

Boys & Girls Clubs of Emerald Valley

1545 W 22nd Avenue

Eugene, OR 97405



Phone: 541-345-9939 Fax: 541-345-9939

For Office Use Only

Date Received	Staff Initial
<input type="text"/>	<input type="text"/>
Date Entered	Staff Initial
<input type="text"/>	<input type="text"/>
Receipt #	<input type="text"/>
Cash	<input type="text"/>
Check #	<input type="text"/>
Card	<input type="text"/>
Membership Number:	<input type="text"/>

Member Information

Child's First Name	Middle Name	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Birthdate	Age	Gender	Race/Ethnicity	School:
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Other : _____ <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Latino/Hispanic	_____
Social Security Number		<input type="checkbox"/> F		Teacher:
<input type="text"/> - <input type="text"/> - <input type="text"/>				Grade:

Contact Information

Primary Contact	Relationship	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation/Employer	Work Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Secondary Contact	Relationship	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation/Employer	Work Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Emergency Contact	Home Phone	Cell Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Contact	Home Phone	Cell Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Household Information

Member lives with:

Both Parents Number of individuals in Household: _____

Mother ONLY

Father ONLY

Both Parents (Split) Number of individuals under 18: _____

Parent & Step Parent

Grandparent(s)

Foster Parent(s)

Other: _____

Additional Pick Up List

Any individual not listed below or as a contact above will NOT be authorized to pick up your child.
You may also list individuals specifically NOT authorized to pick up.

Name:	Phone #:
_____	_____
_____	_____
_____	_____
_____	_____

Member authorized to clock out & walk home alone? Y N

Medical Information

Medical Needs/Allergies/Special Needs: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>		Medications & Dosages*: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
* Boys & Girls Clubs of Emerald Valley is not insured to administer medication of any form			
Physician <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Does Member have insurance? Y <input type="checkbox"/> N <input type="checkbox"/>	Insurance Carrier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Can Member Swim? Y <input type="checkbox"/> N <input type="checkbox"/>
Physician Phone Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Insurance Policy Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Confidential: The following information is necessary for our records and the **funding our Organization receives.** The answers you provide will remain completely confidential. Your cooperation in providing this information is both appreciated and necessary. Please see staff if you have any questions or concerns.

Total Income in the household—please check one

	\$ 9,000 or below
	\$9,001— \$12,000
	\$12,001— \$15,000
	\$15,001—\$19,000
	\$19,001—\$23,000
	\$23,001—\$28,000
	\$28,001—\$32,700
	\$32,701—\$42,000
	\$42,001—\$45,000
	Over \$45,001

Do you receive Medicaid? Y N

If Yes, please provide Medicaid number:

Are you currently receiving government assistance?
Y N

Assistance Programs — please check all that apply

	Y	N	
			SSDI
			SSI
			TANF
			DAY CARE VOUCHER
			FOOD STAMPS
			GENERAL ASSISTANCE
			FREE/REDUCED PRICE LUNCH
			VETERAN COMPENSATION

LIABILITY—I, the parent/guardian, of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Emerald Valley, Boys & Girls Clubs of America, their representatives, successors, insurers, assigns, or any other person or entity associated with any of the above listed organizations, such as staff, directors, or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, and injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

MEDICAL TREATMENT—I give permission to the Boys & Girls Clubs to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.

ACADEMIC RELEASE—I give my permission to the Boys & Girls Clubs of Emerald Valley and to Eugene 4J and Community Schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Eugene 4J Schools or Boys & Girls Clubs in writing.

PHOTO RELEASE—I give my consent for photographs in which my child may appear, to be used in any way the Boys & Girls Club may care to use them.

I understand that the Boys & Girls Club is not responsible for lost or stolen items.

I will attend the mandatory parent orientation for new members.

Date: _____ / _____ / _____

Parent/Guardian Signature