



Hawaii Youth Symphony

Music in the Clubhouse

2010-2011 Registration Form

Student Name _____
first middle last

Home Phone: _____ Student Cell Phone: _____

Student Email: _____

Mother/Guardian's Name: _____ Cell Phone: _____

Mother/Guardian's Email: _____

Fathers/Guardian's Name: _____ Cell Phone: _____

Father/Guardian's Email: _____

I would like to register for:

- Music4Kids A (5-7 year olds, **Tuesdays**)
- Music4Kids B (8-10 year olds, Tuesdays & Thursdays)
- Music4Kids A (5-7 year olds, **Thursdays**)
- Boys & Girls Club Band (10 years & older, Tuesdays & Thursdays)

Optional for band: I am interested in playing _____
(instrument)

I give HYS permission to publish, distribute and/or display video and photographic images of my child for archival and publicity purposes. I hereby release HYS and its photographer/videographer from any and all liability for use of my image in a single or composite form. I understand that the photographer/videographer and HYS can use any artistic procedure for composition needed to produce a product, publication or display, for promotional reasons.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Space is limited and filled on first-come-first-registered basis. **Registration deadline: August 16, 2010.**

A completed registration packet includes:

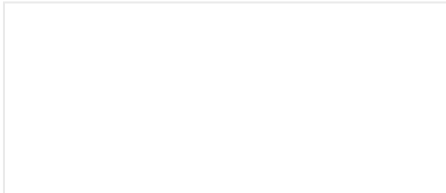
- This HYS Registration Form
- Boys & Girls Club COMPLETED Membership Information Form (3 pages)
- \$1 Boys & Girls Club membership/processing fee
- A copy of an ID with child's name, photo and date of birth (e.g., birth certificate, state ID, passport) for Boys & Girls Club age verification

Mail or deliver to: Hawaii Youth Symphony
1110 University Ave., #200
Honolulu, HI 96826-1508

The HYS office is open M-F, 9 am-5 pm. Please contact the HYS office, 941-9706, if you have any questions. Thank you.

Membership Information Form

For Office Use Only



KidTrax ID <input style="width: 100%;" type="text"/>	Member ID <input style="width: 100%;" type="text"/>	Data Entry Rec'd: <input style="width: 80%;" type="text"/> Entered: <input style="width: 80%;" type="text"/> ID Issued: <input style="width: 80%;" type="text"/>
Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	Active <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Membership Dates Service: <input style="width: 80%;" type="text"/> Termination: <input style="width: 80%;" type="text"/> Initial: <input style="width: 80%;" type="text"/> Renewal: <input style="width: 80%;" type="text"/>
Comment: _____ _____ _____		

Please Print in Ink or Type

Member (Please Print)

First Name: <input style="width: 100%;" type="text"/>	Middle Name: <input style="width: 100%;" type="text"/>	Last Name: <input style="width: 100%;" type="text"/>
Name of Person Member Lives With: <input style="width: 100%;" type="text"/>	Home Phone Number: <input style="width: 100%;" type="text"/>	Emergency Contact: <input style="width: 100%;" type="text"/>
Home Address: <input style="width: 100%;" type="text"/>		Emergency Phone & Extension: <input style="width: 100%;" type="text"/>
City: <input style="width: 100%;" type="text"/>	State: <input style="width: 100%;" type="text"/>	Postal Code: <input style="width: 100%;" type="text"/>
		Email Address: <input style="width: 100%;" type="text"/>

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: <input style="width: 100%;" type="text"/>	Age: <input style="width: 100%;" type="text"/>	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 Saiban Samoan Thailand Toncan Vietnamese Unknown/Other
School Name: <input style="width: 100%;" type="text"/>			Grade: <input style="width: 100%;" type="text"/>
Family Totals - Sisters: <input style="width: 30px;" type="text"/>	Lives With: (Circle One) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
Brothers: <input style="width: 30px;" type="text"/>	Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Household: <input style="width: 30px;" type="text"/>	Number of Years: <input style="width: 30px;" type="text"/>	Name of Clubhouse: <input style="width: 100%;" type="text"/>	

Parent/Guardian Information: (Please Print)

Father's First Name: <input style="width: 100%;" type="text"/>	Father's Last Name: <input style="width: 100%;" type="text"/>	Father's Work Phone & Ext: <input style="width: 100%;" type="text"/>
Father's Employer: <input style="width: 100%;" type="text"/>	Father's Occupation: <input style="width: 100%;" type="text"/>	
Mother's First Name: <input style="width: 100%;" type="text"/>	Mother's Last Name: <input style="width: 100%;" type="text"/>	Mother's Work Phone & Ext: <input style="width: 100%;" type="text"/>
Mother's Employer: <input style="width: 100%;" type="text"/>	Mother's Occupation: <input style="width: 100%;" type="text"/>	
Guardian's First Name: <input style="width: 100%;" type="text"/>	Guardian's Last Name: <input style="width: 100%;" type="text"/>	Guardian's Work Phone & Ext: <input style="width: 100%;" type="text"/>
Guardian's Employer: <input style="width: 100%;" type="text"/>	Guardian's Occupation: <input style="width: 100%;" type="text"/>	

Medical/Emergency

Medical Problems/Allergies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Medications: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Physician: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Physician Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Preferred Hospital or Clinic: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Hospital Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Insurance Company: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Insurance Policy Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Can Member Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	

General Information

Military Branch: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Status: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Start Date: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	End Date: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Phone number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	E-mail: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Notes

Participation in other Youth Programs: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Hobbies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Nickname: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Mother's Maiden Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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.

Medicaid Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Check all that Apply: <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> Free School Lunch <input type="checkbox"/> Vet. Compensation <input type="checkbox"/> Medicaid	Child's Labor Force Status: <table style="width:100%; border: none;"> <tr> <td style="border: none;">Employed</td> <td style="border: none;">Unemployed</td> </tr> <tr> <td style="border: none;">Not in Labor Force</td> <td style="border: none;">Unknown</td> </tr> </table>	Employed	Unemployed	Not in Labor Force	Unknown															
Employed	Unemployed																				
Not in Labor Force	Unknown																				
Annual Family Income: (Circle One) <table style="width:100%; border: none;"> <tr> <td style="border: none;">\$11,750 or below</td> <td style="border: none;">\$35,751 - \$39,750</td> </tr> <tr> <td style="border: none;">\$11,751 - \$15,750</td> <td style="border: none;">\$39,751 - \$43,750</td> </tr> <tr> <td style="border: none;">\$15,751 - \$19,750</td> <td style="border: none;">\$43,751 - \$47,750</td> </tr> <tr> <td style="border: none;">\$19,751 - \$23,750</td> <td style="border: none;">\$47,751 and over</td> </tr> <tr> <td style="border: none;">\$23,751 - \$27,750</td> <td style="border: none;">Care not to Provide</td> </tr> <tr> <td style="border: none;">\$27,751 - \$31,750</td> <td style="border: none;">Pension</td> </tr> <tr> <td style="border: none;">\$31,751 - \$35,750</td> <td style="border: none;">Social Security</td> </tr> </table>	\$11,750 or below	\$35,751 - \$39,750	\$11,751 - \$15,750	\$39,751 - \$43,750	\$15,751 - \$19,750	\$43,751 - \$47,750	\$19,751 - \$23,750	\$47,751 and over	\$23,751 - \$27,750	Care not to Provide	\$27,751 - \$31,750	Pension	\$31,751 - \$35,750	Social Security	Child's Family Setting: <table style="width:100%; border: none;"> <tr> <td style="border: none;">1 Parent Family</td> <td style="border: none;">Other</td> </tr> <tr> <td style="border: none;">2 Parent Family</td> <td style="border: none;">Unknown</td> </tr> <tr> <td style="border: none;">Extended Family</td> <td></td> </tr> </table>	1 Parent Family	Other	2 Parent Family	Unknown	Extended Family	
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Confidential <input type="checkbox"/> Foster Child <input type="checkbox"/> Adjudicated <input type="checkbox"/> Status Offender		Disability: <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Not Handicapped <input type="checkbox"/> Vision Impaired																			
Education: <table style="width:100%; border: none;"> <tr> <td style="border: none;">Held Back</td> <td style="border: none;">Poor Grades</td> </tr> <tr> <td style="border: none;">Poor Attendance</td> <td style="border: none;">Drop Out</td> </tr> </table>		Held Back	Poor Grades	Poor Attendance	Drop Out																
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I have read the completed application, understand the rules of the Boys & Girls Club of Hawaii and request that my son/daughter/ward be admitted into membership. I have explained the rules to my son/daughter/ward and agree that the Boys & Girls Club of Hawaii will not be responsible for any accident to my child while on the premises or while engaged in any of its activities. I hereby give permission for images on my son/daughter/ward, captured during regular and special activities through video, photo, and digital camera, to be used solely for the purposes of Boys & Girls Club of Hawaii promotional material and publications, and waiver any rights of compensation or ownership thereto.

I give permission for my child to participate in a survey to measure the effectiveness of the Life Skills Training program. This survey will be given at the beginning and ending of the program and will ask questions about tobacco, alcohol, and drug use by my child and his/her knowledge and attitudes concerning alcohol, tobacco and drug use. I UNDERSTAND THAT MY CHILD'S ANSWERS TO THESE SURVEY QUESTIONS ARE STRICTLY CONFIDENTIAL.

A copy of your child's Birth Certificate may be requested.

Parent or Guardian Signature

Youth's Signature

Date: Month _____ Day _____ Year _____



BOYS & GIRLS CLUB OF HAWAII
Charles. C. Spalding Clubhouse
MEMBER AND PARENTS GUIDELINES

MISSION STATEMENT

Inspiring young people to become responsible citizens.

MOTTO

A positive place for Hawaii's kids!

OPEN DOOR POLICY

Any youth who becomes a member (ages 7 to 17 years old) may participate in all programs and activities offered by the CLUB. Youth members may also come and go as he or she pleases, without notification. There are no check-in/out procedures

WHAT THE CLUB OFFERS

The CLUB is a positive place that offers many educational, recreational and social activities. Caring and trained youth development staff provides guidance in helping boys & girls to:

- Discover their needs
- Pursue their interest
- Nurture their talent
- Broaden their view points
- Dissolve their prejudices
- Resolve their conflicts
- Set their goals
- Understand themselves
- Have fun

CODE OF CONDUCT

The following behaviors and acts are not allowed at the CLUB:

- Fighting
- Intimidation
- Threatening
- Teasing
- Swearing or Abusive Language
- Discourteous and Rude Behavior toward Staff
- Weapons of any kind
- Consumption or possession of Alcohol, Tobacco, or Illegal Drugs
- Stealing
- Graffiti
- Misusing program equipment

CONSEQUENCES

- 1ST WARNING: Members will be asked to pick up rubbish or do push ups
- 2ND WARNING: Member may be asked to leave the premises for the day
- 3RD WARNING: Parents may be notified and member may be suspended for three days
- 4TH WARNING: Parents will be notified and members will be suspended for one week or longer. Member may be asked to sign a Behavioral Agreement before he/she is allowed to return.
- 5TH WARNING: Membership will be revoked

BOUNDARIES

Members are not allowed to travel beyond the parking lot boundaries, Washington Middle School, and basketball/volleyball courts. Members are not allowed to play in or around the roadway.

LOST AND DAMAGED ITEMS

The Boys & Girls Club of Hawaii (BGCH) and the BGCH Charles C. Spalding Clubhouse will not be responsible for any lost or damaged items. Youth members are encouraged to leave all valuables at home.

MEDICAL PROBLEMS OR ALLERGIES

Please notify BGCH Charles C. Spalding Clubhouse Staff of any allergies or medical problems that your child may have.

CONTACT INFORMATION

Boys & Girls Club of Hawaii
Charles C. Spalding Clubhouse
1704 Waiola Street, Honolulu, HI 96826
Phone: (808) 949-4743
Fax: (808) 951-4943

We have read the Members and Parents Guidelines, understand it, and agree to its terms.

Parent/Guardian Print

Parent/Guardian Signature

Date

Member Print

Member Signature

Date