



MEMBER INFORMATION

Please print clearly.

FIRST NAME: _____ **LAST NAME(S):** _____ **NICKNAME:** _____

MEMBER'S CELL PHONE: _____ **MEMBER'S EMAIL:** _____

BIRTHDATE: ____ / ____ / ____ *(proof of age is required for new members ages 6 and 7)*

GENDER: Female Male Transgender Other Declined to State

RACE/ETHNICITY: Asian Black or African American Hispanic or Latino Native American or Alaska Native Middle Eastern
 Native Hawaiian or Pacific Islander White Multi-Racial Declined to State

WHAT IS PRIMARY LANGUAGE SPOKEN AT HOME? Arabic Chinese English Spanish Other: _____

WHAT GRADE IS MEMBER IN? _____ **TEACHER/COUNSELOR:** _____

SCHOOL NAME: _____

DOES MEMBER'S PRIMARY FAMILY RECEIVE HOUSING ASSISTANCE (Public, Section 8, Assistance, Transitional)? Yes No

DOES MEMBER'S FAMILY INCLUDE A PARENT/GUARDIAN IN THE MILITARY? Yes No

IS THE MEMBER A FOSTER CHILD? Yes No

DOES MEMBER RECEIVE FREE &/OR REDUCED LUNCH? Yes No

Please Note: A copy of SFUSD Direct Certification letter is required for all School-Based Clubs and if you're applying for scholarship.

KNOWN ALLERGIES: _____

MEDICATIONS CURRENTLY PRESCRIBED: _____

HEALTH INSURANCE PROVIDER: _____ **PROVIDER ID #:** _____

DESCRIBE ANY OTHER KNOWN ILLNESSES OR INJURIES: _____

DOES MEMBER HAVE ANY SPECIAL NEEDS (IEP, behavioral, physical, etc.)? _____

PARENT(S)/GUARDIAN(S) LIVING WITH MEMBER

PRIMARY CONTACT

FIRST NAME: _____ **LAST NAME:** _____ **RELATIONSHIP TO MEMBER:** _____

CELL PHONE: _____ **ALTERNATE PHONE:** _____ **EMAIL:** _____

HOME: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

WHO ARE MEMBER'S CARETAKERS? 1 Parent 2 Parents 1 Guardian 2 Guardians *(guardians are not member's parents)*

WHAT BEST REPRESENTS YOUR ANNUAL HOUSEHOLD INCOME?

Less than \$10,000 \$10,000-\$14,999 \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$49,999

\$50,000-\$74,999 \$75,000-\$99,999 \$100,000-\$149,999 \$150,000-\$199,999 \$200,000 or more

THIS ANNUAL INCOME SUPPORTS? # OF ADULTS IN HOUSEHOLD _____ **# OF CHILDREN IN HOUSEHOLD** _____

SECONDARY CONTACT

FIRST NAME: _____ **LAST NAME:** _____ **RELATIONSHIP TO MEMBER:** _____

CELL PHONE: _____ **ALTERNATE PHONE:** _____ **EMAIL:** _____

OTHER ADULT EMERGENCY CONTACT(S) NOT LIVING WITH MEMBER

FIRST NAME: _____	LAST NAME: _____	RELATIONSHIP TO MEMBER: _____
CELL PHONE: _____		ALTERNATE PHONE: _____
FIRST NAME: _____	LAST NAME: _____	RELATIONSHIP TO MEMBER: _____
CELL PHONE: _____		ALTERNATE PHONE: _____

PARENT/GUARDIAN RELEASE OF LIABILITY

Your signature at the bottom of this form indicates your consent to and agreement with the following:

OPEN DOOR POLICY Members are allowed to come and go as they please. We assume no responsibility for members who choose not to come on a particular day or who choose to leave early. If you want your child to remain in the Club at all times, please instruct them not to leave. If your child does not walk home on his/her own, arrangements should be made to pick them up prior to the Club's closing. Children remaining on the premises after hours will be charged an additional cost and/or be dropped off at the local police station if necessary.

MEDICAL I give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in a BGCSF program. It is understood that the cost thereof will be at my expense. To protect the safety of staff and our members and reduce liability, BGCSF staff does not dispense or store medication of any kind for our members.

PHOTO/MEDIA RELEASE I give permission for my child to be photographed, videotaped and/or interviewed for use by Boys & Girls Clubs of San Francisco (BGCSF), Boys & Girls Clubs of America (BGCA), and other trusted partners in promotional materials. Please speak to your Club staff to opt out of your child being photographed, videotaped and/or interviewed. Please note that opting out of the this photo/media release may limit your child's participation in certain events and activities.

FIELD TRIPS I give permission for my child to participate in routinely scheduled activities that occur off-site at nearby facilities, such as parks, swimming pools, libraries and other youth agencies. I understand transportation will be provided in the Club van, or that my child will be accompanied by staff when walking or using public transportation. I understand that Club staff will supervise all activities. For some special events or field trips, you will receive a separate permission slip indicating any associated costs.

SCHOOL INFORMATION BGCSF may request to access my child's academic data, including report cards, transcripts and, with additional signed permission, IEP and 504 records. This information will be used by the Club to better support my child's academic achievement.

SURVEYS & QUESTIONNAIRES I give permission for my child to participate in surveys, focus groups and other processes to measure how they're learning and growing as a result from Club programs. All information collected will be kept confidential and used specifically for the purpose of evaluating BGCSF programs and supporting your child's success.

INTERNET USE I understand my child will have access to the Internet at the Club. While precautions are taken, it is possible that s/he may access inappropriate sites. BGCSF Clubs have rules and consequences for such behavior; however, we cannot be responsible for the consequences of online behavior.

NUTRITION POLICY BGCSF strives to be the healthiest place in San Francisco for young people. We provide daily healthy snacks and lunch. Only drinks without added sugar, like 100% juice, water and milk are allowed. If your child requires additional snacks or lunch while at the Club, please provide healthy alternatives that comply with our policy.

TEXT MESSAGE ALERTS Parents/Guardians will receive an average of 2-3 text message alerts per month from BGCSF about closures and other critical information. Please speak to your Club staff to opt out of receiving these text message alerts.

MEMBERSHIP RESPONSIBILITIES I give permission for my child to become a BGCSF member and participate in mentoring programs if selected. I understand the Club is not responsible for the time or manner in which s/he may arrive at or leave the Club unless s/he is part of our transportation offering. BGCSF and its property are not responsible for personal injury or loss of property with some exceptions. Attendance is contingent upon the member following Club expectations and exhibiting positive behavior. Club staff reserve the right to suspend or terminate attendance and/or membership at any time if Club rules are not followed. Membership fees will not be refunded.

I understand that I am responsible for attending an orientation with my child in order for her/his first-time membership to be activated.

PARENT/GUARDIAN SIGNATURE

MEMBER SIGNATURE (IF COMPLETING FOR SELF)

OFFICE USE ONLY

APPLICATION: recd by _____ date _____
 entered in Trax by _____ date _____
 Club/Site id # _____ new renew
 member type: Regular Clubwide Collaborative
 other Clubs/Sites attended/ing: _____
 opt outs: photo/media text message alerts

FEES: recd by _____ date _____ amount _____
 scholarship: yes no (*attach copy of SFUSD Direct Certification letter*)
 reason for scholarship: _____
 payment includes: membership early bird paid bus transportation
 payment method: cash check credit (*attach receipt*)
 payment notes: _____

OFFICE USE ONLY

Can we share your information with the San Francisco Department of Children, Youth and Their Families?

Boys & Girls Clubs of San Francisco

Participant Name: _____ **Date of Birth:** _____

The San Francisco Department of Children, Youth, and Their Families (DCYF) funds our agency and the services we provide. To fulfill the requirements of this funding, we share information about the participants in our services with DCYF. We are asking for your permission to share your personal information with DCYF.

DCYF relies on the information that we provide to understand the characteristics of participants in our programs and to ensure that San Francisco's most vulnerable children, youth, and families have access to services across the city. DCYF also uses the data to monitor our funding and to evaluate program activities and impacts.

By signing this form, you allow our agency and any subcontractors we may use to share information about your child's participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF. The information that we report to DCYF includes:

- Personal information, such as name, date of birth, and address;
- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level;
- Participation in activities and services, such as dates of participation and number of participation hours; and
- Anonymous and voluntary youth experience surveys.

DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The information that we share with DCYF is also shared with SFUSD if it is related to an SFUSD student. Federal and state laws that govern the use and disclosure of student education records protect the privacy of this information. No information shared will ever be publicly reported in a way that may be used to identify you.

Your Rights: You do not have to sign or return this form. If this is the case, we will not share your information with DCYF. Choosing not to share information will not affect your child's participation (or your own participation, if you are 18 years of age or older) in our program. This form will expire on June 30, 2023, the end of DCYF's current funding cycle, but you may cancel it at any time by informing us in writing. If you cancel your permission, it will go into effect immediately, unless the information has already been shared. You have a right to receive a copy of this form.

Your Name: _____

Relationship to Participant: Parent Legal Guardian Participant 18 Years of Age or Older

Signature: _____ **Date:** _____