



MEMBERSHIP APPLICATION

Please return this registration form completely filled out and signed to the 21st 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 21st 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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Date

Enrollment

School Information

Name of School: Grade: GPA:

Enrolled in High School? 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 pricing 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 \$24,251-\$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

Parent Name _____

I, the Parent/Guardian 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 21st Century Community Learning Center (2CLC) 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 Initial _____

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 Initial _____

School Information

I, the Parent/Guardian, 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, the Club and in life. This release may be revoked any time by contacting the Club of Sierra County writing.

Parent Initial _____

Surveys & Questionnaires

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

Parent Initial _____

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 Initial _____

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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 survey. Open houses, parent/member events, and community events will be held annually, 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 Club 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 transportation. 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, fully 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 at the Club at their own discretion. However, for safety reasons, members may only enter the Club 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 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/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

CLUBMEMBER SIGNATURES

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

Member Signature _____ Date _____

Member Printed Name _____

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

Member Signature _____ Date _____

Member Printed Name _____

How did you hear about us? School

Family

Radio

Newspaper

Social Media

Other: _____

Club Member (first and last name): _____