?**  Yes  No (If Yes, describe):

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**Regular Medications?**  Yes  No (If Yes, list ALL medications even if not given at Boys & Girls Club):

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**Will Boys & Girls Club be administering medication(s)?**  Yes  No (If Yes, which medication and what is it for):

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**Confidential Concerns / Issues / History** (Please check all that apply to your child)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> overweight/fitness     | <input type="checkbox"/> stress/anxiety/worry  | <input type="checkbox"/> Struggles in school    | <input type="checkbox"/> anger issues              |
| <input type="checkbox"/> parent in prison       | <input type="checkbox"/> underweight/won't eat | <input type="checkbox"/> making/keeping friends | <input type="checkbox"/> reading/writing           |
| <input type="checkbox"/> bullies/is bullied     | <input type="checkbox"/> foster care/shelter   | <input type="checkbox"/> body image             | <input type="checkbox"/> perfectionism             |
| <input type="checkbox"/> attention/focus issues | <input type="checkbox"/> past sexual abuse     | <input type="checkbox"/> homeless past/current  | <input type="checkbox"/> nutrition/eating disorder |
| <input type="checkbox"/> shyness/withdrawn      | <input type="checkbox"/> ADD/ADHD (diagnosed)  | <input type="checkbox"/> trauma (explain)       | <input type="checkbox"/> hygiene                   |

**MY CHILD HAS A SOCIAL WORKER**  Yes  No

**First & Last Name**

**Cell/Work Phone**

**Will they be meeting with your child/children at the Boys & Girls Club?**  Yes  No

*I authorize the Boys & Girls Clubs of Siouxland to act on my behalf in case my youth is victim of a major accident, injury, or illness when immediate medical or surgical care is needed; provided a member of the club staff shall make a diligent effort to first notify me of the situation and ascertain what my preferences are. If efforts to reach me are unsuccessful, I authorize duly licensed medical professionals to take such action as their judgment dictates. I further agree that, neither the Boys & Girls Clubs of Siouxland, nor any person associated with them, has any responsibility of any kind to me or my youth from any claims arising from any accident, injury or illness, which my youth may suffer as the result of any such health care or medical treatment. I understand that the Boys & Girls Clubs of Siouxland is not authorized to distribute medication or provide medical services.*

*Additionally, I authorize the Boys & Girls Clubs of Siouxland to transport my youth in Club vehicles to any field trips within the regularly scheduled Club hours. I understand that only field trips or activities that function outside of regularly scheduled hours will require my permission.*

*When in the course of regular Club programming, I authorize the Boys & Girls Clubs of Siouxland to photograph, video and/or audio tape my youth for use in Club social media, publications and/or media presentations. If applicable, I authorize members of the media to photograph or tape my youth engaging in Club activities or special events.*

*I also authorize the Boys & Girls Clubs of Siouxland and/or contracted researchers of the Boys & Girls Clubs of Siouxland, to involve my youth in outcome measurement/evaluation of Club programs. I authorize my youth's school to share my youth's report cards, grades, and attendance records. I understand that any data or information obtained from these activities will be treated with utmost confidentiality and my youth will not be individually identified as a participant.*

*Additionally, I authorize my youth to use the Boys & Girls Clubs of Siouxland Network and Internet Services. I also authorize the Boys & Girls Clubs of Siouxland, to enforce any and all guidelines set forth in the responsible computer use guidelines.*

*I understand that my child/children must meet the age requirements and must be able to function appropriately in a group setting.*

*I understand that the Boys & Girls Club is not responsible for any personal items brought to the Club, and that the Club will not pay or replace any personal items that are lost, stolen, or broke while at the Club.*

*I further certify that failure to abide by Club guidelines and behavioral expectations will result in the member's immediate dismissal from Club activities, and the member will be sent home at the expense of the student and his/her parent/guardian without refund of any Club, program, or membership fees. All Club fees should be understood as non-refundable.*

\_\_\_\_\_  
**Signature of Member**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**