

Admin Office  
 705 Frontage Rd. Ste. B  
 Kenai, AK 99611  
 P: (907) 283-2682  
 F: (907) 283-8190

# Membership Form

Clubhouse:

GREAT FUTURES START **HERE.**

**NMHS**



**Confidentiality:** Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. *Required fields are denoted with an asterisks (\*)* The Boys & Girls Clubs of the Kenai Peninsula is an equal opportunity provider and employer.

## Head of Household/ Primary Contact (Please Print)

<b>First Name:*</b>	<b>Last Name:*</b>	<b>Relationship to Child:*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Family Income:*</b>	<b>Address:*</b>	<b>Address Type:*</b>
<input type="checkbox"/> \$0-\$20,280 <input type="checkbox"/> \$20,281-\$27,469 <input type="checkbox"/> \$27,470-\$34,658 <input type="checkbox"/> \$34,659-\$41,847 <input type="checkbox"/> \$41,848-\$49,036 <input type="checkbox"/> \$49,037-\$56,225 <input type="checkbox"/> \$56,226-\$63,414 <input type="checkbox"/> \$63,415-\$70,603 <input type="checkbox"/> \$70,604-\$77,792 <input type="checkbox"/> \$77,793-\$84,981 <input type="checkbox"/> \$84,982-\$92,170 <input type="checkbox"/> \$92,172-\$99,359 <input type="checkbox"/> \$99,360-\$106,548 <input type="checkbox"/> \$106,549-\$113,737 <input type="checkbox"/> Over \$113,738	<input type="text"/> (Line 1) <input type="text"/> (Line 2) <input type="text"/> (City) <input type="text"/> (State) <input type="text"/> (Zip Code)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____
	<b>Phone Number:*</b>	<b>Phone Type:*</b>
	<input type="text"/> ( ) —	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____
	<input type="text"/> ( ) —	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____
	<b>E-Mail Address:*</b>	
	<input type="text"/>	
	<b>E-Mail Type:</b>	<b>Family Size:*</b>
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	<input type="text"/>

## Second Parent/Guardian (Please Print) Required fields are denoted with an asterisks (\*)

<b>First Name:*</b>	<b>Last Name:*</b>	<b>Relationship to Child:*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address:*</b>	<b>Address Type:*</b>	
<input type="text"/> (Line 1)	<input type="checkbox"/> Home	
<input type="text"/> (Line 2)	<input type="checkbox"/> Work <input type="checkbox"/> _____	
<input type="text"/> (City)	<input type="text"/> (State)	<input type="text"/> (Zip Code)
<b>Phone Number:*</b>	<b>Phone Type:*</b>	
<input type="text"/> ( ) —	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	
<input type="text"/> ( ) —	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	
<b>E-Mail Address:*</b>	<b>E-Mail Type:</b>	
<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	

**Military Information** *(Please Print)* Required fields are denoted with an asterisks (\*)

**Service Member First Name:\***

**Service Member Last Name:\***

**Current Service Type:\*** (Retired, Active , Etc.)

**Dates of Service:\***

**Military Branch:\***

**Veteran:\***

Yes  No

**Discharged:\***

Yes  No

**Discharge Type:\***

**Participant Information** *(Please Print)* Required fields are denoted with an asterisks (\*)

**First Name:\***

**Last Name:\***

**Nick Name:**

**Birth Date:\***

 / /

**Gen-**

Male  
 Female

**Race:\***

African American  Asian American  Caucasian  
 Missing/Refused/Unknown  Multi-Racial  Native Alaskan  
 Native American  Native Hawaiian/Pacific Islander  
 Other \_\_\_\_\_

**Ethnicity:\***

Hispanic  
 Non-Hispanic

**Address:\*** (Leave Blank If Same as Household)

(Line 1)

(Line 2)

(City)

(State)

**Address Type:\***

Home  
 Work  \_\_\_\_\_

**Phone:\***

( ) -

**Phone Type:\***

Home  Work  \_\_\_\_\_

( ) -

Home  Work  \_\_\_\_\_

**E-Mail Address:\***

**E-Mail Type:**

Home  Work  \_\_\_\_\_

**School:\***

**Grade:\***

**Disabilities:\***

**Medications to be administered:** *(Please fill out Medical Release Form)*

**Medical Problems/Allergies:**

**Household Type:\***

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent (s)
<input type="checkbox"/> Other	

**Qualifies for Free/Reduced School Lunch Program:\***

Yes  
 No  
 Unknown

**Pick Up Information** *(Please Print)* Required fields are denoted with an asterisks (\*)

**People Authorized to Pick Up Member:**

**1) First Name:**

**Last Name:**

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( ) —

Home  Work  \_\_\_\_\_

<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> _____	<input type="checkbox"/> Lives With Member

**2) First Name:**

**Last Name:**

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( ) —

Home  Work  \_\_\_\_\_

<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> _____	<input type="checkbox"/> Lives With Member

**3) First Name:**

**Last Name:**

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( ) —

Home  Work  \_\_\_\_\_

<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> _____	<input type="checkbox"/> Lives With Member

**4) First Name:**

**Last Name:**

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( ) —

Home  Work  \_\_\_\_\_

<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> _____	<input type="checkbox"/> Lives With Member

I, \_\_\_\_\_ grant permission to the Boys & Girls Clubs of the Kenai Peninsula Unit Director and tutors to exchange information regarding my son/daughter \_\_\_\_\_ with Kenai Peninsula Borough School District for the purpose of enhancing his/her academic education and for the purpose of program evaluation. This information may include but is not limited to my child's academic progress, report cards, CBM's, SBA's and any additional assessments, including access to Powerschools.

As parent or legal guardian of the above named child, I hereby give my consent for him/her to participate in any and all club activities or athletic programs for which s/he is registered. I give my consent for the Club to utilize photographs and video of my child taken during his/her involvement in the Club and waive all rights of compensations. I am aware of the inherent risk involved in the participation with some club activities or programs; which may include paralysis, death or other permanent physical injury, and will ensure that my child is fully prepared for participation. I take full responsibility for any and all accidents and injuries which may be sustained by my child during this activity and understand that Boys & Girls Clubs of the Kenai Peninsula does not assume responsibility for accidents or injuries that may occur. If my child becomes ill or is injured while participating in his/her registered club activity or athletic program and I cannot be reached immediately, I give my permission for my child to be treated promptly at an emergency medical facility.

I understand that upon gaining membership, my child (if age 5 and in Kindergarten – 18 yrs.) is able to participate in Clubhouse activities.

REFUND POLICY: B&G Club dues are non-refundable. Activity fees (exp. Athletics/dance/guitar) will be refunded up until one week before the date of the first scheduled game or class (minus a 20% admin. fee). After that time, no refunds will be issued. If the child is physically unable to participate and a doctor's note is provided, an 80% refund will be issued. Additional fees are charged above the membership dues for the Summer Clubhouse Program.

I/We, \_\_\_\_\_ the parents of \_\_\_\_\_, have received, read, have had the opportunity to ask questions about, understand and agree to abide by the policies set forth in the Boys & Girls Clubs of the Kenai Peninsula's parent handbook.

Furthermore, I/We agree to abide by the policies set forth in the manual. I/We understand that the policies described in the parent Handbook are not conditions of enrollment, and the language does not create a contract between Boys & Girls Clubs of the Kenai Peninsula and the parents/guardians. BGCKP reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

I/We also understand that future questions regarding policies in the parent handbook may be directed to the Unit Director or the Main Office.

I have read, understand, and agree to all terms and conditions stated above.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date

<p>For Office Use Only</p> <p>Program Fee: _____ Total Paid: _____</p> <p>Credit Card: _____ Exp. Date: _____</p> <p>Security Code: _____</p> <p>Cash: _____ Check #: _____ Scholarship Level % _____</p> <p>Staff Initials: _____</p>
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