

Date \_\_\_ / \_\_\_ / 2024

**MEMBERSHIP APPLICATION**  
**Boys & Girls Club**  
**Of the Prairie Band Potawatomi Nation**

Please print & fill out application completely. BGC will NOT accept incomplete application.

**Participant's Information:**  
Legal First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Preferred name: \_\_\_\_\_  
Gender: \_\_\_ M \_\_\_ F Ethnicity: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**School Information:**  
Current Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medical Information: (if no Allergies or medical problems, write NONE on the lines below)**  
**Allergies** \_\_\_\_\_ **Medical Problems/Needs:** \_\_\_\_\_  
Medications: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_  
Insurance: Y \_\_\_ N \_\_\_ If Yes, Provide Insurance Provider: \_\_\_\_\_ Medicaid: Y \_\_\_ N \_\_\_  
Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_  
Physician Name \_\_\_\_\_ Physician Phone number \_\_\_\_\_  
Permission for Treatment by Doctor/Hospital: \_\_\_ Yes \_\_\_ No  
Preferred Hospital: \_\_\_ Holton Community Hospital \_\_\_ Stormont-Vail \_\_\_ St. Francis

**Family Participation in Assistance Programs: Confidential**  
\_\_\_ SSI \_\_\_ TANF \_\_\_ Food stamps \_\_\_ General Assistance \_\_\_ Free Lunch Program \_\_\_ Paid in Full Lunch  
\_\_\_ Reduced Lunch Program \_\_\_ Other: \_\_\_\_\_

**Household info:** *NOTE: This information is collected for Grant writing purposes ONLY*  
Member lives with: \_\_\_ Mom \_\_\_ Dad \_\_\_ Grandparent \_\_\_ Foster parent(s) \_\_\_ Other: \_\_\_\_\_  
Total Number in Household: \_\_\_\_\_ Children under 18 \_\_\_\_\_  
Is there a Member of the Household 65 years old or older: \_\_\_ Yes \_\_\_ No  
Is there a Member of the Household Handicapped: \_\_\_ Yes \_\_\_ No  
Current Head of Household: \_\_\_ Female \_\_\_ Male \_\_\_ Both  
Current Single Parent: \_\_\_ Yes \_\_\_ No Military \_\_\_ Yes \_\_\_ No Branch \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Membership # \_\_\_\_\_ Status Not Paid / Paid \_\_\_\_\_ Renewal Member / New Member  
Date Received \_\_\_ / \_\_\_ /24 Amount paid: \$ \_\_\_\_\_ Student Services/Cash/Check/Other \_\_\_\_\_  
Covid Waiver \_\_\_\_\_ Code of Conduct form \_\_\_\_\_ Transportation form \_\_\_\_\_ Technology form \_\_\_\_\_  
Spring break Form \_\_\_\_\_ Summer Form \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date paid \_\_\_\_\_

**ALL FEES MUST BE PAID IN FULL TO BE ELIGIBLE FOR THE FOLLOWING YEAR.**

**Boys & Girls club  
Of the Prairie Band Potawatomi Nation**

**Please fill out completely and write legibly Authorized to Pick-Up and Emergency Contact Form**

Parent Info (Please Print) Parent/Guardian Name: _____ *Relationship to Member: _____ Contact Number: (____) _____ Employer: _____ Work Number: (____) _____ Email: _____
Parent/Guardian Name: _____ *Relationship to Member: _____ Contact Number: (____) _____ Employer: _____ Work Number: (____) _____ Email: _____
<b>Emergency Contact Info</b> Name: _____ *Relationship to Member: _____ Contact Number: (____) _____
<b>Emergency Contact info</b> Name: _____ *Relationship to Member: _____ Contact Number: (____) _____

**I, the parent/guardian of the minor child listed on this application, for ourselves, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of the Prairie band Potawatomi Nation, and Boys & Girls Club of America, their representatives, successors, insurers or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action from any and all loss, damage, injury or death and any claim of damages resulting from use facilities owned or controlled by the above organization, or participation in activities of said organizations either at or away from the club**

**Member Assessment Permission Form (Indicated by checkmark OR initial)**

Member to participate in assessments including but not limited to: Surveys for outcome measurements, schools, household demographics, and customized surveys built for specific programs (i.e., NYOI).

For valuable consideration I the undersigned, hereby irrevocably consent to and give authorization for my child to participate in Member assessments used by Boys & Girls Club of the Prairie Band Potawatomi Nation, and their subsidiaries, and affiliates. These assessments may include my child's name, my household information and/or survey information to be used for reporting purposes ONLY.

I give permission for my child to participate in Member Assessments  
 I DO NOT give permission for my child to participate in Member Assessments

**I represent that I am the below-named parent/guardian, that I am over the age of 21, that I have read and fully understand the contents thereof, that the consideration that I have received for this Agreement, Release and Waiver is fair and equitable, and that I hereby give this Agreement, Release and Waiver of my own free choice. This Agreement, Release and Waiver shall ensure to the benefit of the assigns, licenses and legal representative of the Companies and shall be binding upon my heirs, executors, assigns and legal representatives.**

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Child's Name: \_\_\_\_\_



**Media Permission Form (indicate by checkmark OR initial)**

Use of Name, Photograph, and identity in connection with Advertising and/or Promotion of the organization

For valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Boys & Girls Club of the Prairie Band Potawatomi Nation, Media relations and their subsidiaries, affiliates and advertising agencies "Companies" of my child's name, photographs, works of art and identity in various BGC websites and collateral material, as well as miscellaneous print publications and other media outlets. Any personal information that I supply to the companies in connection with advertising and promotion for the Companies and /or their products in any media form or material selected by the companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletter and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies of any claims, liabilities and demands, past, present or future, including any that I do not now of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, ad personal information including but not limited to publicity, privacy, psychological injury and libel.

I give my child Media Permission.

I DO NOT give my child Media Permission.

**Stem Lab Permission Form**

The Stem Labs devices (computer, laptop, iPad, or PlayStation) are property of the Boys & Girls Club of the Prairie Band Potawatomi Nation. It's for authorized use only. Users (authorized/unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of a device and all files may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized personnel as well as authorized officials of other agencies. By using a device, the user consents to the above mentioned. Unauthorized or improper use of a device may result in administrative disciplinary action and civil penalties. By using a device, you indicate your awareness of and consent to these terms and conditions of use. If you do not agree to the conditions stated in the warning log, please do not use the devices.

**Child's Name (PRINT):** \_\_\_\_\_

As a parent/guardian, I have read, discussed, and explained the Technology policy to my child. I grant permission for the member named above to access the Stem Lab's devices and/or Internet. I understand that if he/she fails to follow the technology Policy, use of the devices may be withdrawn, and I shall be informed of this, and any further appropriate actions will be taken.

I am aware that no personal information will be made public and that the Club will maintain strict confidentiality for personal, information.

CHOOSE ONLY ONE OPTION IN THIS SECTION (Checkmark OR Initials)

My child **CAN USE the Stem Lab** while at the Club as outlined in the Technology Policy. As a user of the clubs Stem Lab, my child and I agree to comply with the stated rules in a constructive manner.

I would prefer that my child **NOT USE** the Stem Lab while at the club.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Child's Name \_\_\_\_\_

The Boys & Girls Club is here to help with our Students Schooling. If you would like the BGC to have permission to request your students' academic information from USD 337 please check.

Yes, I give BGC Permission to obtain my Childs school Information.

Parent Signature \_\_\_\_\_



Forms and Waivers

PLEASE READ CAREFULLY & INDICATE CHOICES WITH CHECKMARKS OR INTIALS

**Medical: (2 Checkmarks OR Initials Required)**  
 In the event of an emergency, the Club must have written consent to seek medical treatment for your child.

**CHOOSE 2 OPTIONS IN THIS SECTION**

I authorize administration of basic first aid

I **DO NOT** authorize the administration of basic first aid.

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I **give BGC permission** to seek medical treatment for my child. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances for my child, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

I **DO NOT** give BGC permission to seek medical treatment for my child

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**Emergency Contacts other than Parents/Guardian**

Name: \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Phone #: \_\_\_\_\_

TRANSPORTATION: (Checkmarks OR Initials required)

**After school travel: From School & Travel to Home**

I authorize service from my child's school to the Club for the current school year. I understand that the BGC reserves the right to remove my child from the bus service.

I authorize service from the Club to my home within Prairie Band Reservation for the current school year. I understand that BGC reserves the right to remove my child from the bus service.

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**Field Trips/Special Events/Summer Travel**

I authorize travel with the BGC to any field trip or outing that I **sign my child up** for during the school year and summer program. I understand that BGC reserves the right to remove my child from the bus service.

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I **DO NOT** authorize Any travel with the BGC. By selecting this option, your child **CANNOT PARTICIPATE** in ANY off-site trips.

**HOLD HARMLESS AND LIABILITY RELEASE:**

**Waiver Agreement (Checkmark OR Initial Required)**

I voluntarily submit my child for registration as a BGC member. Activities at the Club may include, but are not limited to the BGC Sports/Rec activities, **which at my discretion may choose to allow my child to participate in**. I will hold BGC harmless from any claim by me or my child or any entity on behalf of myself or my child arising out of my child's participation in the program. I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read, understood, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the program.

I have read and understand all policies and procedures for the BGC

Print Child's Name: \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## BGC CODE OF CONDUCT

As a member and representative of the Boys & Girls Club of the Prairie Band Potawatomi Nation, I agree to uphold the standards set forth within the following Code of Honor:

- Maintain and promote a healthy mind, body, and lifestyle.
- Observe high standards of taste and decency. This includes refraining from disorderly, lewd, indecent, or obscene conduct or expression.
- Refrain from drug and alcohol abuse. This includes refraining from the possession, use or distribution of any illicit drug and the abuse of alcohol.
- Be honest.
- Respect all personal rights. This includes not physically or verbally abusing any person and not engaging in conduct that threatens or endangers the health or safety of others and their property. Refraining from theft, concealment of weapons, damage, or misuse of the property of others.
- Honor the law of the land.

I understand that I must adhere to all requirements communicated as prerequisites, to be eligible for BGC trips.

I will always conduct myself in a positive manner and in the best interest of the Boys & Girls Club and my community. Failure To comply will the Rules, Roles and Responsibilities of the Boys & Girls Club code of conduct will result in disciplinary actions and as a result exclude you from attending future trips with the Boys & Girls Club of the Prairie Band Potawatomi Nation.

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_



## Student's Acknowledgement of Responsibility for Member Transportation

The Prairie Band Potawatomi Nation Boys & Girls Club is committed to providing a safe environment and enforces the following transportation policy for members, staff, volunteers, and other adults. The club only provides transportation to and from the club and various approved off-site locations. The club only transports youth in club vehicles or other vehicles approved by club leadership.

Drivers shall:

- Perform regular checks to ensure all members are picked up and dropped off at the appropriate times and locations.
- Immediately notify Club leadership if there is a delay or issue with transporting members to and from the Clubhouse or Club related activities.
- Submit written reports detailing issues or incidents involving transporting members to and from the Club or Club related activities.

### Afterschool Program pick up/Drop off:

**I hereby acknowledge that my youth/s will be pickup or need a ride home from the afterschool program and will notify the club before 2:00pm the day off if anything needs changed.**

### **PICKED UP / NEEDS SHUTTLE (please circle one)**

I have read the Van Rules, the List of Van Infractions, and the Consequences for Van Infractions. I have asked my parents, or club staff to explain anything I did not understand.

I agree to keep my van safe by following the rules and responsibilities listed in the Van Rules. I understand that when I follow these safety rules, I help keep my friends, van driver and myself safe while I travel in the van. I also understand that violation of these rules may result in consequences up to and including suspension or loss of my bus privileges.

\_\_\_\_\_  
*Student's Name (Please Print)*

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student's Grade*

Parent's Acknowledgement of Student's Responsibility I have reviewed the Van Rules

1. Together, we discussed any questions he or she had about the rules.
2. Together, we reviewed the consequences of inappropriate behavior.

I acknowledge my child's responsibility as stated above and understand that consequences will be applied as stated in the above documents that I have received. If the level of infraction is serious enough, I understand that my child's van privileges may be suspended or revoked.

Parent's Acknowledgment of Parents Responsibility I understand that it is my responsibility to ensure that a responsible adult will be home when my child/children are dropped off at home, or I will contact the Boys & Girls Club in a timely manner with an alternate plan for pick up. I also understand that it is my responsibility to ensure that the Boys & Girls Club has current and correct contact information. I understand that if the Boys & Girls Club is unable to contact the parent or anyone else on the contact list, Tribal PD and/or Social Service will be contacted to resume care of the club member.

\_\_\_\_\_  
*Parent's Name (Please Print)*

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*



**BOYS & GIRLS CLUBS**  
KANSAS ALLIANCE

## KS TANF 2Gen Grant Program – Enrollment Form

This is a statewide grant program which utilizes the Boys & Girls Club model of positive youth development with a wide variety of Club curriculums and programs and includes intergenerational elements of serving parents and/or guardians. The goals of this program are to encourage youth to stay in school and have on-time grade progression, experience less skipping of school days, as well as improved abilities to cope with challenges and enhanced self-confidence. This statewide initiative will also help parents to support their child's learning and their own confidence in raising healthy and successful children.

Programming that your youth may participate in includes: Project Learn, Power Hour, Summer Brain Gain, Diplomas to Degrees, DIY STEM, Career Launch, Money Matters, Triple Play, SMART Moves, Passport to Manhood, SMART Girls, Keystone Club (ages 14-17), Torch Club (ages 10-13), Teens Take the Lead, and/or Positive Action.

There will also be opportunities for families to take advantage of services designed to support your youth, including: Club family nights, homework help, access to local Family Resource Centers and/or Community Resource Centers, Health Insurance Navigators, etc.

We are required to report TANF grant enrollment information on KS TANF 2Gen program participants to the funding agency. As such, parent/guardian certification of family household information is required for these programs. This information is not reported with your name and is kept confidential.

Please provide the following information.

Youth's Name (s) : \_\_\_\_\_ Age \_\_\_\_\_

1. Does the youth/family receive (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> TANF/Successful Families Program (etc.) | <input type="checkbox"/> KS Food Assistance Program (SNAP, WIC, etc.)     |
| <input type="checkbox"/> KanCare (Medicaid) Program              | <input type="checkbox"/> Child Care Assistance/Child Care Subsidy Program |
| <input type="checkbox"/> Free/Reduced Lunch                      | <input type="checkbox"/> LIEAP (Low Income Energy Assistance Program)     |

2. If NO programs are selected in question #1 above, please check mark a box below for the Household Size AND the Income Range (based on Adjusted Gross Income, if known) that best fits this youth's household information.

3. House hold Size (please check one)		Income Range (please check one)	
	1		\$0-\$30,120
	2		\$30,121-\$40,880
	3		\$40,881-\$51,640
	4		\$51,641-\$62,400
	5		\$62,401-\$73,160
	6		\$73,161-\$83,920
	7		\$83,921-\$94,680
	8		\$94,681-\$105,440
For families/households with more than 8 persons, add \$10,760 for each additional person			

I, as parent/guardian, report the household does not have any adjusted gross income.

I have provided and verified the information on this document, and I declare under penalty of perjury under the laws of the State of Kansas that the above facts are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
For Club Use Only:

Grant Criteria Met: Yes or No

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_





**BOYS & GIRLS CLUBS**  
KANSAS ALLIANCE

**Boys & Girls Clubs FY2025 TANF 2Gen Grant**

**Parent Survey**

Name of Club/Unit \_\_\_\_\_

Date \_\_\_\_\_

First Name, Last Name Initial (only used to prevent duplications) \_\_\_\_\_

***The Boys & Girls Club is receiving funds from the KS Department for Children and Families to provide excellent prevention programs and services for children and parents alike. To see how well the program is working from a parent's perspective, we need your feedback! Please take a moment to answer the following questions to help us improve our programs.***

1. Please select the answer below that best describes how the Club's after school and/or summer programs help you and your family to stay employed and/or to miss less work?
  - a. The Club is essential to helping our family to stay employed and miss less work.
  - b. The Club is somewhat helpful to our family's ability to stay employed and to miss less work.
  - c. The Club is not necessary for our family's ability to stay employed and to miss less work.
  
2. Please select the answer below that best describes how the Club's afterschool and/or summer programs have helped to support or increase your confidence in raising healthy and successful children.
  - a. The Club is essential to supporting and increasing my confidence in raising healthy and successful children.
  - b. The Club is somewhat helpful in supporting and increasing my confidence in raising healthy and successful children.
  - c. The Club has not really supported or increased my confidence in raising healthy and successful children.
  
3. Has the Club's afterschool and/or summer programs helped you increase your knowledge of how to support your child's school success and learning?
  - a. Yes
  - b. Somewhat
  - c. No
  
4. Has the Boys & Girls Club helped you gain an increased knowledge of how to access health insurance for yourself and/or your children.
  - a. Yes
  - b. Somewhat
  - c. No
  - d. Not Applicable
  
5. If you have attended a Club-sponsored activity that you really liked or felt was beneficial to your family, please tell us about it. (Feel free to use the back of this page.)