



## Membership Application (Kindergarten-12th Grade)

2020 - 2021

2020-2021 BGC MEMBERSHIP DUES: \$25.00 per child

**Please select all programs/events you would like to enroll your child(ren) in:**

	2020-2021 BGC NS Club Membership Year
	(13+ only) Teen Nights
	(12+ only) New Years Eve Event (12/31/2020)
	BGC Sports and/or Tournaments

**Submit photos of parents, emergency contacts, and those authorized to pick up child(ren) prior to attending club. This safety measure ensures our staff can properly identify the individuals you list on their registration.**

You may submit a request for a scholarship assistance from TANF. We will contact you if you qualify.			
Would you like to request a scholarship?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many? ____



## Member (Child) Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ School: \_\_\_\_\_  
 Grade (going into): \_\_\_\_\_ Gender: \_\_\_\_\_ Phone Number (If youth has a phone): \_\_\_\_\_  
 Ethnicity: ☐ American Indian/Alaska Native ☐ Black/African American ☐ Hispanic/Latino ☐ Asian  
☐ Native Hawaiian/Other Pacific Islander ☐ White, non-Hispanic ☐ Multi-racial ☐ Other  
 Is the child a Coeur d'Alene Tribal Member? Yes ☐ No ☐ Is the child a Descendant of Coeur d'Alene Tribe? Yes ☐ No ☐  
 Is the child a member of another Tribe? Yes ☐ No ☐ Is the child a Descendant of another Tribe? Yes ☐ No ☐  
**Child lives with (check all that apply):** ☐ Mother ☐ Father ☐ Sister ☐ Brother ☐ Aunt  
☐ Uncle ☐ Grandfather ☐ Grandmother ☐ Stepmother ☐ Stepfather ☐ Other: \_\_\_\_\_  
 Is this child currently in foster care? ☐ Yes ☐ No  
 Does the child have a parent who is currently incarcerated? ☐ Yes ☐ No  
 Has your child been involved with the juvenile justice system? ☐ Yes ☐ No

## Medical Information

Does your child have Health Insurance?				No	Yes
Insurance Carrier			Insurance Policy #		
Preferred Hospital					
Physician Name			Physician #		
Dentist Name			Dentist #		
Allergies	No		Yes (Please explain/list below)		
Serious Health Concerns	No		Yes (Please explain/list below)		
Medications	No		Yes (Please explain/list below)		
Under no circumstances are members allowed to carry any medications prescription or over-the-counter drugs on their person while at the Club					

## Health/Behavioral/Emotional Conditions

<input type="checkbox"/> ADD	<input type="checkbox"/> ASPERGER'S	<input type="checkbox"/> INTELLECTUAL DISABILITY	<input type="checkbox"/> OCD
<input type="checkbox"/> ADHD	<input type="checkbox"/> AUTISM	<input type="checkbox"/> HEARING DISABILITY	<input type="checkbox"/> ODD
<input type="checkbox"/> ANXIETY	<input type="checkbox"/> CONDUCT DISORDER	<input type="checkbox"/> Other:	



## Primary Parent / Guardian

Full Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
 Is this person allowed to pick up/drop off the member? ☐ Yes ☐ No

## Other Parent / Guardian

Full Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
 Is this person allowed to pick up/drop off the member? ☐ Yes ☐ No

## Emergency Contacts:

Full Name \_\_\_\_\_ Relation: \_\_\_\_\_ Main Phone: \_\_\_\_\_  
 Full Name \_\_\_\_\_ Relation: \_\_\_\_\_ Main Phone: \_\_\_\_\_

## Authorized Pick-ups: Individuals who can pick up your child(ren)

\*Changes must be sent to a BGC Coordinator immediately.

\*Siblings must be 14 years of age or older and listed here to be able to pick up younger siblings.

Full Name \_\_\_\_\_ Relation: \_\_\_\_\_ Main Phone: \_\_\_\_\_  
 Full Name \_\_\_\_\_ Relation: \_\_\_\_\_ Main Phone: \_\_\_\_\_  
 Full Name \_\_\_\_\_ Relation: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Household Demographics					
Current head of household	<input type="checkbox"/> Male <input type="checkbox"/> Female	Is the head of household currently a single parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of People Living in household:	
Is there a member of the household in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Military:		Military Status:	
		<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> National Guard	<input type="checkbox"/> Active Duty <input type="checkbox"/> Discharged	<input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Retired
Annual Household Income					
<input type="checkbox"/> \$0-9,999	<input type="checkbox"/> \$10K-19,999	<input type="checkbox"/> \$20K-29,999	<input type="checkbox"/> \$30K-39,999	<input type="checkbox"/> \$40K-59,999	<input type="checkbox"/> \$50K+



## Boys & Girls Club

### Programming Waiver, Medical Consent Form, & Photography Release

#### Programming Waiver

I understand that the Marimn Health Wellness Center assumes no responsibility for injuries or illnesses which my child may sustain as a result of their physical condition, or resulting from their participation in any athletic activities, sports programs, exercise programs, youth programs and the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my child, we assume the risk for any and all injuries and illnesses which may result from my child's participation in these activities. I hereby release and discharge the Marimn Health Wellness Center, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of their participation in these activities. I understand that the Marimn Health Wellness Center is not responsible for personal property lost or stolen while members and/or program participants are using Marimn Health Wellness Center. I give my permission to the Marimn Health Wellness Center to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purpose of promoting or interpreting Marimn Health Wellness Center. Nothing in this waiver shall be construed to in any way to diminish or waive the sovereign immunity of the Coeur d'Alene Tribe.

\_\_\_\_\_ Legal Parent/Guardian Initial

#### Authorization for Consent to Medical Treatment

I, the undersigned, having legal custody of \_\_\_\_\_, a minor child, do hereby authorize any x-ray examination, anesthesia, medical or surgical diagnosis or treatment diagnosis or treatment and hospital service that may be rendered to the minor under general or special instructions of the family physician, \_\_\_\_\_, M.D. whether such diagnosis and/or treatment is rendered at the office of said diagnosis and/or treatment is rendered at the office of said physician or at a hospital. In the event there is no family physician, we authorize representatives of the Marimn Health Wellness Center to secure appropriate medical attention at Marimn Health. It is understood that this consent is given in advance of any specific diagnosis or treatment being required and said physician to exercise his or her best judgment as to requirements of such diagnosis or treatment.

This shall remain in effect from 2020 until July 1st, 2021, unless revoked earlier, in writing by the legal guardian(s). Nothing in this authorization shall be construed to in any way waive or diminish the Sovereign Immunity of the Coeur d'Alene Tribe.

\_\_\_\_\_ Legal Parent/Guardian Initial

#### Photo/Video Release

Without remuneration of any kind, I being competent and of legal age, hereby give Marimn Health the absolute and irrevocable right and permission, with respect to my likeness, performance, and participation in its video, web banners, photography, and communications efforts. I give Marimn Health the absolute and irrevocable right and permission to do the following:

- To record/photograph my likeness, performance and participation;
- To copyright the same in its own name or in any other name which it may choose;
- To telecast the communications of the recording thereof one or more times over any Internet site, station or stations, or to publicize the communications or any portion thereof by any means, for any purpose whatsoever in whole or in part, including (but not by way of limitation), promotion, advertising, trade.

I acknowledge that Marimn Health will be the sole owner of all rights in and to the communications and the recording/photography thereof, for all purposes in perpetuity. I hereby assign any copyright rights, publicity rights or any other rights that I may have regarding the communications to Marimn Health. I also hereby release Marimn Health from any and all claims of any nature whatsoever which I could or might have against the Releases by reason of any fact or matter whatsoever.

\_\_\_\_\_ Legal Parent/Guardian Initial

By signing my name, I acknowledge that I have carefully read and understand this document.

\_\_\_\_\_  
(Signature of Legal Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Youth Participant Name)



Boys & Girls Club  
PARENTS/GUARDIANS

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. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, tribal and local governments, federal and state health agencies and the Coeur d'Alene Tribe's health authority, recommend social distancing and have, in many locations, prohibited or discouraged the congregation of groups of people.

Boys & Girls Clubs of The Coeur d'Alene Tribe ("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 or club activities could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement I attest that my child(ren) is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell; I have not traveled with my child(ren) to a highly impacted area within the United States of America in the last 14 days; I do not believe my child(ren) has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19; and we are following all CDC recommended guidelines as much as possible and limiting our exposure to the 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 Boys & Girls Club of the Coeur d'Alene 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. Nothing in this waiver shall be construed to in any way to diminish or waive the sovereign immunity of the Coeur d'Alene Tribe.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Guardian (Printed) \_\_\_\_\_

Name of Club Participant (Printed) \_\_\_\_\_



## Boys and Girls Club | Behavioral Health

### Behavioral Health Informed Consent Statement

The Boys and Girls Club of the Coeur d'Alene Tribe (BGC) is committed to providing resources available within the Marimn Tribal Health Clinic to its participants. We want to help students better understand the world they live in and make better decisions that help them live functional lives. Behavioral Health services are available to help youth deal with emotionally difficult situations and learn positive coping skills. These services include crisis counseling, assessments, treatment planning, individual or group psychotherapy, case management and referrals. We want to offer these services to Boys and Girls Club participants.

There will be a Behavioral Health provider present at the Boys and Girls Club of the Coeur d'Alene Tribe who may interact with your child to build rapport and potentially respond to emotional crises your child might be experiencing. This interaction between the provider and your child may resolve the problem, or it may lead to further Behavioral Health services. If the Behavioral Health provider has contact with your child, the provider will reach out to you about Behavioral Health services. Your child may have the option to have regular appointments with the counselor during BGC times or at another agreed upon appointment time. You should understand that there may be both risks and benefits associated with participation in counseling. Behavioral Health interventions may improve your child's ability to relate with others, provide a clearer understanding of himself/ herself, along with setting goals, and their ability to deal with everyday stress. Behavioral Health services may also lead to unanticipated feelings and change, which might have an unexpected impact on your child and his/her relationships.

### Confidentiality

In order to build trust with the child, the Behavioral Health provider will keep information confidential with some possible exceptions. The provider may share information with parent/ guardians, Marimn Health Behavioral Health team in general staffing, or BGC staff who work with the child on a need-to-know basis so that we may better assist the child as a team. The provider is required by law to share information with parents or others in certain circumstances:

- Presenting a serious danger to self or another person
- Evidence or disclosure of abuse (physically or sexually) or neglect
- Threats to BGC/ Wellness Center security
- Criminal or delinquency proceedings are pending

The provider will make the child aware of these limits of confidentiality and will inform the child when sharing information with others. If you would like the provider to share information with a third party, such as a school counselor (outside of the Marimn Health team), psychiatrist, social services worker, or primary care provider, you will need to sign an additional release of information form.

Signature required on next page.



## Boys and Girls Club | Behavioral Health

### Behavioral Health Informed Consent

I understand that I am entitled to ask questions and receive information about methods or techniques used by the Behavioral Health provider and the nature of contact the provider has with my child. I am free to request that my child not have access to the Behavioral Health provider at any time.

I, \_\_\_\_\_, am the legal parent/ guardian of \_\_\_\_\_ (Child's Name). I have read, understand, and agree to the terms of the BGC Behavioral Health Informed Consent.

I give consent for my child to access Behavioral Health services while attending Boys and Girls Club of the Coeur d'Alene Tribe. I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of Behavioral Health services.

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

Phone: Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

