



## MEMBERSHIP APPLICATION

*Please return this registration form completely filled out and signed to the 21<sup>st</sup> CCLC Site Coordinator.*

### Member Information

Member First Name:

Middle Initial

Last Name:

Student School ID:

Age

Birth Date:

- -

Gender: ☐ M ☐ F

Member Cell: ( ) -

Race/Nationality: ☐ African American ☐ Native

American/Alaskan ☐ Arab ☐ Hispanic ☐ Caucasian ☐ Asian/Pacific Islander ☐ Multi-Racial

☐ Other:

Mailing Address:

Physical Address:

City:

State:

Zip:

Can Member swim independently? ☐ Yes ☐ No Comments:

### Contact / Family Information

Parent/Guardian Name 1:

Relationship:

Employer:

Work: ( ) -

Mailing & Physical Address (if different from member):

Cell: ( ) -

Email: Is Parent Active Military? ☐ Yes ☐ No

Parent/Guardian Name 2:

Relationship:

Employer:

Work: ( ) -

Mailing & Physical Address (if different from member):

Cell: ( ) -

Email: Is Parent Active Military? ☐ Yes ☐ No

## THE CLUB OF SIERRA COUNTY

122 N. Broadway St., Truth or Consequences, NM 87901 / (575)894-8336

### ADULTS AUTHORIZED TO PICK-UP STUDENT

Emergency Contact #3: Cell: (      )      -

Relationship: Other: (      )      -

Emergency Contact #4: Cell: (      )      -

Relationship: Other: (      )      -

### MEDICAL AUTHORIZATION FORM

**Student's Full Name:**

**Person to be contacted in case of a medical emergency:**

Relationship: Cell: (      )      -

**Alternate person to be contacted in emergency:**

Relationship: Cell: (      )      -

**Please list below any health-related conditions the director of the program should know about your child.**

*(Reporting such conditions will not prevent your child from participating and will be kept confidential.)*

**Allergies:** ☐ Yes ☐ No If yes, please list:

**Allergies to any drugs:** ☐ Yes ☐ No If yes, please list:

**Asthma:** ☐ Yes ☐ No

**Heart Condition:** ☐ Yes ☐ No

**Emotional Upsets:** ☐ Yes ☐ No

**Other Conditions:**

**Any Medication Presently Taking:** ☐ Yes ☐ No If yes, please list:

**Any physical restrictions?:** ☐ Yes ☐ No If yes, please list:

**Any Activities in which the child should not participate?** ☐ Yes ☐ No If yes, please list:

I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical treatment to be given to the student listed on this form. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, if unable to reach me, all reasonable attempts to contact the alternate listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release 21<sup>st</sup> Century Community Learning Centers and all persons associated with this organization from any liability associated with any accident, injury or disease to the person who is the subject of this form.

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Parent/Gaurdian's Signature

Date

Parent/Gaurdian's Printed Name

### School Information

Name of School:

Grade:

GPA:

Would you like assistance with your child's educational needs? ☐ Yes ☐ No

Enrolled in Highschool? ☐ Yes ☐ No

Enrolled in GED Program? ☐ Yes ☐ No If yes, where?

### CONFIDENTIAL INFORMATION

All member information is securely stored. The following information is necessary for our records, the **funding our organization receives**, and may help us serve you and your child better. Depending on the funding source, additional information might be necessary. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary. **Without the following information, we may not qualify for some funding sources which will affect price, programming, and hours.**

Do you live in a Public Housing Property? ☐ Yes ☐ No

How many people live in your household? \_\_\_\_\_

Household Income: ☐ \$0-\$11,770 ☐ \$11, 771-\$15,930 ☐ \$15,931- \$20,090

☐ \$20,091-\$24,250 ☐ \$24,250-\$28,410 ☐ \$28,411-\$32,570 ☐ \$32,571-\$36,730

☐ \$36,731-\$40,890 ☐ Over \$40,890

Family Setting: ☐ Mother only ☐ Father only ☐ 1 parent/1 step parent

☐ Foster care ☐ Two parent Family ☐ Grandparents ☐ Other:

Check all that apply: ☐ SSDI ☐ SSI ☐ TANF

☐ Food stamps ☐ Free lunch ☐ Reduced lunch ☐ Teen parent

☐ Veteran compensation ☐ Medicaid ☐ General assistance ☐ Day care voucher

Physical or Mental Limitations: ☐ Yes ☐ No If yes, please list:

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### PARENTAL PERMISSION FORM

Student's full name

I, the Parent/Gaurdian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Club of Sierra County and the Club of Sierra County, their representatives, successors, insurers, assigns 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 for any and all loss, damage, injury or death, and any claim of damages resulting from use of facilities and/or vehicles owned or controlled by the Club of Sierra County, or participation in activities of said organizations either at or away from the Club. The 21<sup>st</sup> Century Community Learning Centers (CCLC) program must provide documentation to the New Mexico Public Education Department and U.S. Department of Education concerning progress of the program. We may need to access attendance records, test scores, report cards, and/or transcripts. Additionally, we will distribute surveys to collect information in order to help improve program quality. All information will be strictly confidential.

**Parent Intial**

#### Medical Treatment

I give permission to the Club to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.

**Parent Intial**

#### School Information

I, the Parent/Gaurdian, give my permission to the Club of Sierra County, Truth or Consequences School District Schools, and other schools I specify in this application to exchange information regarding the minor child listed on this application in order to better assess student needs and improve academic outcomes. The purpose of the exchange is to enable both organizations to help the student be successful in school, in the Club, and in life. This release may be revoked at any time by contacting the Club of Sierra County in writing.

**Parent Intial**

#### Surveys & Questionnaires

I, the Parent/Gaurdian of the minor child listed on this application, give permission for the Club of Sierra County to survey my child and myself about his or her Club experience and behaviors, skills and attitudes using the Club's surveys or other survey instruments that seek to measure and improve the impact the impact of staff, programs, classes and activities.

**Parent Intial**

#### Technology

As a member of the Club of Sierra County, your child will have access to the internet. While precautions are being taken, it is possible that he/she may access inappropriate sites. The Club of Sierra County will have rules and consequences at the Club for such behavior; however, we will not be responsible for the consequences of such access.

**Parent Intial**

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### Parent Involvement

We encourage Parents/Guardians to come into the Club to interact with staff, receive program updates, class schedules, activity updates, complete our family surveys. Open houses, parent/member events, and community events will be held annually, you and your family are invited to participate. However, I understand for safety reasons, only members are allowed inside the Club during normal programming hours and I must either be a staff member or volunteer to enter. I may get a visitors pass from an administrator to visit with prior approval.

Parent Initial

### Members Property

I understand that the Club of Sierra County is not responsible for lost/stolen items. The Club provides lockers, but members are responsible for providing their own lock. An area is available for member's bicycles but members are also responsible for providing their own bicycle lock.

Parent Initial

### Transportation

Transportation from the school of your choice (middle/high school) is available. Parents and Club members are responsible for their own transportation **to** and **from** the Club and staff members are **not** obligated to provide rides. As a **drop-in facility**, we are not responsible for Club members' whereabouts. Transportation may be provided after school and to offsite classes, programs, and activities.

Parent Initial

### Photo/Video/Audio

I hereby grant permission to the Club of Sierra County the right to use, reproduce and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, full use in materials created for the purpose of promoting the activities of the Club of Sierra County.

Parent Initial

### Miscellaneous

I understand that the Club is not, nor claims to be, a licensed day care center. Members may arrive and leave the Club at their own discretion. However, for safety reasons, members may only enter the Club **once** per day unless with prior approval from an administrator.

Parent Initial

### Fundraisers

The Club holds multiple fundraisers throughout the year to help ensure high quality and low cost programming is available to youth. To help ensure we have successful fundraisers, we ask parents to participate.

Parent Initial

## TEEN COMMANDMENTS

- I. I want everyone to feel safe at the Club. For this reason, I will refrain from any vulgarity and bullying. This enables the Club to provide a friendly environment for all participants.
- II. I will be courteous to other members, guests, and employees. I will uplift my fellow Club members and will not say things that hurt other's feelings.
- III. I want to make sure that the Club stays clean. In order for the staff to have more time to hang out with me, I will help by cleaning up my mess.
- IV. Everyone gets angry, upset, and sad, but I will not take it out on Club property or fellow members. If I find myself feeling this way, I will come find a staff member so that they can help me handle the situation.
- V. I will never take or use anything that does not belong to me without asking for permission.
- VI. I will take care of anything I borrow from the Club and others. I will return it back in the same condition as I got it. I understand that anything I check out I am responsible for returning it back to it's designated area.
- VII. I understand there are consequences for my actions both good and bad, so I will take responsibility for them. I will make an effort to make choices that benefit myself, my character, and the Club.
- VIII. I will help make the Club an appropriate atmosphere for all members. I understand that positive relationships are encouraged, but that PDA of any kind is inappropriate for Club time and is not allowed.
- IX. I will do my part to keep this Club safe. I will use my walking feet, my inside voice, and ensure that myself and my peers are only going in and out of the door by the front desk. I will never use the door in the Blue Room.
- X. I understand the Blue room door is **never** to be opened during Club time and it is a restricted area unless a staff member is there to supervise me to ensure my safety and the safety of others.
- XI. I will abide by the Club's dress code policy. If my clothes do not meet the dress code policy, I will change into the clothes given to me or be sent home. The dress code policy can be found at the front desk and posted around the Club.
- XII. I understand that if I check out of the Club, I may **not** go check back in without prior parental and staff approval.
- XIII. I will attend at least **one** class per week, actively participate in Club fundraisers, events, and surveys.
- XIV. I understand that if I am caught using or in possession of alcohol, tobacco, drugs, vape products, etc., there will be severe consequences.

**Any additional guidelines and rules are posted in their respective area of the Club. Ask a staff member if you have any questions! Take care of your Club by being respectful to the property and the people! 😊**

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### PARENTAL / GUARDIAN SIGNATURES

***I have read and completed the application and release statements, understanding the rules of the Club of Sierra County and request that my child be admitted into membership.***

Parent/Gaurdian's Signature                      Date

Parent/Gaurdian's Printed Name

### CLUB MEMBER SIGNATURES

***I have read the completed application and release statements. I understand and agree to the rules of the Club of Sierra County.***

Club Member's Signature                      Date

Club Member's Printed Name

***I have read the Teen Commandments fully and will abide to all Rules. Failure to do so, can result disciplinary action.***

Club Member's Signature                      Date

Club Member's Printed Name

**You're almost done! How did you hear about us?** ☐ School

☐ Family

☐ Radio

☐ Newspaper

☐ Social Media

☐ Other: \_\_\_\_\_

☐ Club Member (first and last name): \_\_\_\_\_