

OFFICE USE ONLY	
	Total Due
	Dues Collected
	Proof of Income Collected
	App is Completely Filled Out

Membership Application

Household Information

Address: _____
Street City State Zip

Single Parent Household: YES NO **Who does child(ren) live with?** _____

Child Information

Child 1 Name: _____ **D.O.B.:** _____ **Age:** _____
Last, First, Middle Month Day, Year

Gender: Male Female Other: _____ **School:** _____ **Grade:** _____

Race/Ethnicity: _____ **If Native American, Tribal Affiliation:** _____

Free/Reduced Lunch Eligible: YES NO **Club Site Attending Most Often:** Bay Mills Brimley C.A.M.P.

Medical & Dietary Restrictions (Additional documentation required for the Food Service Program, form available upon request)

Allergies:

Special Needs:

Note: If your child has any known physical, mental, social difficulties, or other conditions which may affect participating and/or for which special accommodations are needed, please ensure it is communicated with Club Staff. Our goal is to provide a safe, positive place for all youth, so the better we understand your child(ren), the more effectively we can ensure a GREAT Club experience.

Child 2 Name: _____ **D.O.B.:** _____ **Age:** _____
Last, First, Middle Month Day, Year

Gender: Male Female Other: _____ **School:** _____ **Grade:** _____

Race/Ethnicity: _____ **If Native American, Tribal Affiliation:** _____

Free/Reduced Lunch Eligible: YES NO **Club Site Attending Most Often:** Bay Mills Brimley C.A

Medical & Dietary Restrictions (Additional documentation required for the Food Service Program, form available upon request)

Allergies:

Special Needs:

Note: If your child has any known physical, mental, social difficulties, or other conditions which may affect participating and/or for which special accommodations are needed, please ensure it is communicated with Club Staff. Our goal is to provide a safe, positive place for all youth, so the better we understand your child(ren), the more effectively we can ensure a GREAT Club experience.



Child Information Continued

Child 3 Name: _____ D.O.B.: _____ Age: _____
Last, First, Middle Month Day, Year

Gender: Male Female Other: _____ School: _____ Grade: _____

Race/Ethnicity: _____ If Native American, Tribal Affiliation: _____

Free/Reduced Lunch Eligible: YES NO Club Site Attending Most Often: Bay Mills Brimley C.A.M.P.

Medical & Dietary Restrictions (Additional documentation required for the Food Service Program, form available upon request)

Allergies:

Special Needs:

Note: If your child has any known physical, mental, social difficulties, or other conditions which may affect participating and/or for which special accommodations are needed, please ensure it is communicated with Club Staff. Our goal is to provide a safe, positive place for all youth, so the better we understand your child(ren), the more effectively we can ensure a GREAT Club experience.

Child 4 Name: _____ D.O.B.: _____ Age: _____
Last, First, Middle Month Day, Year

Gender: Male Female Other: _____ School: _____ Grade: _____

Race/Ethnicity: _____ If Native American, Tribal Affiliation: _____

Free/Reduced Lunch Eligible: YES NO Club Site Attending Most Often: Bay Mills Brimley C.A.M.P.

Medical & Dietary Restrictions (Additional documentation required for the Food Service Program, form available upon request)

Allergies:

Special Needs:

Note: If your child has any known physical, mental, social difficulties, or other conditions which may affect participating and/or for which special accommodations are needed, please ensure it is communicated with Club Staff. Our goal is to provide a safe, positive place for all youth, so the better we understand your child(ren), the more effectively we can ensure a GREAT Club experience.

Additional Space for More Child Information on Page 8

Please do not put more than one child's information per spot.



Parent/Guardian Information

Address is only required if different than the household address on Page 1

Parent 1 Name: _____ Relation to Child: _____
Last, First, Middle

Address: _____
Street City State Zip

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____ Mass Contacting Lists: Text: YES NO Email: YES NO

Place of Employment: _____ Title: _____

Military: YES NO Branch: _____ Discharge Date: _____

Parent 2 Name: _____ Relation to Child: _____
Last, First, Middle

Address: _____
Street City State Zip

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____ Mass Contacting Lists: Text: YES NO Email: YES NO

Place of Employment: _____ Title: _____

Military: YES NO Branch: _____ Discharge Date: _____

Legal Guardian 1 Name: _____ Relation to Child: _____
Last, First, Middle

Address: _____
Street City State Zip

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____ Mass Contacting Lists: Text: YES NO Email: YES NO

Place of Employment: _____ Title: _____

Military: YES NO Branch: _____ Discharge Date: _____

Legal Guardian 2 Name: _____ Relation to Child: _____
Last, First, Middle

Address: _____
Street City State Zip

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____ Mass Contacting Lists: Text: YES NO Email: YES NO

Place of Employment: _____ Title: _____

Military: YES NO Branch: _____ Discharge Date: _____



Health Information

Primary Health Facility: _____ Physician's Name: _____

Health Insurance: _____ Policy/Group Number: _____

Medical Restrictions: _____

Emergency Contact Information

If guardians cannot be reached in an emergency, the following will be called. (Please don't list guardians in this section.)
Emergency Contacts are also listed as Authorized Person for Child Pickup

Contact 1 Name: _____ **Relation to Child:** _____
Last, First, Middle

Telephone: Home: _____ **Cell:** _____ **Work:** _____

Contact 2 Name: _____ **Relation to Child:** _____
Last, First, Middle

Telephone: Home: _____ **Cell:** _____ **Work:** _____

Contact 3 Name: _____ **Relation to Child:** _____
Last, First, Middle

Telephone: Home: _____ **Cell:** _____ **Work:** _____

Contact 4 Name: _____ **Relation to Child:** _____
Last, First, Middle

Telephone: Home: _____ **Cell:** _____ **Work:** _____

I am the legal guardian/custodial parent of the club member(s) listed on this application (documentation maybe required.) In the event that I cannot be consulted, I authorize that the above-named person(s), physicians and/or medical personnel be notified and their recommendations followed in case of illness or injury. I authorize emergency transportation if deemed necessary.

Parent/Guardian Printed Name: _____

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



Authorized Designated Person for Child Pick-Up

The following listed people are authorized to pick-up my child(ren) from the Club if I am unable.

If not different from Emergency Contacts or Guardians leave blank

Contact 1 Name: _____ **Relation to Child:** _____
Last, First, Middle

Telephone: Home: _____ **Cell:** _____ **Work:** _____

Contact 2 Name: _____ **Relation to Child:** _____
Last, First, Middle

Telephone: Home: _____ **Cell:** _____ **Work:** _____

Contact 3 Name: _____ **Relation to Child:** _____
Last, First, Middle

Telephone: Home: _____ **Cell:** _____ **Work:** _____

Alternative Pick-Up

Example: Walking/Riding Bike Home and other people not stated above can pick-up my child(ern).

Unauthorized Pick-Up

The following people are not allowed to pick up my child(ern) at ANY time. I will notify the Club when changes are needed.

Additional documentation maybe needed.



Illness Policy

I grant the staff/volunteers of the Boys & Girls Clubs of Bay Mills permission to: (Check each box)

- Check the temperature of my child(ren) before entering the Club.
- Deny entry into the Club if my child(ren) temperature is at or above 100.3°F
- Deny entry into the Club if my child(ren) exhibit symptoms of contagious illnesses

Club Permissions

I grant the staff/volunteers of the Boys & Girls Clubs of Bay Mills permission to: (Circle Yes or No)

- YES NO Use/take video and/or pictures of my child(ren)
- YES NO Apply Sunscreen to my child(ren)
- YES NO Apply Anti Inch Cream for bug bits to my child(ren)
- YES NO Apply Tea Tree Oil/Water Mixture to my child(ren) hair for lice prevention
- YES NO Apply Bug Spray to my child(ren)
- YES NO Provide surveys to my child(ren)
- YES NO Take my child(ren) on local field trips within Bay Mills and Sault Ste. Marie areas during Club hours

Member Code of Conduct

I will give my best effort in all Club activities, treat others respectfully, and show positive behavior. I will show a sense of fair play, honesty, and good sportsmanship. If I am not following the expectations established by the Staff and the Club, I understand I will be held accountable for my actions through the 3 strike discipline system. If at any time I am suspended from the Club, I cannot attend any of the Club sites until after my suspension. I understand that the Boys & Girls Clubs of Bay Mills is not responsible for any lost, stolen, or damaged property.

- YES NO I have gone over the Member Code of Conduct with my child(ren)
- YES NO I have received a copy of the Parent Handbook for the Boys & Girls Clubs of Bay Mills

I grant the staff/volunteers of the Boys Girls Clubs of Bay Mills permission to: (Check each box)

- Remove my child(ren) from the Club if I fail to follow the Early/Late Policy as listed in the Handbook.
- Remove my child(ren) from the Club if their behavior becomes a safety risk.

ABOVE PERMISSIONS: Videos and photos of members can be used for Club promotions. Guardians will receive notice in advance of field trips. Surveys would be used to assess youth needs, typically with program needs.

WAIVER OF DISABILITY AND DISCLAIMER: In consideration of my child’s membership and participation in the activities and program of Boys & Girls Clubs of Bay Mills (the Club), I, as parent or guardian of named minor(s), my heirs, executors, administrators and assigns, waive, release, and discharge any and all rights and claims or damages against the Club, Bay Mills Indian Community, and/or its sponsors for knowledge of the risks involved in said participation and that my child is in good health and has no physical or mental condition which would make it dangerous for my child or for other participants when my child is involved in any of the sponsored activities.

EMERGENCY AUTHORIZATION: I hereby give permission to medical personnel selected by Boys & Girls Clubs of Bay Mills (the Club), its employees, agents, directors, volunteers, or sponsors to provide or seek emergency treatment, (including x-rays) for my child in the event I cannot be reached in an emergency. However, the giving of my permission does not obligate the Club, Bay Mills Indian Community, employees, agents, directors, volunteers, or sponsors to arrange such care except as may be directed by medical personnel.

By signing, I agree to the Club’s Illness Policy, Member Code of Conduct, and that all information given on this application is accurate.

Both Custodial Parents/Guardians must sign off on this portion of the application.

Parent/Guardian 1 Printed Name: _____

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Printed Name: _____

Parent/Guardian 2 Signature: _____ Date: _____



Guardian Income Information

The following information is used to determine yearly copayment per club member. It also enables the Boys & Girls Clubs of Bay Mills to provide accurate information when reporting for grants that provide funds for our services.

The following information is for grant reporting purposes. Please give names and birthdates of household members, including all adults, children, and yourself.

Please Circle the Box that is Closest to Your Total Family Income Based on Size.

PROOF OF INCOME IS REQUIRED FOR THESE COLUMNS

Family Size	Yearly Income is This or less	Yearly Income is More than This*			
2	\$ 18,310.00	\$ 22,888.00	\$ 27,465.00	\$ 32,043.00	\$ 36,620.00
3	\$ 23,030.00	\$ 28,788.00	\$ 34,545.00	\$ 40,303.00	\$ 46,060.00
4	\$ 27,750.00	\$ 34,688.00	\$ 41,625.00	\$ 48,563.00	\$ 55,500.00
5	\$ 32,470.00	\$ 40,588.00	\$ 48,705.00	\$ 56,823.00	\$ 64,940.00
6	\$ 37,190.00	\$ 46,488.00	\$ 55,785.00	\$ 65,083.00	\$ 74,380.00
7	\$ 41,910.00	\$ 52,388.00	\$ 62,865.00	\$ 73,343.00	\$ 83,820.00
8	\$ 46,630.00	\$ 58,288.00	\$ 69,945.00	\$ 81,603.00	\$ 93,260.00
Dues Per Club Member	\$ 12.00	\$ 15.00	\$ 18.00	\$ 21.00	\$ 21.00

*Club Members that fall into the last column do not qualify for Child Care Development Fund Services.

Total Gross Household Income (Total income of all adults in the home): \$ _____

Number of Adults: _____ Number of Children: _____

Your Name and Birthdate: _____

Additional Adults Names and Birthdates:

Non-Club Child(ren)'s Names and Birthdates:

Dues Calculation

To Be Completed By Club Staff

Guardian Name: _____ Staff Signature: _____

Amount per Child _____ X Total Number of Children _____ = Total Due _____

Method of Payment: Cash Check Payroll Deduction Date Paid: _____

Checks can be made out to: Bay Mills Indian Community Payroll Deduction open to all BMIC, BMBH, BMGA, and BMCC Employees



BOYS & GIRLS CLUBS
OF BAY MILLS

Boys & Girls Clubs of Bay Mills
 12435 W. Industrial Drive, Brimley, Michigan 49715
 Bay Mills Club • Brimley Club • C.A.M.P Extension (Chippewa Allied Mentoring Program)

Updated:
8/21/2024

Additional Child Information

Child 5 Name: _____ D.O.B.: _____ Age: _____
Last, First, Middle Month Day, Year

Gender: Male Female Other: _____ School: _____ Grade: _____

Race/Ethnicity: _____ If Native American, Tribal Affiliation: _____

Free/Reduced Lunch Eligible: YES NO Club Site Attending Most Often: Bay Mills Brimley C.A.M.P.

Medical & Dietary Restrictions (Additional documentation required for the Food Service Program, form available upon request)

Allergies:

Special Needs:

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Child 6 Name: _____ D.O.B.: _____ Age: _____
Last, First, Middle Month Day, Year

Gender: Male Female Other: _____ School: _____ Grade: _____

Race/Ethnicity: _____ If Native American, Tribal Affiliation: _____

Free/Reduced Lunch Eligible: YES NO Club Site Attending Most Often: Bay Mills Brimley C.A.M.P.

Medical & Dietary Restrictions (Additional documentation required for the Food Service Program, form available upon request)

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