



## Membership Application (Kindergarten – 6<sup>th</sup> Grade)

Family: \_\_\_\_\_

**PLEASE PRINT**

### 2021 – 2022 BOYS & GIRLS CLUB MEMBERSHIP

Fee \$25.00/Child	# Children	Total Due:
\$25.00		\$ _____

TANF Members may be eligible for a programming scholarship, would you like to request a scholarship?					
Yes		No		How Many Youth?	

Upon completion of application and receipt of BGCA dues, you will be notified of acceptance into the school year program.

## Application Checklist:

APPLICATION UPDATES		CURRENT	UPDATED		
Parent Identification on file					
Individual Child (ren) Medical Information					
Individual Child (ren) Health/Behavioral/Emotional Conditions					
Primary parent/guardian					
Other parent/guardian					
Emergency Contacts/Pick-Up List					
Household Demographics					
Annual Income					
Programming Waiver					
Transportation Waiver/Release					
Consent to Medical Treatment					
Photo Video Release					
COVID – 19 Assumption of Risk					
Behavioral Health Informed Consent					
<b>Annual household income (please mark one) :</b>					
\$ 0 – 9,999	\$10 K – 19,999	\$ 20k – 29,999	\$ 30k – 39,999	\$40k – 49,999	\$ 50k +
<b>Dues Paid (please mark one):</b>		Yes		No	
<b>Staff Name and Title(printed)</b>				<b>Date:</b>	





## 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

## Primary Parent / Guardian

Full Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Cell Phone Provider:** \_\_\_\_\_ **Text Updates:** ☐ Yes ☐ No  
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/Authorized 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	Contact	Pickup

**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
<b>Annual Household Income</b>					
<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+





Medical Information			
Child Name:		Date of Birth	
Parent Name		Contact Number	
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:	

### 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 Coeur/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 September 2021-June 2022, 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





## Programming Waiver

I understand that the Marimn Health Coeur/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 during programming and including field trips. 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 Coeur/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 Coeur/Wellness Center is not responsible for personal property lost or stolen while members and/or program participants are using Marimn Health Coeur/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

## Transportation Wavier/Release

I, the undersigned parent/guardian, hereby express my desire and approval for participation of my child, as a member of the Boys and Girls Club of the Coeur d'Alene Tribe, and acknowledge that such participation may include, without limitation, travel/field trips, participation in physical activities and the use of equipment and supplies as applicable. I further acknowledge that participation in the program is entirely at my risk and the risk of my child. I hereby promise not to bring a claim against or sue, and AGREE TO RELEASE The Boys and Girls Club of the Coeur d'Alene Tribe, employees, affiliates, agents, landowners, officers, directors, and their successors in interest, from all liability for injury, death, and property loss and damage that results from participation in Club activities.

I authorize \_\_\_\_\_ to be transported by Boys & Girls Club of the Coeur d'Alene Tribe staff to and from club for chaperoned events as requested and signed up for. I understand my child's active Boys & Girls membership status will be disclosed to my child's school to support collaborative transportation planning efforts between entities.

Parents/Guardians of our teen members will verify their transportation requests via phone, email or text with Boys & Girls Club staff on a daily basis. Parents/Guardians can call into the Boys & Girls Club to request transportation directly with Club staff. Youth who do not have verified permission to be transported will not be allowed transportation for that day.

To ensure safety of youth (under 14), parents agree to pick up and sign out their youth from club at designated drop off times in person to verify proper hand off. Boys & Girls Club of the Coeur d'Alene staff will wait for 5 minutes, after such wait period staff and youth will return to the Coeur Center for pick up by parents.

As parent/guardian of the above-named minor, I acknowledge that I am authorized to sign this waiver/release for the minor. I acknowledge and agree that I have read the foregoing release and that by signing this release on behalf of the minor, the minor and I agree to be bound by its terms. I hereby agree to INDEMNIFY, DEFEND AND HOLD HARMLESS the Boys & Girls Club of the Coeur d'Alene Tribe for any claim, suit, expense or loss which arises out of the above-named minors transportation to and from the club and participation in Boys and Girls Club activities.

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





### Additional Accommodations Release

I, \_\_\_\_\_, being the parent/guardian of \_\_\_\_\_ do understand that my child (previously listed) needs additional accommodations throughout the day. I am requesting the additional accommodations checked and listed below be made available to my child and I hereby promise not to bring a claim against or sue, and AGREE TO RELEASE Marimn Health Coeur/Wellness Center, The Boys and Girls Club of the Coeur d'Alene Tribe, 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 receiving additional accommodations for participation in Boys & Girls Club of The Coeur d'Alene Tribe activities.

### Additional Accommodations (please check all that apply):

- ☐ Supervision/assistance while using the bathroom.
- ☐ Supervision/assistance while dressing into/out of swim wear.

\_\_\_\_\_ 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:

- a) To record/photograph my likeness, performance and participation;
- b) To copyright the same in its own name or in any other name which it may choose;
- c) 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 & GIRLS CLUB**  
OF THE COEUR D'ALENE TRIBE

**MARIMN HEALTH**  
COEUR D'ALENE TRIBE

## 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 \_\_\_\_\_

