

Membership Application



BOYS & GIRLS CLUBS
of Tracy
Administrative Offices

753 W. Lowell Avenue
Tracy, CA 95376
209.832.2582

www.bgctracy.org

MEMBERSHIP LOCATIONS: ASSETS/ELOP

Kimball
Tracy
West

You are registering for an ASSETS/ELOP funded B&G Club. Priority enrollment will be given to "unduplicated students" who qualify for one of the following three priorities:

- 1. English Language Learner
- 2. Free and Reduced Lunch
- 3. Foster Care

Once these spots are secured, we will open up the remaining spots to ALL students based on a first-come; first served basis.

Today's Date ___/___/20___

MEMBER INFORMATION

First Name _____ Middle Initial ___ Last Name _____

Address _____ City _____ State _____ Zip _____

Gender: Male ___ Female ___ Non-binary___ Age ___ Date of Birth ___/___/___ School _____ Current Grade _____

Race/Ethnicity: African American ___ Asian ___ Caucasian ___ Hispanic ___ Am. Indian or Alaskan ___ Pacific Islander ___ Multi-racial ___ Unknown ___

Physician Name _____ Physician Phone _____ Preferred Hospital/Clinic _____

Child's medical disability/disorder/concerns/allergies/list of medication(s) child is taking: _____

___ IEP ___ Physical ___ Mental ___ Emotional ___ Other (Explain) _____

Child is a: ___ NEW Member ___ RETURNING Member

PRIMARY PARENT(S)/GUARDIAN INFORMATION (Lives with child)

1. First (Head of Household/Financial Supporter) _____ Last _____ Relationship _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work City _____ Work Phone _____

2. First _____ Last _____ Relationship _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work City _____ Work Phone _____

CHILD LIVES WITH: ___ Both Parents/Guardians ___ Single Parent/Guardian ___ Foster Care ___ Family Shelter

OTHER PARENT/GUARDIAN/EMERGENCY CONTACT

First _____ Last _____ Relationship _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work City _____ Work Phone _____

ADDITIONAL EMERGENCY CONTACT (Other than above)

First _____ Last _____ Relationship _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work City _____ Work Phone _____

FAMILY INFORMATION:

Members in household (circle) 2 3 4 5 6 7 8+

Parent/Guardian member of US Military: YES NO

My child qualifies for free or reduced lunch: YES NO

*Financial assistance available

Annual Household Income (Circle One)

Under \$9,999 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999 \$40,000-\$49,999 \$50,000-\$59,999 \$60,000-\$69,999 \$70,000+

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Parent/Guardian Agreement-Please initial each line

___ I give my permission to the Boys & Girls Clubs of Tracy and Tracy Unified School District 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, Boys & Girls Clubs and in life. This release is valid for one year and may be revoked at any time by contacting TUSD and BGCT in writing.

___ I give permission for my child to be photographed, videotaped and/or interviewed for the use of Boys & Girls Clubs of America and/or Boys & Girls Clubs of Tracy and their sponsors in promotional materials including internet/website. I consent to such uses and hereby waive any rights of compensation.

___ I give my child consent to have my child treated by Club personnel/physician/EMT or have hospitals administer emergency medical treatment in case of sudden illness or injury while participating in a BGCT program or activity.

___ I agree to indemnify and hold harmless Boys & Girls Clubs of Tracy, Tracy Unified School District and their officers, employees, volunteers and any other community organization for any injury or loss of property which may be suffered by my child(ren) arising out of or in any way connected with programs or activities related to the Club.

___ Boys & Girls Clubs of Tracy will not be responsible for any lost or stolen property that is brought to any Club or Club function. We strongly encourage you not to bring them.

___ It is imperative that your child is picked up by closing time. Please arrange for your child to be picked up if he/she does not walk home. For any child that remains in the Club after closing hours, they may be at risk of losing their membership privileges. Members left longer than ONE hour of close, will be considered abandoned and the proper authorities will be notified and a \$1/minute fee may be imposed on any late pickups.

___ Boys & Girls Clubs of Tracy refers to Tracy Unified School District student guidelines. These guidelines can be found in the STUDENT HANDBOOK and the BGCT Handbook which has been distributed at registration of your student at their respective school.

___ Minimum attendance requirements-Elementary school members must attend Club five days per week and Middle school members must attend three days per week to meet grant requirements. If a member attends less than the requirement, their membership may be revoked without refund. Members are required to check-in immediately following school dismissal unless a time stamped note from teacher/school staff is issued.

___ All members must have a current application on file for the unit they attend. Check in and out is required for all members that are on campus during Club hours.

___ The CDE code 8483 requires that afterschool programs have established policies for reasonable early release of pupils. The program minimally stays open until 6:00pm and operates 15 hours a week. Students may be released early from the program based upon the following conditions:

Attending a parallel program; family or community emergencies; medical, dental or other professional health related appointments; weather or other conditions that impact member safety, or member accidents that occur during program time. Whatever the case may be, the member, parent or staff will record the date and time of the early release departure of the member through the tracking system and/or on the sign-out sheet.

___ I give my permission for my child to become a member of Boys & Girls Clubs of Tracy. I understand that the Club is not responsible for the time or manner in which my child may arrive or leave the Club, and Boys & Girls Clubs of Tracy and its property/partners are not responsible for personal injury or loss of property. Due to grant requirements, my child will attend the required days per week and will follow all policies and procedures, including TUSD Student Handbook requirements. I understand any violations of policies and procedures, the membership may be revoked without refund. I agree to the terms and conditions described above and by signing this membership, acknowledge that I have read and accept the policies of Boys & Girls Clubs of Tracy.

Parent Signature

Date _____

FOR OFFICE USE ONLY

Membership Received by: _____ Date: _____

Total Amount of Cash: \$ _____ Staff Initial _____

Total Amount of Check: \$ _____ Check # _____ Staff Initial _____

Total Amount of CC charge \$ _____ Staff Initial _____

Unit Director Signature: _____ Date: _____