



Manager Use Only:
Date Paid _____
Mgr Initials _____
Admin Use Only:
Member ID _____

Membership Application

- Davenport Club** 1702 Iowa St Davenport, IA 52803 (563) 324-5673 **\$15/school year**
- Moline Club** 406 7th St Moline, IL 61265 (309) 757-9155 **\$15/school year**
- Davenport Teen Center** 1702 N Main Street Davenport IA 52803 **\$30/school year**
- Moline Teen Center** 1122 5th Ave Moline, IL 61265 (309) 757-7307 **\$30/school year**

All Information is Confidential.

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

Member's Name: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Date of Birth: _____ Age: _____

Member's Home Number (or Primary Parent's Cell Phone): (_____) _____

Member's (not Parent's) Cell Phone: (_____) _____

Can this member swim? Yes No

Ethnicity of member: **(Select only one)**

____ Hispanic or Latino

____ Not Hispanic or Latino

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

____ American Indian or Alaska Native

____ Asian

____ Black or African American

____ Native Hawaiian or Other Pacific Islander

____ White

____ Other: _____

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

Medical Information

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

Primary Parent/Guardian 1

Name: _____

Relation to Child: _____

Address (if not same): _____

Cell Phone: (_____) _____

E-Mail: _____

Employer: _____

Job Title: _____

Work Phone: (_____) _____

Military Service (branch and dates): _____

Parent/Guardian 2

Name: _____

Relation to Child: _____

Address (if not same): _____

Cell Phone: (_____) _____

E-Mail: _____

Employer: _____

Job Title: _____

Work Phone: (_____) _____

Military Service (branch and dates): _____

What is the total income of your household (including wages, salaries, child support, social security, public assistance, etc.)?

\$_____ - Total Household Income

How often do you receive this amount?

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

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

- | | |
|--|--|
| <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> Day Care Voucher |
| <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> SSDI (Disability) | <input type="checkbox"/> Veterans Compensation |
| <input type="checkbox"/> SSI (Social Security) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Food Stamps/SNAP (Supplementary Nutrition Assistance Program) | <input type="checkbox"/> Other: _____ |

How many people live in your household? _____

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

- Female
 Male

What language is spoken in your household most of the time? (Select only one)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Equal English and Spanish | |

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

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

What shirt size does your child typically wear?

- Child Small Child Medium Child Large Child X-Large
 Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Emergency Contact Information:

In the event of an emergency, and we cannot contact you or another parent, please contact:

Name: _____ Relation to Child: _____

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Name: _____ Relation to Child: _____

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Are your child's emergency contacts allowed to pick up your child from Club? Yes 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)