

TEEN MEMBERSHIP APPLICATION

Afterschool Program Summer Program



BOYS & GIRLS CLUB
OF WEBER-DAVIS

A separate copy of this form, as well as all accompanying documentation, must be submitted for each child in the household.

TEEN PARTICIPANT				
First Name		Last Name		BGCWD Club or Program
Street Address			City/State	Zip Code
Email Address	Date of Birth	Home Phone		Mobile Phone
SIS Password	Grade Level	School	Student ID Number	
Identifying Gender	Hair Color	Eye Color	Shirt Size	Ability to Swim <input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT/GUARDIAN 1				
First Name		Last Name		Relationship to Child
Street Address			City/State	Zip Code
Email Address		Home Phone	Mobile Phone	
Place of Employment			Job Title	
Identifying Gender	Date of Birth	Head of Household <input type="checkbox"/> YES <input type="checkbox"/> NO	Primary Language	

PARENT/GUARDIAN 2				
First Name		Last Name		Relationship to Child
Street Address			City/State	Zip Code
Email Address		Home Phone	Mobile Phone	
Place of Employment			Job Title	
Identifying Gender	Date of Birth	Head of Household <input type="checkbox"/> YES <input type="checkbox"/> NO	Primary Language	

EMERGENCY CONTACT & AUTHORIZED PICK-UP (Individuals other than the child's parent(s)/guardian(s) above)		
First & Last Name	Relationship to Child	Phone Number
First & Last Name	Relationship to Child	Phone Number
First & Last Name	Relationship to Child	Phone Number

MEDICAL INFORMATION		
Doctors Name	Doctor's Phone	Hospital
Health Insurance Provider	Policy Number	
Description of any Health Related Issues (Asthma, allergies, ADHD, etc.)		
Medication & Dosages		

DEMOGRAPHIC INFORMATION				
Income Eligibility <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> Neither		Check all That Apply: <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> Veteran Compensation <input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> Other:		
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Number of Family in Household	Military Family <input type="checkbox"/> YES <input type="checkbox"/> NO	Household Type <input type="checkbox"/> Nuclear <input type="checkbox"/> Extended <input type="checkbox"/> Single Parent <input type="checkbox"/> Other	Family Setting <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Foster Care <input type="checkbox"/> Sibling Care <input type="checkbox"/> Other
Race <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other			Household Income <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000 or more	
			<input type="checkbox"/> Alaskan Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown	

PERMISSIONS & LIABILITY RELEASE

- YES NO I give my permission for my child to appear in media coverage (Interviews, images, etc.)
- YES NO I give my permission for my child to participate in field trips, including being transported to/from such activities.
- YES NO I agree that Boys and Girls Clubs of Weber-Davis can share information about my child and my family to partner and funding agencies. Information will only be shared for the purpose of helping my family and strengthening the community. At any time, I can request in writing that information no longer be shared. I understand that I can select no for any reason, and it will not impact my family's ability to receive services.
- YES NO I allow my child's school district to share information to Boys and Girls Clubs of Weber-Davis regarding my student's records, grades, test scores, demographics, attendance, behavior, information, etc. to better assess the program.

PROGRAM/ SURVEY CONSENT

- YES NO **SMART Girls** is a health, fitness, prevention/education and self-esteem enhancement program for girls. The program is designed to encourage healthy attitudes and lifestyles that will enable adolescent/teen girls to develop to their full potential. Sessions incorporate learning experiences that include mentors, guest speakers, hands-on activities and field trips. Part One: It's Your Body examines media influences on attitudes about females, personal values in dating relationships, date violence, date rape and sexual harassment, sexually transmitted diseases, sexual myths and truths, getting regular gynecological care, and the physical and emotional changes girls experience. Part Two: Take Care of Your Body identifies ways to attain healthy eating habits, meet specific nutritional needs, develop basic cooking skills and become physically fit and active. It also emphasizes the importance of knowing how to use the health care delivery system.
- YES NO **WISE Guys** (Passport to Manhood) addresses critical issues that young men face during this time, such as ethics, decision-making, wellness, ideas about fatherhood, employment and careers, cooperation and conflict, diversity, relationships and self-esteem.
- Session I Introductory Session
 - Session II Understanding Manhood
 - Session III Self-Esteem and Identity
 - Session IV Values in Personal Decision-Making
 - Session V Academic Success
 - Session VI Healthy Lifestyles
 - Session VII Responses to Authority
 - Session VIII Relationships with Girls
 - Session IX Fatherhood and the Family
 - Session X Employment and Careers
 - Session XI Diversity
 - Session XII Cooperation and Conflict
 - Session XIII Personal Leadership and Community Responsibility
 - Session XIV Graduation: From Boys to Men
- YES NO **SMART Moves:** is to provide young people with the knowledge, skills, self-esteem and peer support to help them: Make healthy choices and practice responsible behaviors, avoid using alcohol, tobacco and other drugs and postpone sexual activity. The primary messages of Stay SMART/SMART Leaders are:
- Teens, ages 13 to 15 (Stay SMART) and ages 16-18 (SMART Leaders), should not be involved in the use of alcohol, tobacco and other drugs. Besides being illegal for teens, these substances are potentially harmful to bodies and minds that are still developing. "Responsible use" is not an option.
 - Teenagers should postpone sexual involvement as long as possible because that is the best way for them to avoid the risks of pregnancy and sexually transmitted diseases. Youth who are already sexually active can be encouraged to practice abstinence again. For those who do not practice abstinence, the program offers accurate information to allow youth to protect themselves from pregnancy and STIs.

YES NO

Weber Morgan Prevention Program: Weber Morgan Health Department's Division of Health Promotion is providing the opportunity for our teens to participate in this amazing program covering the topics: Tobacco education including prevention and cessation, safe driving including texting while driving, drinking and driving, etc., healthy relationships, basic male/female anatomy, STI education including HIV/AIDS, instruction on the use of birth control and contraceptive devices, abstinence education, communication skills including negotiating sage sex, goal setting, and decision making.

This program is offered and **taught by Health Education Specialists.**

YES NO

Surveys & Questionnaires: I give my consent and permission to BGCWD to survey my child about his or her Club experience and behavior, skills and attitude using Boys and Girls Clubs of America's (BGCA) Outcome Measurement Tool Kit or other survey instruments. I give my permission to BGCWD to share information about my child with BGCA and other program partners for research purposes and/or to evaluate the program's effectiveness. All information shared will be kept confidential shared via de-identifying data or sharing information in aggregate.

CAREFULLY READ THE FOLLOWING DISCLAIMER BEFORE SIGNING

By signing below, as parent/guardian of the child named on this form, I give my permission for my child to participate in the programs organized by the staff of Boys & Girls Clubs of Weber-Davis (BGCWD). As a part of these organized programs, I understand that some activities may take place away from the BGCWD site/ location. I agree to hold BGCWD; its paid and volunteer staff and governing Board of Directors, harmless for any property damage or for personal injury that may occur in conjunction with program activities, transportation, or related activities. If the staff of BGCWD should need to contact me in an emergency, and for whatever reason were unable to do so, I authorize BGCWD staff to take whatever action is deemed necessary in their judgment for the health and welfare of my child. I realize that BGCWD is not responsible for injuries that occur to my child at the Club. Parents/Guardians should carry their own medical insurance and are responsible for medical costs that may be incurred in cases of emergency. I understand that it is my responsibility to arrange transportation for my child after the program daily at a specified time, and that failure to do so may result in additional fees. I understand all Teen Centers operate under an **Open Door Policy**. If transportation is provided by BGCWD from the club member's school or home to the Club, it will be the club member's responsibility to arrive to the predetermined pick up locations on time. Per **Open Door Policy**, BGCWD Staff cannot retain members who do not wish to remain at The Club. Parents should instruct their child to remain at The Club if they do not wish them to leave. I understand that any membership dues, fees, or payments to BGCWD are non-refundable. I support the efforts of BGCWD staff in caring for my child. I understand that my child and myself must abide by the code of conduct established by BGCWD and partnering agencies, and if these are not followed, my child may be dismissed from the program.

Parent/Guardian Signature	Date
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OPTIONAL (College and Career Readiness)

High School Graduation:

What support is needed to be on track for graduation?

- Homework Help (tutoring)
- Attendance Recovery
- Citizenship Recovery
- Specify Other:
- Math
- History
- English
- Other:
- Science

Post-Graduation Plans:

What are your plans after graduation?

- College
- Applied Tech College (Trade School)
- Religious Mission
- Military
- Employment (Part-time/Full-time)
- Specify Other:

What support is needed for higher education after high school?

- FASA Support
- Resume Building
- Scholarship Support
- College Visits
- ACT Prep
- Specify Other:

Job and Career:

What support is needed for job and career opportunities?

- Food Handlers Permit
- CPR Certification
- Other Certification's
- Mock Interviews
- Specify Other:

Please list your occupational interests?

How did you hear about The Club?
<input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> bgcweberdavis.org <input type="checkbox"/> Flyer <input type="checkbox"/> Facebook <input type="checkbox"/> Specify Other