



Manager Use Only: Date Paid _____ Mgr. Initial's _____
Admin Use Only: Member ID _____

Membership Application

- Davenport Teen Center** 1702 N Main Street Davenport IA (563) 949-4001
- Moline Teen Center** 1122 5th Ave Moline, IL 61265 (309) 757-7307

All Information is Confidential

A. All information is required for membership – we use your responses for grant writing and reporting.

Member Name _____ Male Female Non-binary

Address _____ City, State _____ Zip _____

Date of Birth (xx/xx/xxxx) _____ Age _____ Grade _____

Member's Primary Phone Number (if different from parent/guardian) _____

School _____ Email _____

Can this member swim? Yes
 No

Members are required to wear a mask at Club. Do you need one? Yes
 No

B. Ethnicity of member: (Select one)

- Hispanic or Latino
- Not Hispanic or Latino

Note: Hispanic includes but is not limited to Mexican, Latino/Latina, and Puerto Rican.

C. Race of member: (Select *all that apply*)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multiple Races
- Other: _____

	Primary Parent/Guardian 1	Parent/Guardian 2
D.		
Name		
Relation to Member		
Address (if different)		
Cell Phone (if different)		
Email		
Employer		
Job Title		
Work Phone		
Military Service <small>(branch and dates)</small>		
Emergency Medical Personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Medical Information

Please list any medical issues we should be aware of (including allergies, medications, mental or developmental disorders or learning disabilities): _____

F. Income (include wages, salaries, child support, social security, public assistance, etc.)

\$ _____ - Total Household Income

How often do you receive this amount?

- Annually
 Monthly
 Weekly
 Bi-Monthly (2X Month)
 Bi-Weekly (Every Other Week)

G. Do you, your child, or anyone in your household receive any of the following services?

- Free/Reduced Lunch
 SSDI (Disability)
 SSI (Social Security)
 WIC
 Medicaid
- TANF (Temporary Assistance for Needy Families)
 Food Stamps/SNAP (Supplementary Nutrition Assistance Program)
 Day Care Voucher
 Veterans Compensation
 Other:

H. Household Information

How many people live in your household? _____

What is the main language spoken in your household? (Select only one)

- English
 Spanish
 Equal English and Spanish
 French
 Other _____

I. Does this member have any siblings that are, or have been, members of BGCMV?

Name	Age	Current member?
Name	Age	Current member?
Name	Age	Current member?

J. Emergency Contact (must be different from parent/guardians listed on page 1)

	Emergency Contact 1	Emergency Contact 2
Name		
Relation to Member		
Cell Phone		
Home Phone		
Work Phone		
Authorized to pick-up from Club	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

By completing this membership application to the Boys & Girls Clubs of the Mississippi Valley, I, _____
(print your name), parent/guardian of _____ (print your child's name), agree to the following:

1. I understand that my child's picture/video may be taken for media and/or public relations and allow for these representations to be used for media and/or public relations purposes unless I submit a statement to the contrary to appropriate Boys & Girls Club staff.
2. I give permission for my child to be transported on the Boys & Girls Clubs of the Mississippi Valley van to all field trips and pickups from school. I understand that transportation is dependent on my child's good behavior on the van.
3. I give permission for my child to participate in and become registered members of the collaborative programs, which include, but are not limited to: Boy Scouts of America, Girl Scouts, Junior Achievement, University of Illinois Extension, and Red Cross.
4. I understand that the Boys & Girls Club of the Mississippi Valley is not responsible for lost or stolen items.
5. I acknowledge that I have received a copy of the Boys & Girls Clubs of the Mississippi Valley Club Member Handbook and understand that my child is expected to follow the Club rules.
6. I understand that the Boys & Girls Clubs of the Mississippi Valley has an open door policy. It is my responsibility to make sure my child knows how to get home at the end of the night.
7. I give permission for Boys & Girls Clubs of the Mississippi Valley to survey my child about his or her Club experience, behaviors, skills, and attitudes using Boys & Girls Clubs of America's National Outcomes Survey or other survey instruments unless I submit a statement to the contrary to appropriate Boys & Girls Club staff. All information provided to BGCA will be kept confidential.
8. I, on behalf of my child, waive and release the Boys & Girls Clubs of the Mississippi Valley, Inc., and its employees, officers and directors from any and all claims, caused by action, injury and damages that have been or may be incurred by my child as a result of his/her membership, activities and travel as part of the Club participation. I understand that this is a waiver of my possible rights and those of my child and is knowingly and freely made. No promises or other inducements have been provided to secure this waiver and release.
9. As the legal parent/guardian of this child, I authorize the School District and/or the educational institution my child attends to release the following information to the Boys & Girls Club on a quarterly basis: grade point averages, photocopies of report cards, school attendance rates, grade advancement information, behavior plans, graduation information and any other information regarding the educational and socio-emotional well-being of your child. This is valid unless I submit a statement to the contrary to appropriate Boys & Girls Club staff. Photocopies of this form shall be considered a valid release for all information.
10. I verify that the information on this form is correct.

Parent/Guardian Signature: _____

Date: _____

_____ **By initialing, I give permission for my child to sign themselves out from Club and walk home.**

FOR AGENCY USE ONLY (Administration):

Household Size _____

BGCMV Staff Initials _____

Annual Household Income Category:

- Very Low (30% and Lower)
- Low (31% to 50%)
- Moderate (51% to 80%)
- High (81% and Above)

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. BGCMV has put in place preventative measures to reduce the spread of COVID-19; however, **BGCMV cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at BGCMV may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BGCMV's employees, volunteers, and program participants and their families.

____ INITIALS I **voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at BGCMV.** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless BGCMV____, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of BGCMV, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at BGCMV.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS In the event that I file a lawsuit, I agree to do so in the state where BGCMV is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ INITIALS **By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

____ INITIALS **I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

____ INITIALS If I have signed a separate general waiver of liability connected to my participation at BGCMV, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS **I agree that I will practice safe social distancing and clean hygiene during my participation at BGCMV.**

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____

Virtual Programming for Club Members: Consent Form

Dear Parent/Guardian:

In an effort to serve our members during the event of a Club closure, Boys & Girls Clubs of the Mississippi Valley will provide distance-based, virtual programming for Club members, through which Club staff will facilitate program activities through online platforms. Boys & Girls Clubs of the Mississippi Valley will use software, tools and applications provided by third parties that members, parents/guardians and/or staff will access via the Internet and use for purposes of communication and programming. These platforms include Facebook, Instagram, Zoom, and others.

This letter seeks consent for your child to utilize the online platforms for distance-based, virtual Club program purposes. Please be aware that each application collects different information about its users and has its own privacy terms and conditions to which members must adhere. Please review these carefully before registering your member.

In order to participate in virtual Club programming, you will need to provide the following:

- A working computer, tablet, or phone that has access to Wifi. A valid email address (school email permits external communication, therefore is not considered valid). Any additional information that requires parent/guardian authorization.

We will use the online applications for the following program activities:

- Group activities, group chat, pre-recorded videos.

Our commitment to keeping the young people we serve safe is always our number one priority. Boys & Girls Clubs of the Mississippi Valley will actively monitor member activity on the online platforms. We will make every effort to protect member information by, among other things, maintaining control of, and access to, the data collected; prohibiting re-disclosure of member information; limiting the purposes for which the online platforms may use member information; ensuring there is no advertising and that no member information is collected for commercial purposes.

Further, all activities online must comply with Boys & Girls Clubs of the Mississippi Valley's safety policies, including the Staff Code of Conduct, Internet Safety Police, Prohibition of 1:1 Contact, which are available by contacting the unit director or Rachel, Director of Clubs & Programming at rprice@bgcmv.org.

Please complete the attached form to record your consent for your child's use of the online platforms listed above.

If you have any questions, please feel free to contact your unit director or Rachel. If you would like a copy of this consent form, please ask a staff member.

Sincerely,

Boys & Girls Clubs of the Mississippi Valley

I, _____ (*print your name*) parent/guardian of _____ (*print member name*), give permission for them to participate in distance-based online Club experiences at Boys & Girls Clubs of the Mississippi Valley.

Parent/Guardian's Email Address _____

Parent/Guardian's Signature _____

Date _____