MEMBERSHIP FORM CHECKLIST

Completed Documents Required*: (Please check off as you complete)

☐ First page of membership form complete with emergency contacts and authorized pickup  (Page 2)
☐ Signed Parent/Child Agreement Form  (Page 4)
☐ Signed Medical/Liability Release Form  (Page 5)
☐ Signed Consent Forms (with initialed boxes if applicable)  (Page 6)
☐ $10 Annual Membership Fee ready for transaction (by cash, check, or card)

REGISTRATION PACKET WILL NOT BE PROCESSED UNTIL ALL FORMS HAVE BEEN COMPLETED WITH PAYMENT

*Your child will not be allowed to attend Club programs until all required information is provided.

For Any Questions Please Contact:
Administration Office
808-961-5536
BGCBI.org
ANNUAL MEMBERSHIP FORM
(Membership runs annually June 1-May 31)
Type of membership: New _____ Renewal _____
Annual membership fee: $10
Youth ages accepted: 6-17 years old. Program Hours: M-F After School-5:30 pm.
Clubs close on holidays and follow school calendars for additional closures.

Member Information:
First Name: ___________________ Middle: ___________ Last: ____________________________
Address: ___________________________ Phone: ___________________ Gender: ________
Physical Address City Zip
Birthdate: ____/____/________ Age:_______ Grade:_______ School:________________________

Guardian Information:
Mother/ Father/ Grandparent/ Guardian/ Other (circle one) Mother/ Father/ Grandparent/ Guardian/Other (circle one)
Full Name:_________________________ Full Name:_________________________
Cell Phone:________________________ Cell Phone:________________________
Employer:_________________________ Employer:_________________________
Work Phone:_______________________ Work Phone:_______________________
E-mail:___________________________ E-mail:___________________________

Emergency Contacts (Other than above listed guardians):
1:_____________________ Relation:____________ Ph.#____________ Alt.____________
2:_____________________ Relation:____________ Ph.#____________ Alt.____________
3:_____________________ Relation:____________ Ph.#____________ Alt.____________

Youth Arrival/ Release Instructions: members must be signed out daily (initial)
My child is allowed to walk to Club on their own after school. Yes _____ No _____ (If yes, child must sign in)
My child, who is ______ years old, has my permission to leave the Boys & Girls Club on their own. Yes _____ No _____
My child may not leave at any time until an authorized individual picks up and signs out. Yes _____ No _____
Authorized Individuals to pick up my child(ren); Full name(s) and relation:
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

I do not authorize the following individual(s) to pick-up my child:_____________________________________

Medical Information:
Known Allergies (ex. Peanuts, shellfish, bees):________________________________________________________
Any Current Medication(s):_________________________ Physician/#:___________________________
Does your child have any health conditions or visual/hearing/learning impairments you wish to disclose?
___________________________________________________________________________________________________________

Is your child able to swim on their own? ________________

Club Location:
HILO_____ PAHALA_____
PĀHOA____ OCEAN VIEW____
KEA’AU____ KEALAKEHE____
(Please check one)
FUNDING SUPPORT INFORMATION

All disclosed information will remain confidential and will not affect the availability of service to your child. The more efficient information we have of the communities we are serving, the more we can secure proper funding to continue to keep our annual fee at $10.

Ethnicity: please circle all that apply
Hawaiian/Part Hawaiian  African American  Caucasian  Chinese  Filipino  Mixed Asian  Japanese  Korean  Indian  Puerto Rican  Native American/Alaska Native  Portuguese  Samoan  Tongan  Mixed Polynesian  Micronesian/Part Micronesian  Other Pacific Islander  Mixed White  Hispanic  Other___________________

Annual Household Combined Income: (please circle) $0-5,000  $5,001-10,000  $10,001-30,000  $30,001-40,000  $40,001-50,000  $50,001 - 60,000  $60,001-70,000  $70,001-80,000  $80,001-90,000  $90,001-100,000  $100,001+

Are You Receiving Assistance:
Is your child receiving free or reduced school lunch?  Yes  /  No
Is your family receiving SNAP/EBT/Food Stamps? Yes  /  No

Household Information:
Child lives with:  Both Parents____  Single Parent:  Mother / Father  Foster Care____

Is your family currently homeless and in need of extra support? _____

Total Number in Household_____

Is your child from a military family? _________________

Does anyone in your household work in the hospitality industry (restaurant, hotel)?  Yes  /  No
Does anyone in your household work in agriculture?  Yes  /  No

By signing below, you are agreeing to the listed terms and conditions stated in this document. You are also acknowledging that you must pick up your child by 5:30pm or be subject to a late charge*.

______________________________                      ___________________________________                   ____________
PARENT/GUARDIAN’S SIGNATURE  MEMBER’S NAME                                                  DATE

Per this application, there is a $25 fee for all returned checks. No refunds are provided for youth dismissals from programs. *Late pick-up fee is $1 per minute after 5:30pm.

All provided information is kept strictly confidential.
Boys & Girls Club of the Big Island is an equal opportunity provider.
PARENT/CHILD AGREEMENT

Child Agreement

To create a safe environment for others and myself, I agree to adhere to the following:

I will sign in and out at the front table every day when attending Boys & Girls Club, I cannot participate in activities at the Club unless I am signed in.

I will take direction from Boys & Girls Club staff and be respectful to staff and my fellow peers.

I will display positive behaviors and use appropriate language.

I will not cause physical or emotional harm to other youth or staff.

I will set a good example and report bullying and other negative behaviors to staff.

I will follow Boys & Girls Club rules and programming schedule.

I will respect the facilities, equipment, property and other people's belongings.

I will wear appropriate clothing and footwear for all activities while at the Boys & Girls Club.

I will not share snacks or lunches with anyone, in case they or I have allergies.

Parent/Guardian Agreement:

I would like my child to attend Power Hour activities to receive help in completing homework.

I agree that if my child is involved in behaviors that are not conducive to the program or creates a harmful or unsafe place for kids, he or she may be asked not to come to Club while the incident is being reviewed. Upon completion of the review, he or she may be suspended or asked to leave the program indefinitely and may not return to the property.

I will have picked up my child by 5:30 PM. If not, I will be charged a late-pick up fee.

By signing below, I understand and agree to follow all Boys & Girls Club rules and staff directives. At the discretion of BGCBI staff, disciplinary warnings, timeouts, and suspensions or permanent program removal may be implemented. Following this agreement will create a safe space for everyone.

________________________________________  ______________________________________
Parent/Guardian’s Signature                                                              Member’s Signature
MEDICAL/LIABILITY RELEASE

For (child's name) _____________________________________________

Medical/ Liability Release:
If guardian(s) and emergency contacts cannot be reached, I give consent to have my child treated by medical personnel, a physician, or surgeon in case of sudden illness or injury while participating in a Boys & Girls Club of the Big Island activity. I understand that medical services may include contacting fire rescue or EMT services that may transport my child to the proper medical facility. It is understood that the cost thereof will be at my expense. To protect the safety of staff and other members and to reduce liability, Boys & Girls Club of the Big Island staff do not administer, dispense or store medication of any kind for members.

I authorize my child to participate in BGCBI programming. I further release, indemnify and hold harmless BGCBI, its officers, employees and agents from and against all claims for loss, damage or injury, including claims for property damage, personal injury or wrongful death arising out of or in connection with member’s participation in the program, provided reasonable care had been taken by BGCBI staff concerning the above named person’s safety.

I understand the nature of activities involved in Boys & Girls Club of the Big Island programming for youth. I understand that at any time parents are encouraged to visit or contact the Boys & Girls Club administrative office to ask more specific programming questions. I expressly agree to assume any and all risks which may arise from said participation and involvement in BGCBI programming. I agree to observe the rules that are decided upon by BGCBI for the welfare of all. BGCBI reserves the right to remove or dismiss a youth member from the program.

Early & Late Fee Policy: There will be a charge of $1.00 per minute that your child is left at Boys & Girls Club before or after the hours of operation. If your child is left more than one half hour after close of business, police will be contacted.

__________________________________________          ________________________________          _____________
Parent/Guardian’s Signature                              Print Name                         Date
CONSENTS

Our youth are highlighted well in the community for the great things that they do daily. If you wish for your child **not to be featured** (via photos or videos) in our local newspapers, online publications, and positively recognized by our community and funders, please initial here. 

By initialing this box, I **do not** allow my child to **receive daily snacks** or a full meal (Hilo only) through the USDA BGCBI meal program (allergies are always considered). 

By initialing this box, I **do not** authorize my child to **access the internet**. BGCBI has precautions in place for inappropriate access, however it is possible that improper sites may be reached and BGCBI has consequences for such behavior. BGCBI is not liable if an improper site is accessed. 

By initialing this box, if my child qualifies, I **do not** allow my child to **participate in Sylvan Learning tutoring** through free BGCBI partnerships. All tutors will be BGCBI background checked. 

Please initial your approval of how your child may arrive at Club:

If available at your child’s school location, I agree to allow my child to participate in the **walking school bus** to the Boys & Girls Club program site location each day. ______ Initial

If available at my child’s school location, I agree to allow my child to participate in the Boys & Girls Club daily shuttle transportation from school to the BGCBI site location. ______ Initial

By initialing this box, I **do not** allow my child to **be transported** by BGCBI van to or from Club (if eligible), field trips, or other BGCBI events. (Events and field trips will be cleared with parents beforehand). 

Name of child: ____________________________

_________________________          ______________________________           _____________
Parent/Guardian’s Signature                        Print Name                         Date
Aloha Parents!

As you may know, the Boys & Girls Club is taking part in the Hawaii AIM Project, which offers Sylvan Learning tutoring, homework help, and other activities to make sure your child succeeds in school.

The Club is working with Rockman et al (REA), an evaluation team with a lot of experience in studying how after-school activities help children in school, to see what activities benefit children most. REA will be talking to children's schools, Boys & Girls Club staff, and even some parents at Club gatherings about their experiences in the program. REA will also be reviewing standardized test data and asking your child to complete 1 or 2 short surveys about his/her schoolwork and interest in school.

All the information about your child, including your child's survey responses, will be kept strictly confidential, and no names or personally identifying information will be associated with any reports. There are no risks for your child: If your child feels uncomfortable during a survey, s/he may choose not to answer any question. Withdrawing will not affect your child's grades or access to Hawaii AIM or Club activities and resources.

Your child's participation will help Hawaii AIM, the Boys & Girls Club, and Sylvan Learning understand how best to support students, engage them in learning, and ensure their success.

If you agree to your child's participation, please complete and return the following consent form.

Welcome to Hawaii AIM!

Contact Information
If you have any questions about the evaluation study, please contact your Boys & Girls Club, or call Kay Sloan or Julia Li, toll-free, at (866) 367-8883.
CONSENT FORM FOR DISCLOSURE OF MINOR STUDENT’S CONFIDENTIAL EDUCATIONAL RECORDS

To the State of Hawaii Department of Education (DOE) & ____________________________
(name of school that child attends)

Name of minor student as it appears on school records: __________________________________________

Student’s Date of Birth: ______________/ __________/ __________

Clubhouse Attending: __________________________________________

I am the parent or legal guardian of the student named above, and, by signing this form, I authorize the DOE & ____________________________ to disclose information from my child’s education records to:

Rockman et al
3925 Hagan Street, Suite 301
Bloomington, IN 47401

These education records could include: Test Scores, Report Cards, DOE ID #, attendance and discipline records, Personal Student background, etc., relating to the minor student named above. Although records may contain personally identifiable information, they are for EVALUATION ONLY, and will be kept strictly confidential.

I also agree for my child to complete surveys about their participation in afterschool/ summer academic enhancement services at the Boys & Girls Clubs through Hawaii AIM. Responses will also remain confidential.

Contact information for Parent/Legal Guardian: Name: ________________________________

Address: _________________________________ Apt: ____________________________

City: __________________ State: __________ Zip code: _________________

Telephone: ____-____-______ E-mail Address: ________________________________

I reserve the right to revoke this consent at any time and for any reason. If I decide to revoke this consent, I will provide you with a written request signed by me specifically revoking this consent.

_________________________________________  ________________
Parent/Legal Guardian Signature                      Date

This form has been reviewed for FERPA compliance - September 2015.
CONSENT FOR RELEASE OF INFORMATION

Student’s Name: ___________________________ Date of Birth: ___________________________

Grant permission to the Hawai‘i Department of Education, ___________________________

Name of DOE School or Office: ___________________________

Address: ___________________________ City: ___________________________ State: ___________________________ Zip Code: ___________________________

Department of Education Contact: ___________________________ Phone Number: ___________________________ Fax Number: ___________________________

To: ☐ RELEASE ☐ RECEIVE (Check one)

the following document(s)/information, on the above named student, except that which is legally not subject to disclosure by law, and is covered under the Hawai‘i Revised Statutes, §325-101 Infections and Communicable Diseases (HIV infection, ARC, and AIDS); §329-B8 Uniform Controlled Substances Act (Protection of records; divulging confidential information prohibited) and §329-B6 Substance Abuse Testing (Test Results) to or from the agency or person listed below:

| Boys & Girls Club of the Big Island (808) 961-5536 |
| Name of Agency or Person: Boys & Girls Club of the Big Island | Phone Number: (808) 961-5536 |
| 100 Kamakahonu Street | Hilo | Hawai‘i |
| Address: 100 Kamakahonu Street | City: Hilo | State: Hawai‘i | Zip Code: 96720 |

Specify document(s)/information authorized for release or receipt:
My child’s current HSA results and/or report card grades.

For the purpose of:
Academic progress monitoring and support.
Grant reporting.

This personal document(s)/information will be transmitted to the agency or person named above only on the condition that it not be shared with another agency or other person(s) without the written consent of the parent(s), or legal guardian(s), or eligible student (an “eligible student” means a student who has reached 18 years of age or is attending a postsecondary institution at any age).

Parent/Legal Guardian or Eligible Student Signature: ___________________________ Date: ___________________________

PRINTED Name of Parent/Legal Guardian or Eligible Student: ___________________________ Phone Number: ___________________________

Address: ___________________________ City: ___________________________ State: ___________________________ Zip Code: ___________________________

DISTRIBUTION: School Parent Agency

eCSSS, OITS-IAS
Form HAF-34
Rev 11/11, RS 12-0504