



MEMBER INFORMATION *Required*

First Name		Last Name	
Birthdate (MM/DD/YY)		Is this child in foster care?	<input type="checkbox"/>
Gender (circle <u>only one</u>)	Female Male Non Binary Transgender Choose not to answer		
Racial/Ethnic Identity (circle <u>only one</u>)	American Indian or Alaska Native Asian Bi-racial Black or African American Choose Not to Answer Hispanic or Latino	Middle Eastern or North African Multi-Racial Native Hawaiian or other Pacific Islander Other White	
Tribal Affiliation (circle <u>only one</u>)	Apache Blackfeet Cherokee Chippewa Choctaw	Iroquois Latin American Indian Navajo Pueblo Sioux	
Street Address		City	
State		Zip	

PRIMARY CONTACT *Required*

ADDITIONAL GUARDIAN

First Name		First Name	
Last Name		Last Name	
Relationship (circle <u>only one</u>)	Father Mother Step Mother Step Father Brother Sister Aunt Uncle Cousin Grandmother Grandfather Other	Relationship (circle <u>only one</u>)	Family Father Mother Step Mother Parent Sibling Aunt Uncle Cousin Grandmother Grandfather Grandparent
Mobile Phone		Mobile Phone	
Home Phone		Home Phone	
Work Phone		Work Phone	
Other Phone		Other Phone	
Email		Email	



SCHOOL INFORMATION *Required*

INSURANCE INFORMATION

Grade		Insurance Carrier	
School Name			
Did your child pass or fail last year? (circle <u>only one</u>)	Pass Fail	Group Number	
Teacher		Member/Policy Number	
School Lunch (circle <u>only one</u>)	Free/Reduced Entire School is Free Not Eligible	Are you or your child covered by Anthem, Blue Cross/Blue Shield, or Anthem Medicaid Insurance? (circle <u>only one</u>) *Required*	Yes No

MILITARY STATUS

Current/Former Military Family Member?	<input type="checkbox"/>	Branch (circle if applicable)	Air Force Army Coast Guard Marine Corps National Guard Navy Veteran
Currently Deployed	<input type="checkbox"/>		

ALLERGIES

Food Allergies (please list, if any)	
Environmental Allergies (please list, if any)	
Medicine Allergies (please list, if any)	
Other Allergies (please list, if any)	
Does the member use an EpiPen? (circle <u>only one</u>)	Yes No

MEDICAL INFORMATION

Diagnosed Medical Conditions (circle all that apply) *Required*	None ADD/ADHD Anxiety/Depression Asthma Autism Diabetes Hearing Impairment	Oppositional Defiance Disorder Seizures Visual Impairment Other: _____
Does the Member Receive Additional Support in the School/Community? (circle <u>all that apply</u>)	504 (accommodation) Individualized Education Plan (IEP) Meets with school or private counselor Speech Coach Other: _____	



Does this Member Use an Inhaler? (circle <u>only one</u>)	Yes No	Can this Member Self-Administer Medication? (circle <u>only one</u>)	Yes No
Does this Member Use Insulin? (circle <u>only one</u>)	Yes No		

HOUSEHOLD SUPPORT INFORMATION *Required*

Primary Language Spoken in Home (circle <u>only one</u>)	English Spanish Other: _____	Housing Type (circle <u>only one</u>)	Permanent (Rent or Own) Foster Group Home Homeless Public Housing Transitional Housing Other: _____
Number of Adults in Household		Number of Youth in Household	
Who does the member primarily live with? (circle <u>only one</u>)	Parents Mother Only Father Only Grandparent Grandparents Legal Guardian	Foster Care Joint Custody Other: _____ Self /emancipated/18 Choose not to answer	
Household Income Range (circle <u>only one</u>)	\$0 - 10,000 \$10,001 - 15,000 \$15,001 - 20,000 \$20,001 - 25,000 \$25,001 - 30,000 \$30,001 - 35,000 \$35,001 - 40,000 \$40,001 - 45,000 \$45,001 - 50,000 \$50,001 - 55,000 \$55,001 - 60,000 \$60,001 - 65,000 \$65,001 - 70,000 \$70,001 - 75,000	\$75,001 - 80,000 \$80,001 - 85,000 \$85,001 - 90,000 \$90,001 - 95,000 \$95,001 - 100,000 \$100,001 - 105,000 \$105,001 - 110,000 \$110,001 - 115,000 \$115,001 - 120,000 \$120,001 - 125,000 \$125,001 - 130,000 \$130,001 - 135,000 \$135,001 - 140,000 \$140,001 - 145,000	\$145,001 - 150,000 \$150,001 - 155,000 \$155,001 - 160,000 \$160,001 - 165,000 \$165,001 - 170,000 \$170,001 - 175,000 \$175,001 - 180,000 \$180,001 - 185,000 \$185,001 - 190,000 \$190,001 - 195,000 \$195,001 - 200,000 \$200,000+ Choose not to answer
Assistance Programs (circle <u>all that apply</u>)	Childcare Assistance Food Stamps/SNAP Housing Assistance Medicaid Medicare SSDI (Social Security Disability Insurance) SSI (Supplemental Security Income)	TANF Veteran's Compensation WIC (Women Infants and Children) Other Choose not to answer None	



EMERGENCY CONTACT 1 *Required*

EMERGENCY CONTACT 2 *Required*

First Name		First Name	
Last Name		Last Name	
Mobile Phone		Mobile Phone	
Alternate Phone		Alternate Phone	
Email		Email	
Relationship		Relationship	
Authorized to Pickup? (circle <u>only one</u>)	Yes No	Authorized to Pickup? (circle <u>only one</u>)	Yes No

EMERGENCY CONTACT 3

EMERGENCY CONTACT 4

First Name		First Name	
Last Name		Last Name	
Mobile Phone		Mobile Phone	
Alternate Phone		Alternate Phone	
Email		Email	
Relationship		Relationship	
Authorized to Pickup? (circle <u>only one</u>)	Yes No	Authorized to Pickup? (circle <u>only one</u>)	Yes No

PERMISSIONS *Required*

Can your child walk home? (circle <u>only one</u>)	Yes No
Please list anyone who is NOT allowed to pick up your child.	



PARENTAL PERMISSION AND RELEASE AND INDEMNITY AGREEMENT

I hereby give permission for my child, named above, to join the Boys & Girls Clubs of Indianapolis ("The Club") and permission for my child to participate in the Clubs' programs, activities, field trips and to visit and use the Clubs' facilities and to be photographed and/or videographed. It is understood that Club programs and activities may include Internet access, surveys, interviews, and focus group discussions.

Any and all information received will be kept strictly confidential. The data will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. I give further permission for the Club to share information about my child with BGCA and United Way of Central Indiana (UWCI), including the information on this application form, information provided by the child's school and/or school district, and other information collected by the Club, including data collected via surveys or questions. The information shared with BGCA or UWCI will be used for research purposes and/or to evaluate program effectiveness. All information provided to BGCA and/or UWCI will be kept confidential.

I am the natural parent or legal guardian having custody of said child. In consideration of my child being accepted for membership and participation in the Club and activities, I hereby voluntarily release and agree to hold harmless and indemnify the Boys & Girls Clubs of Indianapolis and each of its directors, officers, employees, volunteers, and agents from and against any and all liability, claims, demands, actions, damages, expenses and costs, including attorney's fees, losses and judgments of whatsoever kind and nature which may result from or arise out of my child's membership in the Clubs, participation in the Clubs' programs, activities and field trips and the Clubs' facilities, whether or not resulting in whole or in part from negligence, acts or omissions of the Boys & Girls Clubs of Indianapolis or its directors, officers, employees, volunteers, or agents, or of said child.

The Health History and Permission Form is correct so far as I know, and the person herein described has permission to engage in all Club activities except as noted.

Authorization for Treatment: I hereby give permission to the Club Director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or nurse selected by the Club director to secure and administer treatment, including hospitalization, for the youth listed above. I do hereby agree to hold free from any and all liability all respective officers, employees, and members. I hereby on behalf of my child(ren) waive, release, and forever discharge any and all rights and claims for damages which my child(ren) may have or may not have accrue arising out of or connected with my child(ren) in any of the activities of the Club.

Signature:

RELEASE OF ACADEMIC (SCHOOL) INFORMATION

I give permission to the Boys & Girls Clubs of Indianapolis ("The Club") and the school named below (and the associated school district) to exchange information regarding my child for the purpose of helping both organizations to do a better job of helping my child be successful in school, in the Club and in life. I specifically give permission to my child's school to release to the Club the following data covered by the Family Educational Rights and Privacy Act (FERPA): ILEARN scores, benchmark & summative assessment scores, midyear & final course grades, high school credit accumulation, grade point average, school attendance records, behavioral records (including suspensions/expulsions), my child's state testing number, and whether my child was promoted to the next grade level. I also give permission for my child's teachers at said school to share information with the Club about my child's academic progress and to complete a survey about my child's academic and behavioral performance.

Signature:



INDIANA KIDS PROGRAM CONSENT

I authorize that the above information is accurate to the best of my knowledge. In addition, by signing below, I agree that Boys & Girls Clubs can share my child's information with Indiana Department of Education, Indiana Department of Child Services, ServeIndiana, Indiana Department of Workforce Development and Indiana Family Social Services Administration.

By signing this form, I grant the school my student attends permission to disclose to the Boys & Girls Club the following information. I also grant permission to the Boys & Girls Club to re-disclose the following information to the re-disclosure parties.

1. **Records Disclosure:** Registration Information/Demographic Data, Assessment Data, Survey Data
2. **Education Records:** Report cards, IEPs, Assessment Scores such as iLearn, iREADY (or school specific tests), and attendance.
3. **Disclosure Parties:** Boys & Girls Club, Local School District/Schools
4. **Boys & Girls Club Re-disclosure Parties:**
 5. Indiana Department of Education/Indiana Department of Child Services/Indiana Learns
 6. Contracted statewide evaluators
 7. United States Department of Education
 8. Indiana Youth Institute (IYI)
 9. Praxis Evaluation
 10. AmeriCorps
11. **Purpose of Each Disclosure:** Collect data to calculate the impact Indiana Kids, 21st CCLC, HB 1008 Learning Recovery Grant Program, REACH, Indiana Learns and AmeriCorps has on student performance, activity levels, and knowledge of program specific content.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the Boys & Girls Clubs and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization. This authorization, to receive services from the Boys & Girls Club and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the Boys & Girls Club, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the Boys & Girls Club has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, Executive Director, Indiana Alliance of Boys & Girls Clubs, 6929 E 10th street, # 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: ltaylor@indianabgc.org. I understand the Boys & Girls Club program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.

Signature:

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