BOYS & GIRLS CLUBS
OF THURSTON COUNTY

Consider Helping Other Clubs Families in Need

We work hard to keep Boys & Girls Club membership fees low. Although it costs **more than $1,000 per child, per year** to participate in programs and activities at our Clubs, our comprehensive scholarship program ensures financial hardships are never a barrier to membership. We rely on donations from a range of businesses, organizations, and individuals like you to help bridge the gap in these costs and ensure all youth benefit from the quality mentorship and programming provided by Boys & Girls Clubs of Thurston County.

Please consider helping families in need of scholarship assistance by pledging support to the Parent & Family campaign. Your monthly or one-time contribution to the Clubs will help create *Great Futures* for Thurston County youth.

YES! *I want to support the Club Parent & Family Campaign providing scholarships to support Club youth and their families.*

Club: □ Lacey □ Olympia □ Rochester □ Tenino □ Yelm

Name: _____ Phone: _____

Address (Include City, State, Zip): _____

Email Address: _____

Select Preferred Method of Payment:

□ **Easy Credit Card Payment**
Please charge $_____ monthly to my credit card for a total annual gift of $ _____.
Monthly pledges continue for 12 months or until total gift is reached.
Card Type: □ Visa □ Master Card □ American Express
Card Number: _____Exp. Date: _____ CVV: ____

Billing Address (if different from above): _____

Authorization Signature: _____

□ **One-Time Gift**
Accept this one-time contribution of $ _____ ___ **Cash** ___**Check** ___ **Credit**

BOYS & GIRLS CLUBS
OF THURSTON COUNTY

Boys & Girls Clubs of Thurston County Membership Form

CIRCLE MEMBERSHIP TYPE: Membership Renewal New Membership

Member (Child) Information

First Name **Middle Name** **Last Name**

Ethnicity

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- Native American
- Mixed Heritage
- Other

Gender

- Male
- Female

Birthdate / /

Grade:

McKinney-Vento Yes No

School:

Free or Reduced Lunch? Yes No

Parent/Guardian #1 Information (please print)

First and Last Name:

Address:

(City) (Zip)

Primary Contact Information:

Home: _____

Cell: _____

Work: _____

Email: _____

Parent/Guardian #2 Information (List all parents/guardians with custodial privileges; use additional page if needed)

First Name: Last Name:

Address (if different from above):

Contact Details Home: _____ Cell: _____ Work: _____

Please mark your income level, based on the number of people in your family:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
$17,600	$20,100	$22,600	$25,100	$27,150	$29,150	$31,150	$33,150
$29,300	$33,500	$37,700	$41,850	$45,200	$48,550	$51,900	$55,250
$46,900	$53,600	$60,300	$66,950	$72,350	$77,000	$83,050	$88,400

Is either parent in the Military? Yes No **Branch:** _____ **Active Duty?** Yes No

BOYS & GIRLS CLUBS
OF THURSTON COUNTY

Club Member Medical/Insurance Details:

Name of Physician

Physician phone number

Insurance Company Name

Policy Number

Medication(s)

Medical Conditions/Allergies:

Disabilities: (Information needed to best serve your child)

Emergency Contacts (DO NOT LIST PARENTS IN THIS SECTION)

Contact #1 Name: _____ Phone: _____ Relationship: _____

Contact #1 Name: _____ Phone: _____ Relationship: _____

PARENT PHOTO POLICY AGREEMENT:

For both internal and external use, I acknowledge that Boys & Girls Clubs of Thurston County may utilize photographs or videos of my child that may be taken during involvement in the Club's activities. I consent to such uses and hereby waive any rights of compensation.

Waiver of Liability & Disclaimer:

I, In consideration of my child's membership, and any participation in the activities and special programs or events of the Clubs, on behalf of me and my child and any heirs or assigns of me or my child, waive, release, and agree to defend and hold harmless Boys & Girls Clubs of Thurston County, and its sponsors, staff members, board of directors, and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any Club-related event, activity, program, or property. I attest and verify that I have full knowledge of the risks involved in Club-related events, activities, programs, and properties and that I will, on behalf of my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of the Club.

Emergency Authorization:

I, the undersigned, as parent/guardian of my child, hereby authorize the staff of the Club, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel. **Boys & Girls Clubs of Thurston County charges $30 annually for Club Membership and the monthly activity fee ranges between $0-75, depending on family income and location. Security cameras are installed in high traffic areas at Tumwater, Lacey, and Rochester. Footage will be reviewed on a regular basis to help management assess safety and programmatic needs.**

Acknowledgement and Consent:

I understand the conditions under which Boys & Girls Clubs of Thurston County (a.k.a "the Club") operates and that it is not a day care facility. I understand the "open door" policy which allows children to leave arrive and leave without an adult. Professional supervision will be provided for children at the Club's facility only. I understand that no loitering is allowed outside the Club entrance.

NOTE: YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND ACCEPT THE POLICIES/CONDITIONS OF BOYS & GIRLS CLUBS OF THURSTON COUNTY AS DESCRIBED ABOVE, AS WELL AS IN THE PARENT HANDBOOK.

I **Do Consent** to Photo/Video Release Signature: _____

I **DO NOT Consent** to Photo/Video Release Signature: _____

BOYS & GIRLS CLUBS
OF THURSTON COUNTY

CLUB POLICY AGREEMENT

In order to complete the membership form, ***each numbered item below must be read and initialed****. Your initial indicates that you understand the policies as set forth by Boys & Girls Clubs of Thurston County (BGCTC) and will adhere to each. Please share concerns and questions with your Club or Program Director.*

1. _____ I understand the $30 membership fee is assessed and must be renewed annually. I understand this fee is non-refundable. I understand that there are additional monthly activity fees during the school year, ranging from $0 to $75 based on family income. Activity fees are payable October through June and due by the fifth of the month. Club members who are not transported to the Club via bus or attend less than 4 times per month pay a daily fee of $5.00 per child. Monthly activity fees apply only to elementary school members.

2. _____ It is my responsibility to inform Club personnel when information concerning my child changes. Changes might include household contact information, emergency contact information, or medical conditions. It is my responsibility to inform the Club or Program Director of any custody arrangements regarding my child that would affect their participation at the Club. I will provide Club professionals with any legal documents pertaining to these situations.

3. _____ I understand the Club's hours of operation and that a **$1.00 late fee is assessed for every minute my child remains after Club closing time**. This fee is per family and must be paid prior to my child(ren) returning to the Club. If a child is left for more than an hour beyond closing and the Club staff have exhausted efforts to contact a parent or guardian, Club staff will contact the local law enforcement.

4. _____ I understand that the Club is closed on the following holidays: New Years Day, MLK Day, Presidents Day, Memorial Day, the Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, Christmas Eve and Christmas. Clubs will also be closed the 1st Friday of every month for staff training, except during the months of September and January. Club signage and updates via the Club Facebook page will contain up-to-date information.

5. _____ Clubs may be open for varying hours during parent/teacher conferences, spring break, and winter break. I understand that I must inquire at the Club prior to these dates to confirm hours of operation. I can request a copy of your Club's annual operating calendar.

6. _____ I understand that BGCTC operates its clubhouses with an open door policy. If I do not want my child to leave the Club, it is my responsibility to instruct my child accordingly.

7. _____ I understand that it is my responsibility to make travel arrangements for my child to and from the Club.

8. _____ The Club offers optional field trips in addition to regularly scheduled Club activities. I understand that permission slips must be signed in advance and some events require additional fees to participate.

9. _____ I understand that I will be notified should my child become ill and it will be necessary to have my child picked up as soon as possible following such notification. *If my child is exposed to a contagious disease, I agree to notify the Branch Director or Program Director. I understand my child may not attend the Club until he or she is no longer contagious and I agree to provide written authorization from the doctor if asked.* A designated employee may administer properly labeled medication, with written authorization from the doctor. Prescriptions must be in a pharmacy container with the child's name and dosage instructions listed on the label.

10. _____ I understand that if my child does not attend school due to an illness or suspension, my child may not attend Boys & Girls Club that day.

11. _____ I understand that BGCTC is not responsible for lost, missing, stolen, or damaged items and that Club staff strongly suggest personal belongings such as bicycles, toys, and cell phones be left at home. Social Media accounts are not to be accessed while at the Club. BGCTC's WiFi network is not shared with Club members.

12. _____ I understand that BGCTC reserves the right to suspend my child from the Club and/or Club activities if they exhibit poor behavior or become a threat to Club members, staff, or volunteers. It is my responsibility to meet with the Club or Program Director to discuss any matters of concern.

_____	_____	_____
Date	Parent/Guardian Signature	Printed Name

For Office Use Only KidTrax Enter Date:_____ Member ID:_____ Staff Initials:_____

BOYS & GIRLS CLUBS
OF THURSTON COUNTY

School Conferencing Consent Form

Student's Name: _____

School Attending:_____

Teacher's Name(s): _____

Principal: _____

Boys & Girls Clubs of Thurston County encourages communication between staff and classroom teachers so learning goals for Club members are clear and consistent. Allowing Club staff to communicate with my child's teacher/school will help gain greater insight on how to best meet their academic needs.

By signing this form, I grant permission for Boys & Girls Clubs of Thurston County Branch Directors and/or Program Directors to contact my child's teacher(s) and/or school district to receive grade reports, and communicate with my child's teacher. This information allows Club staff to best serve my child's academic needs.

My participation in this communication is welcomed. If my child is enrolled in Club tutoring programs, the tutoring coordinator may contact me regarding my child's progress or discussions with the school.

_____ _____

Parent/Guardian – Printed Name Date

_____ _____

Parent/Guardian – Signature Date

BOYS & GIRLS CLUBS
OF THURSTON COUNTY

In partnership with: Big Brothers Big Sisters. OF SOUTHWEST WASHINGTON

Big Brothers Big Sisters of Southwest Washington and Boys & Girls Club of Thurston County are partnering together to provide even more opportunities for the youth in our communities. In signing your child up for the Boys & Girls Club, they are invited to gain a positive role model in our one-on-one mentoring program!

There is no cost to participate, it takes place at the club once a week for an hour, and is a great opportunity for your child to gain another mentor in their life. Activities include helping with homework, playing board games, doing fun S.T.E.A.M. (Science Technology Engineering Art Math) activities, or arts & crafts for an hour. We will be working with the G3 Program at the Club to focus on academic achievement and fun!

If you are interested in having your child be a part of this program, please fill out the following pages so we can get them enrolled on the Big Brothers Big Sisters side to start participating!

If you have any questions, please feel free to reach out to Peter McNamara, Site Based Program Director for BBBS.

Take care,

Peter McNamara
Big Brothers Big Sisters of Southwest Washington
School/Site Based Program Director
T: 360.943.0409, ext 112
C: 615.715.2282
E: Peter@swwabigs.org

BOYS & GIRLS CLUBS
OF THURSTON COUNTY

Big Brothers Big Sisters.
OF SOUTHWEST WASHINGTON

SITE-BASED YOUTH APPLICATION AND PARENT PERMISSION FORM

Please mark the appropriate answers below:

1. Does your child have a parent or parental figure in prison at this time? ☐Yes ☐No
   If yes, please explain:

2. Does your child have a parent/caregiver with current or past military experience? ☐Yes ☐ No

   If yes, please list dates of service:

3. Has your child ever been arrested or involved in the juvenile justice system? ☐No ☐Yes.

Please explain:

4. Is parent/guardian receiving income assistance? ☐Yes ☐No

5. Please check your estimated household income:
   ☐ 0-$10,000 ☐ $10,001-$15,000 ☐ $15,001-$20,000 ☐ $20,001-$30,000 ☐ $30,001-$50,000 ☐ $50,001+

6. Within the last year, has your child been in any trouble at school?
   ☐ Poor Grades ☐ Skipping school/classes ☐ Truant ☐ Behavior problems ☐Suspended/Expelled

Is there aything else you would like us to know about your child? (Are there other ways you think a Big Brother or Big Sister can support your child? Is there anything else we need to know before matching your child with a Big? What are some of the needs your child has (could be social, emotional, behavior, or academic) that a Big may be able to help him/her with? What strengths does your child have that a Big might be able to help grow?)

BOYS & GIRLS CLUBS
OF THURSTON COUNTY

Big Brothers Big Sisters.
OF SOUTHWEST WASHINGTON

By signing below, I give permission:

1. For my child to participate in the Big Brothers Big Sisters Program;
2. For the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports);
3. To have my child participate in an enrollment interview conducted by Big Brothers Big Sisters staff and complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests;
4. To have my child talk with a Big Brothers Big Sisters staff person about personal safety;
5. For BBBS staff to provide contact information to the volunteer for the purpose of contacting my child.
6. For Boys & Girls Club of Thurston County to share this information with Big Brothers Big Sisters of Southwest Washington while my child participates in the BBBS one-on-one mentoring program.

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I may be asked to provide additional information. I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information shared in my child's in-take interview).

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand this information will not affect my qualification for the program.

I do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her guardian. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is matched with a Big Brother or Big Sister I agree to support my child's match by reviewing the program and safety information given to me by Big Brothers Big Sisters, communicating with Big Brothers Big Sisters staff at least once per semester and once during summer break, and immediately reporting any concerns I might have to the school or Big Brothers Big Sisters staff.

Parent/Guardian Signature: _____ Date: _____

BOYS & GIRLS CLUBS
OF THURSTON COUNTY

Big Brothers Big Sisters.
OF SOUTHWEST WASHINGTON

Parent/Guardian Media Release Form

I agree to allow Big Brothers Big Sister of Southwest Washington to use information about my child as well as any pictures, videos or such images or likeness of my child. My consent is unconditional and I agree that Big Brothers Big Sisters of Southwest Washington may use such pictures, video, or other images of any likeness of my child in any manner consistent with the goals of the agency.

I understand that, among other things, my child may be seen or heard, and that details and progress of my child's match may be written about in print media, social media, television, videos and radio for the good and support of Big Brothers Big Sisters of Southwest Washington. I agree that there will be no compensation whatsoever for this participation or for the use of the resulting materials by Big Brothers Big Sisters of Southwest Washington.

☐ **I give** or ☐ **I do not give** consent to use the above mentioned images and consent to use my child's…

☐ **first** or ☐ **first and last** name(s) in any promotional materials.

By signing below, I acknowledge that I have read, understand it, and agree to the information presented above.

_____ _____

Child's Name (Please Print) Parent/Guardian Signature