



Registration Year: 08/10 – 08/11

MEMBERSHIP APPLICATION

This application must be completed in order to join theSPOT. The information provided will be kept confidential. We may use statistics only (no names) for the purposes of funding/grant requirements for the Club. **The Membership fee is \$50.00. The Membership is valid from the first day of school in August 2010 through the last day of Summer Break, August 2011.** We have a no-refund policy for membership and program fees.

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN ONLY

Renewal New Member

- Primary Location: Harvest Middle School
 Redwood Middle School
 Silverado Middle School

Member Name:		Home Phone:
Street Address:		City:
		Zip Code:
Age:	Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Member's School:		Grade:
Parent/Legal Guardian Name:		Relationship:
Employer:	Work Phone:	Home/Cell Phone:
Parent/Legal Guardian Name:		Relationship:
Employer:	Work Phone:	Home/Cell Phone:
Emergency Contact (other than above):		Home/Cell Phone:
Medical Insurance:	Policy Number:	Preferred Hospital/Clinic:
List any medical conditions (allergies, medications, special needs, physical/cognitive limitations):		

Membership Agreement

I agree to take care of my Club and property. I will abide by the rules of the Club at all times. If at any time I am asked to return my Club card, I understand no dues will be returned to me.

◆ **Member Signature:** _____ **Date:** _____

I hereby give permission for my child to become a member of Boys & Girls Clubs of Napa Valley and participate in its activities. I understand that the Club is not responsible for the time or manner in which my child may arrive or leave the Club, and that the Club and its property are not responsible for personal injury or loss of personal property. I also give authorization to a Medical Physician, in the event of an emergency, to provide emergency medical treatment for my child. I give permission for a B&GCNV representative to transport my child in said case, when deemed necessary. I permit the Club to utilize photographs and video of my child taken during his/her involvement in the Club programs, and hereby waive all rights of compensation. I addition, I have received a copy of the Member Handbook and understand that we will be held accountable to the policies & procedures contained within.

◆ **Parent/Legal Guardian Signature:** _____ **Date:** _____

Office Use Only			
Date Paid: _____	Entered into DB: _____	Orientation Date: _____	Staff Initial: _____
Cash CC Scholarship	Check # _____	Receipt # _____	Card Completed: _____



Authorization for Interagency Exchange of Confidential Information

Please answer all of the following questions. Information below will be kept confidential. Statistics only (no names) must be reported to receive funding so we may continue to provide Club programs. If you have any questions or concerns about filling out this portion, please talk to a staff member.

Annual Household Income:

\$10,000 or below \$10,001-20,000 \$20,001-\$30,000 \$30,001-40,000 \$40,001-50,000 \$50,001-60,000 \$60,000+

Ethnicity (circle one): Caucasian African American Hispanic Asian Native American Multi-Racial Other (Specify) _____

Member Lives With (circle one): Mother Only Father Only Both Parents Foster Care Grandparents Group Home Other (Specify) _____

Circle Programs You Use: TANF SSDI Day Care Voucher Food Stamps General Assistance School Lunch Program
Veterans Compensation COPE Family Center TRIBE Napa County Health & Human Services Alcohol or Drug Programs
Alternatives for Better Living Nuestra Esperanza Other(Please list): _____

Circle Programs Your Child Uses: Nuestra Esperanza: CLARO/A Aldea Children & Family Services Wolfe Center
Napa County Mental Health Services School Based Prevention Program Other (Please list): _____

The purpose of this authorization is to allow the gathering and sharing of information to develop a plan of comprehensive services for individuals listed below. I hereby give my permission for release and exchange of confidential information from the sources I have initialed below for the following persons:

Name(s) _____ Birth Date: _____
_____ Birth Date: _____
_____ Birth Date: _____

Parent or Guardian:
Name: _____ Phone: _____
Mailing Address: _____
Street Address: _____

I hereby authorize the agencies initialed below to exchange confidential information.
Initial appropriate agencies for the purpose of providing and coordinating services for your child.

- ___ Initial here if *all providers* listed may share information
- ___ Napa County Mental Health, Youth Services
- ___ Napa Valley Unified School District
- ___ Progress Foundation
- ___ COPE Family Center
- ___ Big Brothers Big Sisters
- ___ Napa County Office of Education
- ___ NPD/Youth Diversion
- ___ Cyber Mill
- ___ Other _____

I understand that my records are protected under the federal confidentiality regulation and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may withdrawal this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as described below.

This release will be in effect as long as the child has a membership with the Boys & Girls Clubs of Napa Valley.

Executed this _____ day of _____, 20__

Signature of Client

Signature of Parent/Guardian

Signature of Staff

Confidentiality of client maintained according to Education Code Section 4906, California Welfare Institution Code, Section 4514, 42 CFR Part 2. The Client/child or, if a minor, his or her parent, guardian, parent surrogate or conservator, has the right to receive a copy of this authorization (civil code section 56.10). This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.