



**BOYS & GIRLS CLUB**  
OF THE UMPQUA VALLEY

# Program Registration Form

Please print clearly using ink

1144 NE Cedar Street, Roseburg, OR

Phone: (541) 440-9505

Fax: (541) 440-9661

E-mail: [contactus@bgcuv.org](mailto:contactus@bgcuv.org)

Website: [www.bgcuv.org](http://www.bgcuv.org)

<b>Section I: Family Information</b>			
Parent/Guardian (child lives with)			
Mailing Address		City	Zip
E-Mail Address			
Cell Phone		Home Phone	
Employer	Work Phone	Position	
Other Parent/Guardian			
Address (if different)		City	Zip
Cell Phone		Home Phone	
Employer	Work Phone	Position	
Living with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father & Step-Mother <input type="checkbox"/> Mother & Step-Father <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other _____ <b># of People In Your Household:</b> _____			
Is either parent in the Military? Branch _____ Status: <input type="checkbox"/> Active <input type="checkbox"/> Guard <input type="checkbox"/> Reserve			
<b>Section II: Member Information</b>			
Child's First Name		Middle Name	Last Name
Birth date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
School		Grade	
Ethnic Information: Check all that apply <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____			
<b>Section III: Insurance Information</b>			
Children must have health insurance as a pre-requisite for membership. If your child is not covered by health insurance please ask membership services for information on enrolling in the Oregon Health Plan.			
Insurance Company Name			
Insurance Policy Number		Insurance Policy Group Number	

<b>Section IV: Parent/Guardian Permission</b>		
Permission will be required for my child to be transported to any off-site activities accompanied by leadership staff. I understand that reasonable measures will be taken to safeguard the health and safety of all participants. I will encourage my child's positive participation in Club programs and will adhere to all Club policies. I understand that failure to abide by these rules could result in suspension of my child's membership.		
I give permission for the Club to use photographs and/or videos in which my child appears for publicity or programming purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Signature _____		Date _____
<b>Section V: Medical Information</b>		
Does your child have any medical problems or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Please list any medications your child is taking:		
Note: The staff of the Boys & Girls Club cannot administer medication. All medication must be kept in the administrative offices. Please ask membership services for the Club's full medication policy.		
Does your child have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please ask membership services for the Club's information sheet on serving members with special needs.		
<b>Section VI: Emergency Contacts</b>		
In case of emergency, the Club will make every effort to reach the parents/guardians listed. However, in case we are unable to reach a parent/guardian, please list at least two other local emergency contacts.		
(1) Emergency Contact Person:		Relationship to child:
Cell Phone: (    )	Other: (    )	Authorized to Pick Up: <input type="radio"/> Yes <input type="radio"/> No
(2) Emergency Contact Person:		Relationship to child:
Cell Phone: (    )	Other: (    )	Authorized to Pick Up: <input type="radio"/> Yes <input type="radio"/> No
(3) Emergency Contact Person:		Relationship to child:
Cell Phone: (    )	Other: (    )	Authorized to Pick Up: <input type="radio"/> Yes <input type="radio"/> No

### Section VII: Parent/Guardian Agreement

As a partner in your child's positive development, the Boys & Girls Club of the Umpqua Valley is committed to providing the best possible programming for your child. The following are expectations for parents/guardians of members of the Club.

#### Please read and initial each statement:

The Boys & Girls Club is a youth development program; not a child care facility. Our staff helps guide members through problem-solving and decision making. If you believe your child would be better suited to a child care environment, we are happy to provide information on child care options in the community. \_\_\_\_\_

I understand that I am expected to pick up my child on time. The Club closes at 6:30pm during the school year and 5:30 during the summer. If your child is picked up late, you will be issued a warning notice. If your child is picked up late a second time, your child's membership may be suspended and a **\$50.00 late pick up fee** will be assessed in order to reinstate the membership. \_\_\_\_\_

If my child is sick or injured or if he/she is suspended due to a discipline issue, I am required to pick up my child within 1 hour of notification by the Club. \_\_\_\_\_

I understand that any violation of Club rules by my child will result in disciplinary action as laid out in the member's Code of Conduct. I accept that the Club has the right to take the disciplinary action necessary. \_\_\_\_\_

I understand that my child's account of an event may differ from that of another member and/or staff member. In these situations, the staff does their best to determine the truth and to administer discipline fairly. By allowing my child to come to the Club I understand that I must respect and support Club Director's decisions regarding incidents that occur. \_\_\_\_\_

Parents, guardians or family members who exhibit behavior or language that is offensive and/or inappropriate **or** engage in physical/verbal abuse or threat of harm to any staff, volunteer or member will be subject to removal from the facility. \_\_\_\_\_

I waive any claims against the Boys & Girls Club, board, staff or volunteers except claims arising from gross negligence or willful acts of the board or its agents that may arise from participation in Club activities. \_\_\_\_\_

I understand that the program schedule and availability is subject to change due to changing guidelines. \_\_\_\_\_

I understand that due to the number of youth from multiple schools in one group, our ability to support the different schedules and curriculum plans from different schools is limited. Club staff are not licensed teachers, and we cannot replace their skills and experience. The Club will provide a consistent learning environment with supervision and support. Ultimately, parents are responsible for the progression of their child's learning, and reaching out to the school district as needed. \_\_\_\_\_

I understand that the program fee amount will not change regardless of the number of days attended by my youth. \_\_\_\_\_

### Section VIII: Proof of Income

In order to give you a discount on our programming, it is necessary for us to ask some personal questions. Your answers and income information will be kept on file and in strict confidence. You must verify your family income by providing one of the following:

**Income tax return, last 2 months of paycheck stubs and any other income documentation (i.e. statement of unemployment benefits, social security benefit letter, public assistance benefits letter and foster providers). Please ask the office if you have any questions on what qualifies.** Only the family size and annual income will be used to determine your eligibility and calculate your discount. **If you choose to not provide proof of income you will automatically be put in the highest monthly rate.**

### Section VIII: Payment & Refund Agreement

Payments are due by the 1st of the month. Payments that are not made within 3 days of the due date will incur a \$10 late fee, after 10 business days of non-payment you will lose your spot in the program. A refund minus a \$10 administrative fee will be given if a refund is requested at least 7 business days prior to the start of the program month. No refunds will be given if requested after the 7 business day deadline.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Contribution Options:

I would like to make an additional tax deductible contribution to support the Boys & Girls Club of the Umpqua Valley: \$ \_\_\_\_\_

### For Office Use Only:

New Member     Previous Member    BGCUV # \_\_\_\_\_

#### Payment Information

# in Household \_\_\_\_\_ Enter Chart Household Qualifies for (A, B, C, D) \_\_\_\_\_

Program Type:  OFF SITE    LOCATION NAME: \_\_\_\_\_

Program Type:  ON SITE    LOCATION NAME: \_\_\_\_\_

#### Income Documentation:

Income Tax Return  Last 2 Months of Pay Stubs  Other  \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Staff Verifying Documents: \_\_\_\_\_

Cash     Credit Card     Check # \_\_\_\_\_ (make payable to BGCUV)

Rcpt. # \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_