

Unit Name:

Date Entered Into Kidtrax:

Kidtrax ID#:



**BOYS & GIRLS CLUBS
OF CENTRAL ILLINOIS**

Date Received: _____
() Renewal () New

Amount Paid: _____
Received By: _____

Membership Application

GENERAL HOUSEHOLD INFORMATION

The following information is necessary for our records and the funding our Organization receives. The answers you provide are COMPLETELY CONFIDENTIAL. Your cooperation in providing this information is both appreciated and necessary.

Household Type <input type="checkbox"/> Two Adult Household <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Mother Only Household <input type="checkbox"/> Foster Home <input type="checkbox"/> Father Only Household <input type="checkbox"/> Group Home		Household Annual Income <input type="checkbox"/> \$0 - \$9,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$100,000 or more	
Please check all programs that apply to this household <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> WIC <input type="checkbox"/> Social Security <input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> TANF <input type="checkbox"/> Veteran Compensation <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other Assistance			Family Size (# in household)

PARENT/GUARDIAN #1

First Name	Middle Initial	Last Name	Nickname
Street Address		City	State, Zip Code
Home Phone ()	Cell Phone ()	Relationship to Member <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Two or More Races	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time	Employer		Work Phone ()
Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Reserves <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran of Foreign Wars <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard
Retired Military <input type="checkbox"/> Yes <input type="checkbox"/> No	National Guard <input type="checkbox"/> Yes <input type="checkbox"/> No		

Greatest Level of Education Achieved		
<input type="checkbox"/> Doctoral or professional degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> High school diploma or equivalent
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Postsecondary nondegree award	<input type="checkbox"/> No formal educational credential
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Some college, no degree	

PARENT/GUARDIAN #2

First Name	Middle Initial	Last Name	Nickname
Street Address		City	State, Zip Code
Home Phone ()	Cell Phone ()	Relationship to Member <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Two or More Races	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time	Employer		Work Phone ()
Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Reserves <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran of Foreign Wars <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard
Retired Military <input type="checkbox"/> Yes <input type="checkbox"/> No	National Guard <input type="checkbox"/> Yes <input type="checkbox"/> No		

Greatest Level of Education Achieved		
<input type="checkbox"/> Doctoral or professional degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> High school diploma or equivalent
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Postsecondary nondegree award	<input type="checkbox"/> No formal educational credential
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Some college, no degree	

GENERAL MEMBER INFORMATION

Membership requires youth be between the ages of six (6) and eighteen (18). Children who are 5 & 6 years old may be required to provide age verification with a photocopy of their birth certificate or verification by the child's school.

First Name		Middle Initial		Last Name		Nickname	
Street Address				City		State, Zip Code	
Primary Contact Phone () ()		Member Cell Phone () ()		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		Date of Birth	
School Name		Teacher Name		Grade	Age	T-Shirt Size <input type="checkbox"/> Youth XL <input type="checkbox"/> Youth XS <input type="checkbox"/> Small <input type="checkbox"/> Youth S <input type="checkbox"/> Medium <input type="checkbox"/> Youth M <input type="checkbox"/> Large <input type="checkbox"/> Youth L <input type="checkbox"/> X-Large	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Two or More Races				Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Member Lives With <input type="checkbox"/> Both Mom & Dad <input type="checkbox"/> Mom & Stepdad <input type="checkbox"/> Grandparents <input type="checkbox"/> Mom Only <input type="checkbox"/> Dad & Stepmom <input type="checkbox"/> Extended Family <input type="checkbox"/> Dad Only <input type="checkbox"/> Foster Parents <input type="checkbox"/> Group Home				How will member leave program <input type="checkbox"/> Adult Pick-up (<i>car rider</i>) <input type="checkbox"/> Walk (<i>Franklin Unit Only</i>) <input type="checkbox"/> Activity Bus (<i>Franklin Unit Only</i>)		Member Swimming Ability <input type="checkbox"/> Little or No Experience <input type="checkbox"/> Moderate Experience <input type="checkbox"/> Advanced Experience	
Member has a Social Worker <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Social Worker _____ Agency _____ Phone Number _____				Member is involved in other youth programs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Girls Scouts <input type="checkbox"/> YMCA Athletics <input type="checkbox"/> Mosaic <input type="checkbox"/> Boy Scouts <input type="checkbox"/> YMCA Summer <input type="checkbox"/> Compass <input type="checkbox"/> Big Brother/Big Sister <input type="checkbox"/> 4-H <input type="checkbox"/> Other _____			

EMERGENCY MEDICAL INFORMATION AND CONSENT

I hereby grant permission for my child to become a member of the Boys & Girls Clubs of Central Illinois and to participate in the Club's programs. In the event that neither I, nor the person listed below, can be reached in an emergency, I authorize the staff of the Boys & Girls Clubs of Central Illinois to administer first aid according to their scope of training and I authorize my child to be transported to the nearest hospital and the attending physician to administer proper and necessary treatment for the safety of my child.

Does the member have health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Company		Policy Number	
Name of Family Doctor or Clinic				Phone Number () ()	
Preferred Hospital <input type="checkbox"/> Memorial Medical Center <input type="checkbox"/> St. John's Hospital <input type="checkbox"/> Other _____				Phone Number () ()	
Any Allergies to food, medication, etc. <input type="checkbox"/> No <input type="checkbox"/> Yes – please explain below					
Any Medical Issues or Special Needs (please include physical, cognitive and behavioral) <input type="checkbox"/> No <input type="checkbox"/> Yes – please explain below					
Medications Currently Prescribed <input type="checkbox"/> No <input type="checkbox"/> Yes – please list below					

EMERGENCY CONTACT & PICK-UP INFORMATION

If a parent or guardian cannot be reached, in case of an emergency please contact **(DO NOT include parents listed on page 1):**

1. First & Last Name: _____ Relationship to Member _____
Cell Phone: _____ Alt. Phone _____ Authorized to pick up Yes No
2. First & Last Name: _____ Relationship to Member _____
Cell Phone: _____ Alt. Phone _____ Authorized to pick up Yes No
3. First & Last Name: _____ Relationship to Member _____
Cell Phone: _____ Alt. Phone _____ Authorized to pick up Yes No
4. First & Last Name: _____ Relationship to Member _____
Cell Phone: _____ Alt. Phone _____ Authorized to pick up Yes No

MEMBER'S AGREEMENT

I wish to become a member of the Boys & Girls Clubs of Central Illinois. I agree to follow the rules of the Club and I promise to take care of the Club's property. I will do my part to make my Club the best and safest place it can be for all other Club members and me. I also agree to abide by three basic rules of the Club: **Respect Myself, Respect Others, and Respect My Club**

Member Signature

Date

PARENT/GUARDIAN CONSENTS

Media Release: I hereby grant the Boys & Girls Clubs of Central Illinois, and its partnering organizations, the irrevocable right to use photographs, videos, and the likeness of my child and any artwork or other projects created by my child for publicity purposes, including social media outlets and the production of promotional materials. I relinquish all rights to copyright, title, property interest and/or any other interest in said images and I waive the right to inspection and approval of the finished reproduction.

YES NO

Survey Release: I hereby grant my permission to the Boys & Girls Clubs of Central Illinois to survey my child about his/her Club experiences, risk behaviors, skills, and attitudes. I give consent for my child to complete youth outcomes surveys involving questions about his/her risk behaviors at various times throughout the year. I am aware that, upon my request, I am able to preview blank sample copies of the youth outcomes surveys prior to their administration. I agree that if I do not want my child to participate in the youth outcomes surveys, I must provide notice in writing to the Boys & Girls Clubs of Central Illinois.

YES NO

V-Club Membership: I hereby grant my permission to the Boys & Girls Clubs of Central Illinois to provide distance-based, virtual programming for my child through their online platforms, which include, but are not limited to, Zoom, Facebook, YouTube, and MyFuture. Further, I acknowledge that I have received and reviewed a copy of the BGCCIL Internet Policy & Safety Considerations as they pertain to Club offered virtual programming.

YES NO

General Waiver for Membership: I hereby grant permission for my child to become a member of the Boys & Girls Clubs of Central Illinois and to participate in the Club's programs. I agree not to hold the Boys & Girls Clubs of Central Illinois and any affiliates responsible for any accident or injury or property damage incurred while using Boys & Girls Club facilities or engaged in off-site activities, and further agree to indemnify and save them harmless from any loss, cost, or expenses arising out of any accident or injury sustained on their premises or engaged in off-site Club activities, or from the use of any of their equipment.

I give my permission to the Boys & Girls Clubs of Central Illinois to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA), Illinois State Board of Education (ISBE), United Way of Central Illinois, and the Illinois Alliance for research purposes and/or to evaluate program effectiveness. Information that will be disclosed to these groups may include the information provided on this membership applications form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Clubs of Central Illinois, including data collected via surveys or questionnaires. All information provided to each of these groups will be kept confidential.

I give my permission to the Boys & Girls Clubs of Central Illinois to request access to my child's academic, attendance, and behavior records for the current, prior, and future school years so that they can provide better services to my child and understand the impact of this program. I understand that this information will be kept confidential. I understand I am able to revoke the consent at any time in writing. I also grant permission for my child to participate in age appropriate SMART Moves programming. I understand my child will be learning about the dangers of illegal drugs, alcohol, tobacco and premature sexual activity.

I hereby state my knowledge that a copy of the current Parent/Member Handbook has been made available to me and I understand I am responsible for all the information it contains. I further state I have read and fully understand the policies and procedures contained in this application and hereby approve my child's application for membership into the Boys & Girls Clubs of Central Illinois.

Parent/Guardian Signature

Date



BOYS & GIRLS CLUBS
OF CENTRAL ILLINOIS

POLICIES & PROCEDURES

Policies and procedures are administered to ensure the safety of all Club members, staff, and volunteers. Listed below are the policies central to our core program. It is the responsibility of the parent/guardian to read the Parent/Member Handbook, which fully explains all the rules and procedures of the Club in detail, with their child.

- | | Initials |
|--|-----------------|
| 1. It is the responsibility of the parent/guardian to assure their child is capable of properly functioning in the Club's interactive atmosphere. The Club is not suitable for all children. Parents must inform Club staff of any special needs in regard to their child's well-being. The Club reserves the right to remove a member if they are not able to function in the Club environment. All membership fees are non-refundable. | _____ |
| 2. It is the responsibility of the child AND parent/guardian to determine, understand, and enforce arrival and departure methods and communicate those to Club staff. | _____ |
| 3. Participation in Club activities requires members to attend school at least three and a half hours on school days. | _____ |
| 4. Members must be picked up by closing. If not, a late fee may be charged. Frequent late pick-ups may result in increased late fees or termination of membership. Appropriate authorities will be contacted when members are not picked up by a reasonable time and all emergency contact alternatives have been exhausted. | _____ |
| 5. All Club members are expected to: a) Respect Themselves, b) Respect Others, and c) Respect Property. | _____ |
| 6. Immediate suspension or expulsion from the Club may result from any situation where the safety of any individual is at risk. If a child needs to be removed from the Club, staff will notify a parent/guardian or authorized emergency contact. | _____ |
| 7. If there is reasonable cause to believe that a member has been in violation of the law or Club rules, Boys & Girls Club staff reserve the right to search a member or member's belongings. A parent/guardian will be notified if such search is conducted. | _____ |
| 8. A medication consent form must be completed if a child requires medication while at the Club. All medications must be provided to staff in their original container with the appropriate labels affixed. | _____ |
| 9. Club members will have access to the internet, but must abide by the rules set forth in the Club's technology policy. Inappropriate behavior is grounds for immediate suspension of computer lab privileges. | _____ |

**Boys and Girls Clubs of Central Illinois
21st Century Community Learning Centers**

PARENT/GUARDIAN INFORMED CONSENT

Our goal for 21st Century Community Learning Centers is for each and every child to have a successful and enjoyable experience in our programs that prepares them for the future. To help us understand if we are meeting this goal, and to identify areas in which we could do a better job, we are conducting an ongoing survey of children who participate in our programs and their families.

We plan to ask children directly about their experiences in our program and in school more generally. We will obtain this information by asking children to complete a survey that takes about 20 minutes to finish. With your permission, we will be administering the survey to your child during a program session at the end of the school year. We will also, with your permission, ask your child's teacher to complete a brief survey at the end of the school year. We do not anticipate risks to you or your child beyond those of everyday living. All surveys are available for your inspection and review (please contact the program director if you would like to look at the surveys).

In addition, we would like your permission to obtain your child's/children's school records, including grades and scores on school achievement tests. We would like your child's/children's achievement test scores for this year and last year. Of course, you can withdraw your permission at any time you choose.

The focus of this project is understanding how well the programs of 21st Century Community Learning Centers serve children and their families. The staff of the 21st Century Community Learning Centers will never see the individual responses of anyone participating in this project. Thus, we can assure you of complete confidentiality for your child's answers, and for your own. All the answers to questionnaires will be coded, and all identifying information will be removed.

You may be asked some personal questions. You can refuse to answer any questions that you choose, and you can withdraw from the surveys at any time. Whether you decide to participate or not, these decisions will not affect your ability or that of your child to participate in programs sponsored by 21st Century Community Learning Centers.

If you have any questions about this project, please call Health Systems Research (815-395-5639 or 800-854- 4461). The Institutional Review Board (IRB) at the University of Illinois College of Medicine – Rockford may be contacted at 815-395-5942 for information about the rights of research participants. Your signature below indicates that you agree with this statement and are willingly participating.

I have read and understand the above explanation and voluntarily consent to participate in this project.

Parent/Guardian Signature

_____/_____/_____
Date

Child's/Children's Name(s)



**BOYS & GIRLS CLUBS
OF CENTRAL ILLINOIS**

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 (WHO). **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments, as well as federal and state health agencies, recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Clubs of Central Illinois (“Club”) has put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Club 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 Club 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 Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club 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.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

Print Name of Club Participant(s)

Print Name of Club Participant(s)

Print Name of Club Participant(s)

Print Name of Club Participant(s)

Print Name of Club Participant(s)

Print Name of Club Participant(s)



**BOYS & GIRLS CLUBS
OF CENTRAL ILLINOIS**

Internet Policy & Safety Considerations

Prohibition of 1:1 Contact – Club staff are **never** allowed to communicate directly or independently with individual youth through any virtual or phone communications; this also includes **ALL** social media platforms. Staff are to follow BGCCIL guidelines for Zoom conferences and similar meetings to ensure a prohibition on 1:1 contact.

Communications and Supervision Policy – More than one staff must be on all outgoing and/or incoming virtual and/or telephone communications and it must target or include a group, or ideally, all youth members; to ensure compliance with BGCCIL’s 1:1 contact policy.

Club Staff utilizing Zoom or similar meeting platforms to host the virtual experiences must:

- ensure the chat feature is set to “Everyone Publicly” at the start of each session, to make sure that youth are unable to communicate directly and/or privately.
- at the end of each session, save the chat log locally to ensure that an audit trail of all communications exists.

Privacy Policy Compliance – Many software tools collect and sell information about users. It is crucial that software selected by BGCCIL take responsible care of information from participants, including youth.

Parental Consent – Prior to communicating or interacting with youth members, it is required that BGCCIL staff gain parental consent. The Parental consent acknowledgement can be found on page three (3) of the membership application and must be completed in order to register youth members for V-Club.

Personal contact information sharing – Club staff will monitor and strictly prohibit personal contact information sharing. Personal contact information includes phone numbers and providing access to personal social media platforms i.e. sending/receiving friend requests, messaging, and/or invites and following on any social media platform.

Additional policy and safety implications needed to ensure the distance experience is safe:

- **Online security** – Club staff must have a way to know the members in their session are part of their V-Club Unit; their session is not open for youth (or others) to join at-large. As a policy, Club staff will be sure the technology they select requires verified login (perhaps using e-mail addresses) and allows them to see the full names of participants in order to gain access.
- **Content appropriateness** – Club staff will ensure the websites and/or other distance experiences they select are appropriate for their audience and check all tools before messaging outward. Codes of conduct and guidelines for appropriate behavior are important to establish during the first program day.



BOYS & GIRLS CLUBS
OF CENTRAL ILLINOIS

Communication and Coordination

Parent/Guardian communication and member coordination are essential– The following means will provide simple, effective communication outbound to parents and youth:

- **Group Text Messaging** – BGCCIL utilizes the group text application called “Remind App”. Parents, guardians, or other caregivers will automatically be enrolled in this service upon V-Club enrollment and may opt out at any time. Club Staff will send coordinating communications to parents and caregivers, only, to ensure youth members know when and how to join V-Club sessions. Please be aware that our communications to parents/guardians may be frequent but are necessary to ensure that youth members have up-to-date information regarding the V-Club program day and/or any potential changes in schedule or program content.
- **Program Experiences** - BGCA has created the MyFuture platform to help Club staff deliver high-quality program experiences. Many of its activities are project-based and can be completed by members from home. Furthermore, the platform itself is flexible in that it can be accessed via computer, tablet, or mobile phone. MyFuture is an ideal programmatic platform to suit the at-home/distance-based V-Club experience.