



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

School-Year 2019-2020 Membership Application

- Davenport Teen Center** 1702 N Main Street Davenport IA (563) 949-4001 **\$30/school-year**
- Moline Teen Center** 1122 5th Ave Moline, IL 61265 (309) 757-7307 **\$30/school-year**

All Information is Confidential.

I. Please fill in all blanks accordingly. All are required for membership – we use your responses for grant writing and reporting.

Member's Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address	City, State	Zip	
School	Grade	Age	DOB
Member's Home Number (or Primary Cell Phone)			
Member's Cell Phone	Member's Email		
Can this member swim?	Yes	No	

Ethnicity of member: (Select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race of member: (Select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____
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Note: Hispanic includes but is not limited to Mexican, Latino/Latina, and Puerto Rican.

II. What shirt size does your teen typically wear? (Adult, unisex sizing)

- Small
 Medium
 Large
 X-Large
 XX-Large

	Primary Parent/Guardian 1	Parent/Guardian 2
III. Name		
Relation to Member		
Address (if not the same)		
Cell Phone		
Email		
Employer		
Job Title		
Work Phone		
Military Service (branch and dates)		

IV. Medical Information

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

V. 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)

VI. 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:

VII. Household Information

How many people live in your household?

Is your household a female or male-headed household? (Select only one) Female Male

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

- English
 Spanish
 Equal English and Spanish
 French
 Other

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

Name	Age	Current member?

IX. Emergency Contact (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)