



2020-2021 Membership Application
One Application Per Student

Grade Levels: ☐ Kindergarten through 5th Grade ☐ 6th through 8th Grade ☐ 9th through 12th Grade
Membership Type: ☐ After School ☐ Program ☐ Summer ☐ Before Care (6th through 8th)
Days Needed: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

First Name: _____ Middle: _____ Last Name: _____

Gender: ☐ Male ☐ Female ☐ Gender Neutral Birthday: _____ Age: _____

School: _____ Grade: _____ Shirt Size: YS YM YL AS AM AL AXL
(Circle Size)

Teacher: _____

Address of Youth: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name #1: _____ Phone: _____

Parent/Guardian Name #2: _____ Phone: _____

Emergency Contact if Parent/Guardian cannot be reached: _____ Phone: _____

Parent Email: _____ Employer: _____

Food Allergies:	
Medication? If so, Please include dosage and times here.	

Ethnic Background:

☐ American Indian or Alaska Native ☐ Two or More Races
☐ Black or African American ☐ Asian
☐ Hispanic / Latino ☐ White
☐ Native Hawaiian ☐ Other / Unknown

Household Type:

☐ Single Parent
☐ Both Parents
☐ Grandparents
☐ Guardian

Child/Teen Lives With:

☐ Both Parents ☐ Dad Only
☐ Mom Only ☐ Step Parents
☐ Grandparents ☐ Guardian
☐ Foster Parents ☐ Other _____

Annual Household Income: ☐ < \$16,240 ☐ \$16,241 - \$29,699 ☐ \$29,700 - \$36,405 ☐ \$36,406 - \$60,749 ☐ > \$60,750

Does your Child / Teen participate in the following: ☐ TANF ☐ Food Stamps ☐ HUD/Section 8 ☐ Medicare/Hoosier Healthwise

Number of Individuals living in the household? _____ Guardian a member of the military? ☐ Yes ☐ No Branch: _____

Authorized Pickup:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Authorization to Leave Premises Unescorted:

☐ My child is at least 12rs old and has my permission to check him/herself out of BGCM and walk home or catch MITS route home.

☐ My child is younger than 12 years old, but has my permission to leave the BGCM with: _____

Grade: _____ Relationship: ☐ Brother ☐ Sister ☐ Cousin ☐ Aunt/Uncle



Please initial for approval of each statement.

- _____ I give consent for photographs & video in which my child may appear, to be used in any way the BGCM may care to use them.
- _____ I understand the BGCM has adopted a Safe Passage Policy that prohibits members from coming and going as they please. I understand that once a child has entered the building, they will not be allowed to leave until a parent/guardian/authorized adult arrives to retrieve them. I understand that the BGCM is not a licensed day care facility and that staff will not physically restrain children who insist on leaving without parent permission.
- _____ Transportation Agreement - I confirm that my child is allowed to use transportation facilitated by the BGCM. Transportation may include BGCM owned/leased vehicles, MITS or other arranged transportation. I also confirm that I have discussed my expectations of proper behavior with my child and understand that any violation of these expectations may cause him/her to lose transportation privileges. I ALSO AGREE THAT ANY CHANGES TO TRANSPORTATION MUST BE MADE IN WRITING NO LATER THAN THE MORNING OF THE CHANGE.
- _____ School Partnership Agreement – I AGREE to allow my child’s school administration and teachers to communicate with BGCM regarding my child. This includes discussing grades, behavior, scholarship opportunities, program participation and other opportunity to benefit my child’s membership at BGCM. I understand that BGCM may request information such as grades, behavior reports, and absenteeism, and may share with the school similar information. This release is valid until revoked at any time by contracting the school corporation or BGCM in writing.
- _____ I give permission for my child to participate in all Boys & Girls Clubs Programs. In consideration of said minor being permitted to enter any branch of the Boys & Girls Club of Muncie’s (the “Club”) for observation, use of facilities and/or equipment or participation in any program, I hereby:
- _____ Release the Clubs, its directors, officers, employees, volunteers, governing board, agents, representatives (collectively “Releasees”) from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or by any person associated directly or indirectly with the Club, its officers, directors, employees or volunteers or otherwise while my child is in or near any Club branch or participating in any Club activity.
- _____ Agree not to sue Releasees for any loss, damage, injury or death described above and indemnify and hold harmless Releasees and each of them from any injury to persons or property sustained by any person caused by any act, neglect, default, or omission of the undersigned or of any person associated directly or indirectly by him upon or in connection with this activity or whether caused by the negligence of the Releasees or otherwise, whether the said injury or damage occurs upon or adjacent to the property. The undersigned at his own cost, expense and risk shall defend any and all actions, suits or other legal proceedings that may be brought or instituted against the Club on any such claim or demand, and pay or satisfy any judgment that may be rendered against the Club in any such action, suit or legal proceedings or result thereof.
- _____ I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
- _____ I do hereby authorize the Clubs as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the Indiana Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the Club is not responsible for costs incurred for medical care.
- _____ I intend this document to be as broad and inclusive as is permitted by the laws of the state of Indiana; if any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature of Guardian: _____ Date: _____

FOR OFFICE USE ONLY:

	Membership
Amount Paid:	
Method:	
Received by:	
Date:	



AUTHORIZATION FOR RELEASE, RECEIPT, AND/OR EXCHANGE OF INFORMATION

I _____ authorize the Boys & Girls Clubs of Muncie
(Parent / Guardian)

To ☐ Release ☐ Receive ☐ Exchange (check all that apply) information with the Boys & Girls Clubs of Muncie.

Muncie Community School		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inspire Academy		<input type="checkbox"/> Yes	<input type="checkbox"/> No
School:				School:			
Address:				Address:			
Phone:				Phone:			

Regarding the following youth:

Name of Child:		Date of Birth:	
Address:		School:	
Phone:		Parent/Guardian:	

The information indicated below (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavior Reports | <input type="checkbox"/> Appropriate Agency Reports |
| <input type="checkbox"/> Grades and other academic assessment information | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Educational Testing | <input type="checkbox"/> Verbal-Written Information Exchange |
| <input type="checkbox"/> Individual Educational Plan (IEP) | <input type="checkbox"/> Other _____ |

The reason for this disclosure is ongoing collaboration and support for youth involved in the Boys & Girls Clubs of Muncie programming.

This authorization is in effect for one calendar year from today (date): _____

Signature of Guardian: _____ Date: _____

Signature of the Boys & Girls Clubs of Muncie, Director of Programs: _____

My signature indicates the following:

- This information has been disclosed from records protected by state and federal confidentiality rules and regulations. These rules prohibit both parties from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by statute, regulations, or federal rules.
- Both parties agree to indemnify and hold harmless the above-named agencies/individuals from any liability that may arise from the records release/receipt contemplated herein. Unless revoked, this authorization will remain in effect for a period of one year from the date of signature, or until the purpose of the authorization has been realized, whichever comes first. I may revoke this authorization by notifying the disclosing medical records/health information department in writing.
- I understand that records received will remain confidential, and I have the right to inspect any material to be disclosed
- A PHOTOCOPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL
- REDISCLOSURE NOTICE: I understand that information used or disclosed based on this authorization may be subject to redisclosure and no longer protected by Federal privacy standards.
- Condition statement: Treatment, payment, enrollment, or eligibility of benefits may not be conditioned on obtaining the individual's authorization or if conditioning is permitted by privacy rule a statement about consequences of refusing to sign is authorized.



PERMISSION SLIP

From time to time during our after school program Club members may have the opportunity to watch movies. The movies that will be viewed are usually for educational purposes or during seasonal celebrations.

We make every effort to preview movies and ensure they are appropriate to the age of our Club members. If you do not want your child to watch PG movies, we will do everything possible to make sure that your child is **not** in the area where the movie is being viewed.

Child's Name: _____

☐ Yes, I will allow my child to watch PG movies.

☐ No, I do not want my child to watch PG movies.

Parent / Guardian Signature: _____ Date: _____



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and has significant person-to-person spread. As a result, federal, state, and local governments and federal and state health agencies have recommended social distancing measures and have, in many locations, required ongoing prohibitions on the congregation of groups of people of various sizes.

The Boys & Girls Clubs of Muncie has put in place preventative measure to reduce the spread of COVID-19. These include, but are not limited to: temperature checks before a Club Member is allowed in the building, hand sanitizing stations in each classroom, social distancing, disinfection of classrooms multiple times per day and wellness monitoring of staff. However, the Clubs **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending the Clubs could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Clubs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Clubs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Clubs employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Parent / Guardian Signature: _____ Date: _____

Name of Parent / Guardian: _____



TECHNOLOGY SURVEY

Child's Name: _____

What kind of technology is available to your child at home? Check all that apply.

☐ Desktop Computer ☐ Laptop Computer ☐ iPad / Tablet ☐ iPod ☐ iPod Touch

☐ Digital Camera ☐ Smart Phone

☐ The technology we have available is for adult use only

☐ My child only has technology available when the school supplies it

☐ We do not own any of these devices

Do you have reliable Internet, Wi-Fi or Hotspot access at home? ☐ Yes ☐ No

Social Media

Does your child have access to Facebook? ☐ Yes ☐ No

Does your child have access to Twitter? ☐ Yes ☐ No

Does your child have access to Instagram? ☐ Yes ☐ No

Does your child have access to YouTube? ☐ Yes ☐ No

New _____

Renew _____



BOYS & GIRLS CLUBS
INDIANA ALLIANCE



Indiana Kids
Intake Assessment Form 2019 - 2020

Club/Unit Name: _____

Child's First Name _____ Middle Initial _____ Last Name _____ Suffix (Ex: Jr.) _____

Child's Home Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Parent's Email Address _____

_____ Date of Birth _____ Current Age _____ Gender (Please check one): _____ Male _____ Female

Are you interested in receiving email messages/alerts/updates? _____ Yes _____ No

Race _____ African American _____ Asian _____ American Indian/Alaskan
_____ Caucasian _____ Native Hawaiian/Pacific Island
_____ Multi-Racial _____ Other, please specify: _____

Ethnicity (Please check one): _____ Hispanic/Latino _____ Non-Hispanic/Latino

Member lives with _____ Two Parents (2 biological parents, parent and step-parent or domestic partners)
(please check one): _____ Mother Only _____ Aunt/Uncle _____ Guardian
(do not include _____ Father Only _____ Grandparents
Siblings) _____ Other, please specify: _____

Education Information:

Child's Grade on September 1, 2019 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Child Attends: _____

Is your child enrolled in 21st Century Scholars? _____ Yes _____ No
Does your child struggle or have problems in Reading/English? _____ Yes _____ No
Does your child struggle or have problems in Math? _____ Yes _____ No
Did your child take ISTEP last year? _____ Yes _____ No
If yes, did your child pass ISTEP? _____ Yes _____ No
Is your child enrolled in Special Education? _____ Yes _____ No

Has your child been diagnosed with any of the following:

_____ Attention Deficit/Hyperactivity (ADHD) or Attention Deficit (ADD)

_____ Learning Disability _____ Other Disabilities, please specify: _____

Do you have any current concerns regarding your child (behavior, education, social, etc)? Explain: _____

Eligibility Determination:

	<u># of Family Members</u>	<u>Annual Income</u>
_____ TANF (Temporary Aid for Needy Families)		
_____ Food Stamps	1	\$31,225
_____ Medicaid/Hoosier Healthwise	2	\$42,275
_____ Free Lunch Program	3	\$53,325
_____ Reduced Lunch Program	4	\$64,375
_____ Reside in Public Housing (HUD or Section 8)	5	\$75,425
_____ Provisional School/Community Eligibility	6	\$86,475
_____ Income Eligibility – less than 250% - see chart	7	\$97,525
_____ None of the Above	8	\$108,575

1. **Records Disclosure:** Registration Information/Demographic Data, Assessment Data, Survey Data
2. **Disclosure Parties:** Boys & Girls Club
3. **Boys & Girls Club Re-disclosure Parties:**
 - a. Indiana Department of Education
 - b. IDOE contracted statewide evaluator
 - c. United States Department of Education
 - d. Indiana Youth Institute
 - e. IYI Contracted statewide evaluator
 - f. Corporation for National and Community Service
4. **Purpose of Each Disclosure:** Collect data to calculate the impact Indiana Kids, 21st CCLC and AmeriCorps has on student performance, activity levels, and knowledge of program specific content.

Indiana Kids Program
Indiana Alliance of Boys & Girls Clubs