

**Office Use only:**

Person(s) not allowed to pick-up listed: Yes or No

Allergies Listed: Yes or No

Court Order on File: Yes or No

Membership Paid: Yes or No For: 1 2 3 4 Full or Reduced

Amount \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash or CC

Free/Reduced Lunch: Yes or No If Yes Verified \_\_\_\_\_ Staff Initial



**CULVER  
BOYS & GIRLS CLUB**

## Culver Boys & Girls Club Membership Registration Form

(Information is kept confidential. Membership fees are non-refundable)

**Office only: Member #1 -** Membership Number: \_\_\_\_\_ New Renewal Club Kidstop \_\_\_\_\_

**Member #1: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Gender:** Male Female **Date of Birth:** \_\_\_\_\_

**Age** \_\_\_\_\_ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Bus #:** \_\_\_\_\_

**Does he/she receive free or reduced lunch? Yes No (If Yes then Free or Reduced)**

(If you circled yes, verification is required to receive financial assistance for membership/league fees. A copy of the letter from the school corporation will suffice. Otherwise, you can sign our Parental Release of Information form, enabling us to verify through the schools).

**Office only: Member #2 -** Membership Number: \_\_\_\_\_ New Renewal Club Kidstop \_\_\_\_\_

**Member #2: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Gender:** Male Female **Date of Birth:** \_\_\_\_\_

**Age** \_\_\_\_\_ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Bus #:** \_\_\_\_\_

**Does he/she receive free or reduced lunch? Yes No (If Yes then Free or Reduced)**

(If you circled yes, verification is required to receive financial assistance for membership/league fees. A copy of the letter from the school corporation will suffice. Otherwise, you can sign our Parental Release of Information form, enabling us to verify through the schools).

**Office only: Member #3 -** Membership Number: \_\_\_\_\_ New Renewal Club Kidstop \_\_\_\_\_

**Member #3: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Gender:** Male Female **Date of Birth:** \_\_\_\_\_

**Age** \_\_\_\_\_ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Bus #:** \_\_\_\_\_

**Does he/she receive free or reduced lunch? Yes No (If Yes then Free or Reduced)**

(If you circled yes, verification is required to receive financial assistance for membership/league fees. A copy of the letter from the school corporation will suffice. Otherwise, you can sign our Parental Release of Information form, enabling us to verify through the schools).

**Office only: Member #4 -** Membership Number: \_\_\_\_\_ New Renewal Club Kidstop \_\_\_\_\_

**Member #4: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Gender:** Male Female **Date of Birth:** \_\_\_\_\_

**Age** \_\_\_\_\_ **Ethnicity:** Caucasian African American Hispanic Asian Multi-Racial Native American **Other:** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Bus #:** \_\_\_\_\_

**Does he/she receive free or reduced lunch? Yes No (If Yes then Free or Reduced)**

(If you circled yes, verification is required to receive financial assistance for membership/league fees. A copy of the letter from the school corporation will suffice. Otherwise, you can sign our Parental Release of Information form, enabling us to verify through the schools).

### Mailing/emailing Information

(We do send Periodic Program information to parents through mail or email)

Member's Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell Home

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Household e-mail \_\_\_\_\_

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**A parent or an authorized adult, as listed below, must sign every child in and out daily.**

**Individual(s) Authorized to contact in an Emergency and/or to pick up your child. Please list Name & phone number in the order you would like us to call. We can only accept changes that have been submitted in writing by the parent or guardian.**

**\*\*Any person picking up a child in the Club/Kidstop programs must have a picture ID AND be listed below**

1. Who should we contact first: Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone#: \_\_\_\_\_ C H W
3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone#: \_\_\_\_\_ C H W
4. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone#: \_\_\_\_\_ C H W
5. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone#: \_\_\_\_\_ C H W

**Person(s) NOT allowed to Pick UP**

Person(s) **NOT** allowed to pick up Club/Kidstop members listed on this form including Male & Female Head of household:

**(Please note if a person not allowed to pick up is the mother or father of a Club/Kidstop member we will need a copy of the Court Order)**

Name of Person Not allowed to pick up: \_\_\_\_\_ Relationship to the Member: \_\_\_\_\_

Member(s) who cannot be picked Up: \_\_\_\_\_

**Court Order Provided:** Yes or No

Name of Person Not allowed to pick up: \_\_\_\_\_ Relationship to the Member: \_\_\_\_\_

Member(s) who cannot be picked Up: \_\_\_\_\_

**Court Order Provided:** Yes or No

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**Medical Authorization**

I understand that all **members listed on this Membership Form/Child Information** may, while on the premises of Culver Boys & Girls Club or during any Club/KidStop sponsored activities/programs become ill or injured and that it may be impractical to notify me prior to: (a) administering first aid and/or (b) securing medical attention. I therefore authorize Culver Boys & Girls Club and its agents and employees to render such first aid and/or seek such emergency medical attention and authorize any physician (including, but not limited to, (including, but not limited to, St. Joseph's Medical Center or hospital (including, but not limited to, St. Joseph's Medical Center) selected by the Club to render such emergency services.

**I have read and understand the Medical Authorization.**  Yes

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**Image/name Use:** I agree to allow my children's image and name to be used in the publicity purposes at described above  Yes  No

**Technology Use:** I give permission for my children to use computers/technology while at any of Boys & Girls Club's facilities/programs  Yes  No

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**Safe Passage Policy**

**An authorized adult with photo ID must sign-out members when using Club/Kidstop.** If your child is signing-out to club, Culver Boys & Girls Club operates under the Safe Passage Policy. For members under the age of 12, a parent, guardian or other pre-authorized adult must retrieve the member from the Club. Members age 12 and older may leave the Club unescorted with written permission from a parent or guardian. Members 12 and older may also escort other members of their household from the Club. No member, regardless of age, will be allowed to return to the Club once they leave the premises for the day. The Club will not physically restrain a member that insists on leaving the Club, nor block the facility's exits. Therefore, it is each parent's responsibility to discuss the Club's Safe Passage Policy with his or her child and ensure that he or she complies. The Club will not accept responsibility for members that leave the Club unsupervised and in breach of this policy. The Club does, however, reserve the right to discipline members that leave unescorted without written permission, up to and including suspension and termination of membership.

**Authorization to Leave Premises Unescorted**

My child(ren) 12 years or older has my permission to check him/herself out of the Club.  Yes  No

Children under 12 years old may leave the Club with a relative so long as the relative is 12 years or older. My child is younger than 12 years old, but has my permission to leave the Club with \_\_\_\_\_ Age: \_\_\_\_\_ Relationship:  Brother  Sister  Other relative \_\_\_\_\_

**I have read and understand the Safe Passage Policy as described above**  Yes

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**Member #1**

**Member #1** Last Name: \_\_\_\_\_ **Member #1** First Name: \_\_\_\_\_

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: \_\_\_\_\_

Any other information we should know about your child: \_\_\_\_\_

**Medications:** Please list name of medication – dosage – frequency (If you need a Culver Boys & Girls Club Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). \_\_\_\_\_

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**Member #2**

**Member #2** Last Name: \_\_\_\_\_ **Member #2** First Name: \_\_\_\_\_

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: \_\_\_\_\_

Any other information we should know about your child: \_\_\_\_\_

**Medications:** Please list name of medication – dosage – frequency (If you need a Culver Boys & Girls Club Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). \_\_\_\_\_

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**Member #3**

**Member #3** Last Name: \_\_\_\_\_ **Member #3** First Name: \_\_\_\_\_

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: \_\_\_\_\_

Any other information we should know about your child: \_\_\_\_\_

**Medications:** Please list name of medication – dosage – frequency (If you need a Culver Boys & Girls Club Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). \_\_\_\_\_

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**Member #4**

**Member #4** Last Name: \_\_\_\_\_ **Member #4** First Name: \_\_\_\_\_

Please list any/all allergies/illnesses/conditions including any that may affect your child's ability to participate in vigorous activities:

Any behavior/capability concerns your child that would help us provide the best experience for them: \_\_\_\_\_

Any other information we should know about your child: \_\_\_\_\_

**Medications:** Please list name of medication – dosage – frequency (If you need a Culver Boys & Girls Club Staff Member to give your child medication, please fill out an Authorization to Administer Medication Form. Please note medication must be in the original prescription container and properly labeled. Only a one-day, one dose supply of medication may be sent each day). \_\_\_\_\_

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## Household Information

**Member's Live with:** Biological Mother & Father    Mother only    Father Only    Mother & Stepfather    Father & Stepmother    Other: \_\_\_\_\_

**Male Head of Household Information:** Father    Stepfather    Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Dept.: \_\_\_\_\_ Work phone #'s: \_\_\_\_\_

Person at work who will know how to contact you: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Email (If different from household email): \_\_\_\_\_

**Is this person authorized to pick up the member's list on this form: Yes or No**

If the male head of household is the biological father of the child, we must have a court order stating any restrictions.

**Female Head of Household Information:** Mother    Stepmother    Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Dept.: \_\_\_\_\_ Work phone #'s: \_\_\_\_\_

Person at work who will know how to contact you: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Email (If different from household email): \_\_\_\_\_

**Is this person authorized to pick up the member's list on this form: Yes or No**

If the female head of household is the biological mother of the child, we must have a court order stating any restrictions.

**Has any Parent served in the Military?** Yes    No    If Yes: Parent Name: \_\_\_\_\_ Branch: \_\_\_\_\_

**A large portion of our funding is dependent on receiving grants. Please help us to secure this funding in the future by answering question about your finances. It is Mandatory to complete the financial information if you receive scholarship aid. All information is strictly confidential.**

**Annual Household Income:** \_\_ \$0 - \$5,000    \_\_ \$5,001 - \$12,000    \_\_ \$12,001 - \$22,000    \_\_ \$22,001 - \$32,000    \_\_ 32,001 - \$40,000    \_\_ \$40,001+

**Does your family receive any form of public assistance?**    \_\_ TANF (Temporary Aid to Needy Families)    \_\_ Food Stamps    \_\_ Medicaid  
\_\_ Hoosier Healthwise    \_\_ Child Care Vouchers    \_\_ WIC (Women, Infants and Children)    \_\_ HUD (Reside in Public Housing)  
\_\_ Other (Please Specify): \_\_\_\_\_

<p><b>How will your child(ren) be getting home?</b></p> <p>____ Shuttle Bus (please fill in Shuttle Bus stop info) </p> <p>____ Parent Pickup</p> <p>____ Walker</p>	<p><b>Shuttle Bus Stop* (please check one)</b></p> <p>____ Bass Lake Pub</p> <p>____ Monterey School</p> <p>____ Delong Store</p> <p>____ Leiters Ford</p>
<div style="border: 1px solid black; padding: 5px; width: fit-content;"><p>*Drop off times will vary based on season. Please ask our staff for more information.</p></div>	

### Parent Signature

I hereby approve my child(ren) application for membership in Culver Boys & Girls Club. I will notify the Club/KidStop of any changes in address and all telephone numbers listed on the membership application.

\_\_\_\_\_  
Staff witness (Year One)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff witness (Year Two)

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

\_\_\_\_\_  
Date