

Boys & Girls Clubs of Central Iowa also asks the following information to learn more about your child. Please check item(s) from each group below.

Individual Annual Income

- Less than \$5,415
- \$5,416 - \$9,424
- \$9,425-\$10,829
- \$10,830-\$13,429
- \$13,430-\$16,137
- \$16,138-\$18,844
- \$18,845-\$19,927
- \$19,928-\$21,559
- \$21,560-\$32,389
- \$32,390- \$43,319
- \$43,320-\$54,149
- \$54,150 and higher

Number in Household

- Two (2)
- Three (3)
- Four (4)
- Five (5)
- Six (6)
- Seven (7) or more

Do you qualify for free and reduce lunch?

- Yes
- No

Referred By

- 211
- State/City/County Personnel
- School Personnel
- Religious Organization
- Social Service Agency
- Other _____

MEMBER EMERGENCY CONTACT AND/OR PICK UP INFORMATION

Please list two persons (not parents or guardians) who may be contacted in the case of an emergency-

1. Name _____ Relationship to the member _____
 First Middle Last

Phone Number _____ Home Work Other _____

2. Name _____ Relationship to the member _____
 First Middle Last

Phone Number _____ Home Work Other _____

(Remember: Parents should call the Club if another person not listed is authorized to pick up the member)

*I authorize the Boys & Girls Clubs of Central Iowa to act on my behalf in case my youth is victim of a major accident, injury, or illness when immediate medical or surgical care is needed; provided a member of the club staff shall make a diligent effort to first notify me of the situation and ascertain what my preferences are. If efforts to reach me are unsuccessful, I authorize duly licensed medical professionals to take such action as their judgment dictates. I further agree that, neither the Boys & Girls Clubs of Central Iowa, nor any person associated with them, has any responsibility of any kind to me or my youth from any claims arising from any accident, injury or illness, which my youth may suffer as the result of any such health care of medical treatment. _____**

*Additionally, I authorize the Boys & Girls Clubs of Central Iowa to transport my youth in Club vehicles to any field trips within the regularly scheduled Club hours. I understand that only field trips or activities that function outside of regularly scheduled hours will require my permission. When in the course of regular Club programming, I authorize the Boys & Girls Clubs of Central Iowa to photograph in Club publications and/or media presentations. If applicable, I authorize members of the media to photograph or tape my youth engaging in Club activities or special events. _____**

*I also authorize the Boys & Girls Clubs of Central Iowa and/or contracted researchers of the Boys & Girls Clubs of Central Iowa, to involve my youth in outcome measurement/evaluation of Club programs. I understand that any data of information obtained from these activities will be treated with utmost confidentiality and my youth will not be individually identified as a participant. Additionally, I authorize my youth to use the Boys and Girls Clubs of Central Iowa Network and Internet Services. I also authorize the Boys & Girls Clubs of Central Iowa, to enforce any and all guidelines set forth in the responsible computer use guidelines. I have the right to obtain a copy of these guidelines at my request. _____**

*I am aware that my child is not allowed to attend the Boys and Girls Club of Central Iowa without his/her card. I understand that I am responsible for lost card replacement. I understand that the cost of a new card for my child is \$5.00. _____**

***Please initial each item to indicate agreement to comply.**

Signature of Member

Signature of Parent/ Guardian

Date