| For Office Use Only: | NEW OR RENEW |
|----------------------|--------------|
| Member Name | |
| KidTrax ID | |
| Initial Service Date | |
| Staff Entry Initials | |
| Entry Date | |
| Payment Method | |
| Proof of Age - | |

MEMBER REGISTRATION FORM





WELCOME TO THE BOYS & GIRLS CLUB OF HAWAII!

Confidentiality: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

CLUB MEMBERSHIP INFORMATION:

- 1. Club membership is available for youth ages 7 to 17.
- Membership Fee for a full calendar year of attendance from the day application is submitted: \$25.00 for Elementary and Middle School Students, \$10.00 for High School Students. Membership Fees are non-refundable.
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HOW TO BECOME A CLUB KID!

- Membership form must be completely filled out by parent/guardian. There are four sections to this membership form: Member Information, Member Medical Information, Parent/Guardian Information, and Pick Up/Emergency Contact Information.
- 2. Must attach a copy of a legal document that verifies the age of the youth applying for membership. (Copy of Birth Certificate, Medical Card, School Transcripts, etc).
- 3. Membership forms, signature and legal documentation for age verification must be handed in to location in person.

MAHALO, Paddy Kauhane President & CEO



Club Member Registration Form

| MEMBERSHIP: | NEW REI | NEW | | |
|----------------------------------|------------------------|-------------------------|-----------------|------------------------|
| MEMBERSHIP TYPE: | Scholarship | | Military | Connected Scholarship |
| | Standard Elementary/M | /liddle School: \$25.00 | Standar | d High School: \$10.00 |
| | Donation (Optional): | | | |
| MEMBER INFOR | MATION: | | | |
| FIRST NAME: | | MIDDLE NAME: | | LAST NAME: |
| NICKNAME: | | BIRTH DATE: | | GENDER: |
| MEMBER ADDRESS: | | | | |
| LINE 1: | | | CITY: | |
| LINE 2: | STATE, ZIP: | | | , ZIP: |
| PHONE NUMBER AND | EMAIL OF MEMBER: | | | |
| PHONE NUMBER: | | | EMAIL: | |
| MEMBER RACE/ETHN | ICITY: | | | |
| RACE: | Native Hawaiian/Part N | lative Hawaiian | American India | n or Alaska Native |
| (please pick one) | Asian | | Black or Africa | n American |
| | Other Pacific Islander | | White | |
| ETHNICITY: (please pick one) | Not Hispanic or Latino | Hispanic or La | atino | |
| | YES | | | |
| SWIM: | NO | | | |
| MEMBER ACADEMIC I | NFORMATION: | | | |
| SCHOOL NAME: | | | (| CURRENTLY ENROLLED: |
| STUDENT ID: | | GRADE | E LEVEL: | SCHOOL YEAR: |
| MEMBER INTERESTS/ HOBBIES: | | | | |

MEMBER HOUSEHOLD INFORMATION:

| MEMBER LIVES WITH: | Both Parents | Parent/Step-Parent | Mother | |
|-----------------------|----------------|--------------------|-----------------|---------------|
| | Father | Grandparents | Aunt/Uncle | |
| | Brother/Sister | Foster Parents | Guardian | |
| | Social Worker | Other: | | |
| HOUSEHOLD TYPE: | Family | Family/Homeless | Extended Family | Foster Family |

FAMILY [HOUSEHOLD] SIZE:

CONFIDENTIAL: The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

| HOUSEHOLD INCOME CATEGORY: | Below \$25,290 | \$25,290 - \$34,096 | \$34,097 - \$42,902 |
|---------------------------------------|----------------------|----------------------|-----------------------|
| | \$42,903 - \$51,708 | \$51,709 - \$60,514 | \$60,515 - \$69,320 |
| | \$69,321 - \$78,126 | \$78,127 - \$86,969 | \$86,970 - \$95,813 |
| | \$95,814 - \$104,657 | Above \$104,658 | DECLINE |
| ASSISTANCE PROGRAMS: | SSDI | SSI | TANF |
| | Day Care Voucher | General Assistance | Veterans Compensation |
| | Food Stamps | Medicaid | |
| MEMBER - SCHOOL LUNCH PROGRAMS: | Free School Lunch | Reduced School Lunch | Not Eligible |

MEMBER MEDICAL INFORMATION:

| INSURANCE: | HMSA | ALOHACARE | UHA | KAISER |
|--------------------|---------|-----------|---------------------------|--------|
| | TRICARE | QUEST | Other: | |
| PHYSICIAN NAME: | | PHYSICI | AN PHONE: | |
| HOSPITAL: | | | | |
| MEDICATIONS: | | ISS | DICAL UES / ERGIES: | |

SPECIAL NEEDS:

| HEAD OF HOUSEHOL | <u>.D:</u> | | | | | | |
|--------------------------|--|----------|---------------|----------------|------------------|--------|--|
| FIRST NAME: | LAST NAME: | | | | | | |
| PRIMARY PHONE NUMBER: | | | PHONE TYPE: | Home | Work | Mobile | |
| EMAIL: | | | EMAIL TYPE: | Home | Work | Other | |
| HEAD OF HOUSEHOL | D ADDRESS: | ADDRESS: | SAME AS MEMBE | R PI | RIMARY ADDRE | SS | |
| LINE 1: | | | | CITY: | | | |
| LINE 2: | | | | STATE, ZIP: | | | |
| WORK AND CONTAC | T INFORMATION: | | | | | | |
| EMPLOYER: | | | JOB TITLE | : | | | |
| WORK PHONE NUMBER: | | | | | | | |
| MILITARY INFORMAT | ION: | | | | | | |
| BRANCH: | AIR FORCE | ARM | Y | STATUS | STATUS: ACTIVE D | | |
| | COAST GUARD | MAR | INE CORPS | NATIONAL GUARD | | | |
| | NAVY | | | | RESERVE | | |
| | | | | | RETIR | ED | |
| OTHER PARENT/GUA | RDIAN: | | | | | | |
| FIRST NAME: | | | LAST NAME | : | | | |
| PRIMARY PHONE NUMBER: | | | PHONE TYPE: | Home | Work | Mobile | |
| EMAIL: | | | EMAIL TYPE: | Home | Work | Other | |
| ADDRESS: | ADDRESS SAME AS MEMBER PRIMARY ADDRESS | | | | | | |
| LINE 1: | CITY: | | | | | | |
| LINE 2: | STATE, ZIP: | | | | | | |
| WORK AND CONTAC | T INFORMATION: | | | | | | |
| EMPLOYER: | JOB TITLE: | | | | | | |
| WORK PHONE NUMBER: | | | | | | | |

OTHER PARENT/GUARDIAN MILITARY INFORMATION:

| BRANCH: | AIR FORCE | ARMY | STATUS: | ACTIVE DUTY |
|---------|-------------|--------------|---------|----------------|
| | COAST GUARD | MARINE CORPS | | NATIONAL GUARD |
| | NAVY | | | RESERVE |
| | | | | RETIRED |
| | | | | |

PICK UP INFORMATION AND ALTERNATIVE EMERGENCY CONTACTS:

Authorized to pick up Member - (as many as needed)

| 1) FIRST NAME: | | LAST NAME: | | | |
|-----------------------------|----------------|-------------------|------------------|-------------------------|--|
| PRIMARY PHONE NUMBER: | | PHONE TYPE: | Home Mobile | Work | |
| RELATIONSHIP WITH MEMBER | Acquaintance | CONTACT TYPE: | Pr | imary Emergency Contact | |
| | Aunt/Uncle | | nergency Contact | | |
| | Brother/Sister | | Liv | Lives with Member | |
| | Grandparent | | | | |
| | Other: | | | | |
| 2) FIRST NAME: | | LAST NAME: | | | |
| PRIMARY PHONE | | PHONE TYPE: | Home | Work | |
| NUMBER: | | | Mobile | | |
| RELATIONSHIP | Acquaintance | CONTACT TYPE: | Pr | imary Emergency Contact | |
| WITH MEMBER | Aunt/Uncle | Emergency Contact | | | |
| | Brother/Sister | | Liv | ves with Member | |
| | Grandparent | | | | |
| | Other: | | | | |

Disclaimer, Assumption of Risk, and Waiver and Release of Liability

Please read this document (this "Waiver") carefully as your signature indicates that you have agreed to sign away rights.

In consideration of being permitted to enter the Boys and Girls Club of Hawaii (the "Club") facilities for any purpose and to participate in any program, event, or activity affiliated with the Club, whether or not located on Club premises, I agree to all of the following (please initial each section):

______Not Childcare. I ACKNOWLEDGE THAT THE CLUB PROVIDES RECREATIONAL SERVICES ONLY. THE CLUB DOES NOT PROVIDE CHILD CARE SERVICES and its programs and activities should not be used for such purpose. I acknowledge that the Club has an open door policy and that my child is free to come and go as he or she chooses. Parents or legal guardians who wish for their children to remain at the Club must instruct their children to do so.

Release. For myself and on behalf of the child listed below, and anyone who claims by and through us, I FOREVER RELEASE, AND PROMISE NOT TO SUE the Club, its Board of Directors, its Alliance Board, officials, agents, volunteers, employees, staff, members, managers, officers, associate agents, contractors, sponsors, vendors, exhibitors, and/or any other person or company in any way associated with the Club (collectively, the "Releasees"), to the maximum extent allowed by law, from and for any and all liability, claims, demands, losses, costs, damages, actions, or any other legal responsibilities in any way related to the use of the Club or its facilities or participation in any Club program, event, or activity. This release includes without limitation any and all claims, foreseeable and unforeseeable, in relation to physical or other injury, death, or damage to property and any and all claims relating to negligent instruction, hiring, supervision, inspection or maintenance.

Indemnification. I FOREVER AGREE TO INDEMNIFY AND REIMBURSE THE CLUB for any and all liabilities, claims, demands, losses, costs, damages, actions, and any other legal responsibilities the Club or the Releasees may incur due to (a) my presence or actions, (b) the presence or actions of the child listed below, (c) members of my family or my household, or (d) individuals I invite (i) onto the Club's premises or (ii) to observe or use any facilities or equipment of the Club or (iii) to participate in any program affiliated with the Club, whether such liabilities, claims, demands, losses, costs, damages, actions, or any other legal responsibilities occur on the Club's premises or elsewhere, including but not limited to the damages or liabilities resulting from the negligence of the Club, to the maximum extent allowed by law.

Assumption of Responsibility/Risk. I FOREVER ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISK, KNOWN AND UNKNOWN, OF BODILY INJURY, DEATH, OR PROPERTY AND OTHER DAMAGE to me or to the child listed below, due to the negligence of the Club or any other cause – foreseeable and unforeseeable – to the maximum extent allowed by law, while in, about or upon the premises of the Club, while using the premises or any Club facilities or Club equipment, or while participating in any program affiliated with the Club, whether or not the injury, death, or damage occurs on the Club's premises. I understand the risks inherent in the activities that the Club sponsors and assume all such risks, as well as all non-inherent risks, for myself and on behalf of the child listed below.

Inspection. I agree that participation in any program affiliated with the Club is an acknowledgement that I have inspected the premises, facilities, equipment and programs and that I find them to be safe for my observation, use and participation, and that I find them to be safe for the participating child listed below. I make this acknowledgement for myself, the child listed below, and our respective personal representatives, heirs, devisees, successors, successors in trust, assigns, and next of kin.

______ Definitions. I understand that the phrases "participation in any program affiliated with the Club" and "participate in any program affiliated with the Club" as used in this Waiver include entry onto Club premises for any purpose (whether or not for the purpose of participating in an event affiliated with the Club), observation of any event affiliated with the Club, participation is any activity affiliated with the Club whether at the Club or at another location, the use of any transportation provided by the Club, and the use of any Club facilities or equipment. ______ Regardless of Location. I understand that the Club often takes participants off-site and that this Waiver applies to all field trips, excursions, and any and all other off-site activities, regardless of where the Club's programs or activities take place and the location of the child.

______ Representation Regarding Legal Guardian. I am the legal custodian and have guardianship rights with respect to the child on whose behalf this Waiver is executed. I sign for said child under express authority. I hereby represent and warrant that I am of full legal age and have every right to contract for said child.

______ Medical Consent. If I or the child listed below should suffer injury or illness, I grant permission for the Club to use its sole discretion to have me or the child listed below transported to a medical facility for medical care and treatment, and I take full responsibility for this action. Further, I agree to be responsible for the full cost of any such medical treatment, and agree to indemnify and reimburse the Club for any and all liabilities, claims, demands, losses, costs, damages, actions, and any other legal responsibilities the Club or the Releasees may occur arising from or in connection with such medical care and treatment.

Photos, Videos/Recordings. I acknowledge that from time to time photos, recordings, or videos may be taken of Club members engaged in Club-related activities and used in Club promotional materials (such as Club newsletters and Club web pages) and educational materials or submitted to local newspapers, publications, and TV stations to promote the Club, recognize member achievement, and raise money. By signing below, I consent and consent on behalf of the child listed below to the use of images or recordings of the participating child listed below to be used for public relations, news articles, telecasts, education, marketing, research, inclusion on the Club's website, fundraising, or any other purpose by the Club and its partners. I release the Club, their officers, directors, and employees, and each and all persons involved, from any liability in connection with the taking, recording, or publication of photographs, slides, computer images, videotapes, or sound recordings of the child listed below. Further, I waive all rights to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials. I also waive any right to inspect or approve any photo, video, or film taken by the Club, or the person or entity designated by it. Note: If you wish to rescind or amend this consent at any time, please contact the Club.

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I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER FOR MYSELF AND ON BEHALF OF THE CHILD LISTED BELOW and have initialed the paragraphs above to indicate my understanding and acceptance. I further agree that no oral representations, statements or inducements apart from the foregoing Waiver have been made.

NOTE: BY SIGING BELOW, I HAVE AGREED FOR MYSELF AND ON BEHALF OF THE CHILD LISTED BELOW TO ALL OF THE WAIVER'S TERMS, INCLUDING THOSE TERMS CALLING FOR A SEPARATE INITIAL, REGARDLESS OF WHETHER I HAVE INITIALED WHERE INDICATED ABOVE. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND I SIGN IT ON MY OWN FREE WILL.

A copy of the child's birth certificate, baptismal record, state or military ID, medical card or school transcripts must be provided for age verification.

Parent of Guardian Signature

Member's Signature



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