



BOYS & GIRLS CLUBS
OF THE AUSTIN AREA

2022 MEMBERSHIP APPLICATION

AISD Number _____	
CHILD'S NAME*: (Last) _____	(M.I.) _____ (First) _____
GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	AGE _____ DATE OF BIRTH _____ SCHOOL _____ GRADE _____
STREET ADDRESS _____ APT# _____	
CITY/STATE _____	ZIP _____ HOME PHONE # (____) _____

New Member? YES NO If no, which club did this member previously attend? _____

How does member normally get home? School Bus City Bus Walk Picked Up Other _____

Ethnicity: Hispanic African American Caucasian Asian Arabic Native American Multi-Racial

HACA Resident? YES NO If yes, where? _____ Do you receive Section 8? YES NO

Annual Household Income: Under \$15,000 \$15,001-\$ 20,000 \$20,001-\$25,000 \$25,001-\$30,000 \$30,001+

Is your child a part of the following Medicaid programs: STAR? YES NO CHIP? YES NO

Does your child participant in a free or reduced lunch program? YES NO

With whom does the child live? Both Parents Mother Father Grandparent(s) Other _____

Mother's/guardian's name: _____ Mother's Phone (wk/cell): _____

Father's/guardian's name: _____ Father's Phone: (wk/cell): _____

Parent email address: _____

Youth in household that also attend Boys and Girls Clubs of the Austin Area:

Name	Age	Club

Please describe any medical problems, allergies, conditions, or special concerns regarding your child: _____

List all medications your child is taking: _____

Doctor's Name: _____ Doctor's Address & Phone: _____

Additional Emergency Contact Information: who can we call if we can't get in touch with you?

Name	Relationship	Phone Number (wk/cell)

FOR STAFF USE ONLY		
CARD NUMBER : _____	<input type="checkbox"/> NEW MEMBER <input type="checkbox"/> RENEWAL	Club / Site: _____
DATE RECEIVED _____	STAFF _____	RECEIPT # _____ AMOUNT Paid \$ _____

Please read the following and sign indicating agreement:

I hereby give permission for my child (or ward) to become a member of the Boys & Girls Clubs of the Austin Area (the "Club") and to participate in all programs and activities. I understand that the Club is **NOT** regulated as a licensed daycare by the State of Texas and that an open campus policy is in effect at all times. I further understand that the Club is **NOT** responsible for the time or manner in which my child (or ward) may arrive at or leave the facility.

I understand and agree that my child (or ward) must be picked up by closing time or a fee will be charged that must be paid before my child (or ward) can return to the Club. The charge for late pick-up is \$10 per hour or partial hour depending on the Club/Site.

I understand and agree that the Club cannot and will not administer prescription or over the counter medications of any kind to my child (or ward). I understand and agree that the Club does not provide medical insurance for my child (or ward).

In the event of an emergency I authorize Club staff to secure medical treatment for my child (or ward) and that I, as the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment.

I understand and agree that the Club does not refund memberships and that my child (or ward) must obey all standards of conduct. I further understand that behavioral problems that cannot be resolved may result in my child (or ward) being suspended from the Club without monetary refund.

I understand and agree that the Club is not responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the applicant on any Club property or in connection with any activities at any of its facilities, or while engaged in any Club activities away from the Club.

I give consent for my child's (or ward's) picture or any reproduction thereof (while he/she is engaged in Club-related activities) to be used for publicity/fundraising purposes. I give permission for the Club to use my child's (or ward's) name or any fictitious one for publicity/fundraising purposes.

I give permission for the Club to administer occasional anonymous / non-anonymous surveys to my child (or ward) for purposes of better understanding the needs of my child (or ward) and the impact of the Club on my child (or ward).

I give permission for the Club to obtain age verification of my child (or ward) from their current school.

I understand that the Club may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by the Club, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

I give permission for the Club to make and retain copies of my child's (or ward's) report cards and/or progress reports or to be given access to AISD records pertaining to my child (or ward) in order to better understand the academic needs of my child (or ward) and to better assist him/her in his/her educational pursuits. I understand that copies made of report cards and/or progress reports will remain confidential and will only be viewed by authorized Boys & Girls Club staff.

Additionally:

- ♣ Austin ISD will release your student data as part of aggregate (group) reports to Austin ISD partners/providers who submit your student's ID. The aggregate (group) reports will not identify your student in any form. Visit <http://ysm-austin.org> to see the list of Austin ISD partners/providers.
- ♣ Austin ISD will collect attendance information from all Austin ISD partners/providers. You can opt out through SR290 (student registration) form. This ONLY means Austin ISD will not receive attendance information. The partners/providers will continue to receive your student's information in aggregate (group) reports. Contact the Outcome Specialist at 512.444.7199 or Vice President of Program Services for easy access to the SR290 form.
- ♣ Austin ISD will share identifiable student data with the partners/providers ONLY on the receipt of signed parent consent forms. In return Austin ISD will collect your student's attendance information from the partner/provider. Your consent is optional. The decision to consent will not prejudice your present or future relations with the partner agency or Austin ISD. It ONLY means the partner/provider will not receive your student's identifiable data and Austin ISD will not receive attendance information. Your student will continue to receive services from the partner/provider unless their program enrollment requirement is data sharing.
- ♣ Please contact Vidya Lakshminarayanan, Austin ISD, 1111 W. 6th Street, Austin Texas 78703, (512) 414-9941, vidya.lakshminarayanan@austinisd.org for any questions.

On certain occasions, especially during the Club's busy summer programs, there may be times when the various Club sites reach capacity. During these times, youth may be denied admittance for safety reasons.

I affirm that I have received and will read the Club's Parent/Member Orientation Handbook. I give BGCAA permission to contact me via text message.

The undersigned represents that he/she is the parent and/or legal guardian of the minor named above, and represents that he/she has the legal authority to execute this consent and release. If the child/applicant is signing for him or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Texas.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF CHILD _____ DATE _____