

Membership Application



**Hale Pono Ewa Beach
Clubhouse**
91-884 Fort Weaver Road Suite A
Ewa Beach Hawaii 96706
Phone: 808-689-4182
Fax: 808-689-0625
www.bach.com

KidTrax ID:

New _____
Renew _____

Member (Please Print)

First Name: _____	Middle Name: _____	Last Name: _____
Name of Person Member Lives With: _____	Home Phone Number: _____	Emergency Contact Name: _____
Home Address: _____		Emergency Contact Phone: _____
City: _____	State: _____	Postal Code: _____
Email Address: _____		

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: _____	Age: _____	Ethnicity: (Circle One) African American Am. Indian Burmese Cambodian Caucasian Chinese Filipino Guamanian Hawaiian/Pt. Haw'n Hispanic Indian/Pakistani Indonesian Japanese Korean Laotian Malayan/Singapore Marshallese Micronesian Mixed (not Haw'n) Pacific Islander Portuguese Puerto Rican Saipan Samoan Thailand Tongan Vietnamese Unknown/Other
School Name: _____			Grade: _____
Family Totals - Sisters: _____ Brothers: _____ Household: _____			
Lives With: (Circle One) Both Parents Mother Father Sister/Brother Grandparent Aunt/Uncle Guardian Foster Care Group Home Other _____			
Member before <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: _____	Name of Clubhouse _____	

Parent/Guardian Information: (Please Print)

Father's First Name: _____	Father's Last Name: _____	Father's Work Phone & Ext: _____
Father's Employer: _____	Father's Occupation: _____	Father's Email Address: _____
Mother's First Name: _____	Mother's Last Name: _____	Mother's Work Phone & Ext: _____
Mother's Employer: _____	Mother's Occupation: _____	Mother's Email Address: _____
Guardian's First Name: _____	Guardian's Last Name: _____	Guardian's Work Phone & Ext: _____
Guardian's Employer: _____	Guardian's Occupation: _____	Guardian's Email address _____

Medical/Emergency

Medical Problems/Allergies: <input type="text"/>	Medications: <input type="text"/>
Physician: <input type="text"/>	Physician Phone: <input type="text"/>
Preferred Hospital or Clinic: <input type="text"/>	Hospital Phone: <input type="text"/>
Insurance Company: <input type="text"/>	Insurance Policy Number: <input type="text"/>
Can Member Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	

General Information

Military Branch: <input type="text"/>	Status: <input type="text"/>
Start Date: <input type="text"/>	End Date: <input type="text"/>

Notes

Participation in other Programs/hobbies: <input type="text"/>	<input type="text"/>
Nickname: <input type="text"/>	<input type="text"/>

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.

Annual Family Income: (Please check one) <input type="checkbox"/> \$0 - \$11,999 <input type="checkbox"/> \$12,000 - \$14,999 <input type="checkbox"/> \$15,000 - \$24,000 <input type="checkbox"/> \$25,000 - \$49,000 <input type="checkbox"/> \$50,000 - \$74,000 <input type="checkbox"/> \$75,000 or over <input type="checkbox"/> Other _____	School Lunch Program Eligibility: (Please check one) <input type="checkbox"/> Free School Lunch <input type="checkbox"/> Reduced School Lunch <input type="checkbox"/> Not Eligible	Education: Held Back Poor Grades Poor Attendance Drop Out	Confidential <input type="checkbox"/> Foster Child <input type="checkbox"/> Adjudicated <input type="checkbox"/> Status Offender
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DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER

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

In consideration of being permitted to enter the Boys & 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 the following (please initial each section below):

_____ **Not Childcare.** I ACKNOWLEDGE THAT THE CLUB PROVIDES RECREATIONAL SERVICES ONLY; IT DOES NOT PROVIDE CHILD CARE SERVICES and its programs and activities should not be used for such purposes. I realize 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 the child listed below, and anyone who claims by and through our stead, I FOREVER RELEASE AND PROMISE NOT TO SUE the Club, its Board of Governors, 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, to the maximum extent allowed by law, from any and all liability, claims, demands, damages, or any other legal responsibilities in any way related to the use of the Club or its facilities or participation in any Club programs, events, or activities. This release includes without limitation any and all claims, foreseeable and unforeseeable, relating to physical or other injury, death, or damage to property and any and all claims relating to negligence or negligent instruction, hiring, supervision, inspection or maintenance.

_____ **Indemnification.** I FOREVER AGREE TO INDEMNIFY AND REIMBURSE THE CLUB for any damages or liabilities it may incur due to my presence or actions, or the presence or actions of the child listed below, members of my family or my household, or individuals I invite or for whom I am responsible upon or about the Club's premises or in any way observing or using any facilities or equipment of the Club or participating in any program affiliated with the Club, whether on the Club's premises or elsewhere, including but not limited to damages or liability 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 or 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 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 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, my personal representatives, heirs, 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 in 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 Re 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.

_____ **Medical Consent.** If I or the child listed below should suffer injury or illness, I grant permission for the Club to use its 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 fully responsible for the cost of any such medical 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 to the use of images or recordings of the participating child listed below to be used for public relations, news articles, telecasts, education, marketing, and research, inclusion on the Club's website, fund raising, or any other purpose by the Club. 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.

I intend that this Waiver be as broad and inclusive as permitted by law and that, if any portion of this Waiver should be deemed to be invalid, the remainder will continue in full legal force and effect. I also intend that this Waiver will remain in full legal force and effect forever, regardless of whether or not my, or the participating child's, membership has expired.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER 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 SIGNING BELOW, I HAVE AGREED TO ALL OF THE WAIVER'S TERMS, INCLUDING THOSE TERMS CALLING FOR A SEPARATE INITIAL, REGARDLESS OF WHETHER I HAVE INITIALED WHERE INDICATED ABOVE.

Signature of Parent or Legal Guardian

Signature of Youth

Date

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

Welcome to the Boys & Girls Club of Hawaii, Hale Pono Ewa - Beach Clubhouse.

We service members ages 7-17, providing a "Positive Place for Kids!" Our 5 Core programs entail activities, projects and events in Sports, Fitness, and Recreation, Health and Life Skills, Character and Leadership Development, The Arts, Education and Career Development. The annual fee is \$1.00 per youth. Our mission statement is "**Great Future Starts Here**". We encourage your participation and hope you'll enjoy all we have to offer.

Club Hours:	Ages 7-12:	Mon, Tue, Thur, Fri. 2:00 PM – 6:00 PM	Sat. and Sun. CLOSED
	Ages 13-17:	Mon, Tue, Thur, Fri. 2:00 PM - 7:00 PM	Sat. and Sun. CLOSED

Select Waiver Days and Holidays: 8:00 AM – 6:00 PM

Intersessions: Monday-Friday: 8:00 AM – 6:00 PM Sat and Sun. CLOSED

Club is closed on the following holidays: New Years Day, Martin Luther King, Presidents Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving, and Christmas Day.

General Information:

Open Door Policy allows members to come in and leave during club hours. Parents who wish for their child to not leave premises must give strict instructions to stay in clubhouse. Boundaries are within the clubhouse and the front sidewalk area. Partnership with the neighboring schools supports our programs. We value and respect their area. Members are not to loiter outside.

Membership Card is required to enter clubhouse and to participate in programs. Initial card is free; replacement of card is \$5.00.

Telephone is for emergency use only. Prior arrangements are to be made for pick up at clubhouse. Charge for phone is \$.25 with limited time and usage.

Late Pick up charge is \$1.00 per minute after closing for members up to 12 years of age. Clubhouse will not be responsible for supervision after club hours for members 13 years of age and above.

Intersessions: Cost to be determined prior to date of Intersession. Payment of Cash or check is acceptable. *Fee for NSF/returned checks is \$25.00.

Dress code: Appropriate footwear and clothing is required. Revealing midriff, shorts, bandanas, tank tops, spaghetti straps; any clothing with inappropriate logos, drug or alcohol related design is not accepted. Any footwear with wheels is not accepted in clubhouse or gym area. Members will be asked to change to appropriate attire or will be sent home.

Basic first aid is available. Staff members are not permitted to issue any type of medication.

Volunteers are welcome in all areas. An application and criminal background check is required. Volunteers must sign in and out upon entering.

Clubhouse rules: Our rules are basic. Positive attitudes are welcomed. Respect for each other, staff and club equipment is expected. Fighting, swearing, and breaking any rules specific to club and certain club areas are prohibited. If a member is in violation, consequences will include: timeout, picking up of trash, and suspension. Termination may occur according to the severity of violation.

Parents and other adults will be recognized upon entry and may be asked to sign in the Visitor's Log.

Programs Acknowledgement and Permission

Power Hour/Power Up is homework assistance, reading and Technology Center activities. The program assists members with homework assignments and allows use of the organizations Technology and Information systems. Use is heavily supervised and monitored. Inappropriate use is grounds for suspension and/or membership termination.

I understand and agree to allow my child to participate in the Power Hour/Power Up Program.

Sports, Fitness and Recreation incorporates various physical activities including basketball, volleyball, shambattle (dodgeball), and other activities. Surfing, water safety, canoe paddling, fishing; boogie boarding, stand up paddle boarding, and other water activities are also included in this program. Sports, Play, Activities, Recreation for Kids (S.P.A.R.K.) are also incorporated in this program. Activities may require a pre and post survey.

I understand the risk involved in allowing my child to participate in the Sports, Fitness, and Recreation Activities and agree to allow my child to participate in the program.

Journey/Career Launch is a program that helps participants develop a positive self image and set clear goals for the future. It also prepares youth with basic job search and application skills.

I understand and agree to allow my child to participate in the Journey/Career Launch program

Judo is held Mondays and Wednesdays from 6:00pm – 7:30pm. This program requires purchase of a Judo uniform which is not included in our membership fee.

I understand the risk involved in Judo and agree to allow my child participate in this sport.

Polynesian Club/Cultural Programs:

Hula Wed 3:30pm Hula Sat. 8:00am Tahitian Sat 9:00am Ukulele Sat. 10:00am

Boys Hula 12:00pm

00100

Parent Signature

Member Signature

Date

Alcohol, Tobacco, & Other Drugs "ATOD"

Alcohol, Tobacco, & Other Drugs "ATOD" addresses the reduction of drug & alcohol use by youth. Programs and activities are offered to youths ages 7-17. Programs and activities include the following: Community Involvement, Youth Focus Groups, Art Projects, Educational Activities, and other activities promoting substance abuse prevention needs.

- **Funded by: State of Hawaii Department of Health Alcohol, Drug Abuse Division (ADAD) through- 510 Substance Abuse Substance Abuse Prevention and Treatment (SAPT) Block Grant.**

Yes, I'd like my child to participate.

Parent Signature

Member Signature

Date

**SMART Moves: Making Positive Choices
Parent Notice and Consent Form**

Smart Moves is a Boys & Girls Club of America's nationally acclaimed PREVENTION program educating youths about alcohol, tobacco, other drugs, teen sexual involvement and HIV/AIDS. Please keep in mind that our program do the following:

- Only discuss topics that are relevant to your child's stage of development.
- Only teach the acts about alcohol, tobacco, other drug risks of teen sexual involvement and HIV/AIDS. We do not discuss our personal theories and beliefs and do not advocate contraceptives.
- Teach youth refusal skills to avoid negative peer pressure and involvement in unhealthy and risky behavior.

Due to grant funding requirements for SMART Moves Program, we will be administering a Pre and Post Survey, an anonymous questionnaire about your child's personal background, and keep progress notes on our participants. All of which is necessary in order for our funding source to evaluate the success of our program. PLEASE BE ADVISED: all information will be kept **strictly confidential.**

Questions? Please feel free to contact Lori Respicio @ 689-4182 ex. 222.

I Do give permission for my child to participate in the SMART Moves Program.

I DO NOT give permission for my child to participate in SMART Moves Program.

Parent Signature

Member Signature

Date

TRIPLE PLAY: a game plan for the mind, body and soul.

Triple Play Comprehensive Health and Wellness Program strives to improve the overall health of Club member's ages 7-17 by increasing their daily physical activity, teaching them good nutrition and helping them develop healthy relationships.

This form must be completed for members to participate in the Triple Play Program.
Known Food Allergies:

Yes, I'd like my child to participate.

Parent Signature

Member Signature

Date

TECHNOLOGY LAB

Participant Photography, Video, and Cosmetics Release Form:

I hereby consent to the reproduction, publication and use of video footage, photographs, and usage of cosmetics taken of

(Club member name)

by the Boys & Girls Clubs of Hawaii or its affiliated Clubs, for advertising, educational and/or publicity purposes in any and all publications, advertisements and publicity materials, without limitation or reservation. I also consent to any testimony or copy written about me that may accompany said photographs or stand alone in any and all publications, advertisements and publicity materials, without limitation or reservation. I understand that the Boys & Girls Club is non-profit venture, and as such no fees will be paid to me or my child.

Parent's signature

Date