



Summer Site Information for TeamMates Mentors

Any TeamMates match can meet at this site regardless of age or school attended.

Park Middle School

Address: 855 S. 8th St.

Site Supervisor: **Suzi Stout**

Phone: 402-477-4134

Email: sstout@lps.org

Important Note: At this site, it is necessary for the student to be a member of the Boys and Girls Club. The membership form must be completed by the parent/guardian of the student (page 2-3 of this document). If this is not done before school is out, the match can meet once at Park and the student will be given the form to be returned the next time. There is no cost. This would allow the student to come to the site and join in the activities for the summer.

Dates: June 4-July 27th Closed: July 4,5,6
 Days/Times: Monday – Friday; 10:00 a.m. – 6:00 p.m.

Lunch: 11:00 a.m. – 12:30 p.m. Enrolled students must eat lunches provided. Mentors can bring their own lunch, but may not bring the student food. Lunch is available to a non-enrolled mentee if the site supervisor is notified in advance.

Procedure:

Advance notice of TM meetings is required. Contact site supervisor (contact information above) for the first meeting. Then use the “Next Appointment” column of the sign-in form or contact site supervisor as needed. The site maybe closed for a field trip on certain days as is swimming, ask before setting the next meeting.

If the mentee is enrolled in the CLC Program at this site, mentors may “drop in” without making a prior appointment.

Park in the main lot and enter the Boys and Girls Club Entrance on the south side of the building. Sign in at the front desk. Both the mentor and the mentee need to write their phone numbers on the sign-in form at the first meeting. Then contact Suzi.

Contact Suzi if you cannot come as scheduled or to confirm an enrolled student is present.

Games/activities at the site may be available for use by matches. Ask any staff member.

Special Information:

If your student/mentee is not enrolled in the summer program, please watch and be sure the student leaves the school property (walk, bike, etc) after your meeting.

Mentees may **NOT** leave the premises with their mentor or be transported by the mentor to any location, for any reason, without documentation and prior approval from the TeamMates Office.

If you want to have an “out of school” meeting with your mentee (allowed grades 6-12 only), contact the TeamMates Office at 402-436-1990. Appropriate documentation, a third party over the age of 18 and parent permission is required in advance. Forms and instructions are on the lincolnteammates.org website.

Membership Information Form

For Office Use Only



BOYS & GIRLS CLUB
 OF LINCOLN / LANCASTER COUNTY
 855 South 8th St
 Lincoln, NE 68508

KidTrax ID <input type="text"/>	Member ID <input type="text"/>	Data Entry Rec'd: <input type="text"/> Entered: <input type="text"/> ID Issued: <input 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 type="text"/> Termination: <input type="text"/> Initial: <input type="text"/> Renewal: <input type="text"/>
Comment: _____ _____ _____		

Contact (Please Print)

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

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: <input type="text"/>	Age: <input type="text"/>	Ethnicity: (Please circle one)									
School: <input type="text"/> Elementary <input type="text"/> Middle School <input type="text"/> High School Other: <input type="text"/>	Grade: <input type="text"/>	<table style="width: 100%; text-align: center;"> <tr> <td>AMERICAN INDIAN OR ALASKA NATIVE</td> <td>ASIAN</td> <td>BLACK OR AFRICAN AMERICAN</td> <td>HISPANIC / LATINO</td> <td>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</td> <td>TWO OR MORE RACES</td> <td>WHITE</td> </tr> </table>				AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	HISPANIC / LATINO	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	TWO OR MORE RACES	WHITE
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Family Totals- Sisters: <input type="text"/>		Brothers: <input type="text"/>		Household: <input type="text"/>								
Primary Adult(s) Member Lives With: (Please circle one)												
Both Parents		Mother	Father	<input type="text"/>								
Sister/Brother		Grandparents	Guardian	<input type="text"/>								
Aunt/Uncle		Other	<input type="text"/>									
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: <input type="text"/>	Name of Club: <input type="text"/>										

Parent/Guardian

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

Pick up Information	Notes
<p>Names of two Persons Authorized to pick up Member.</p> <p>1.) First Name: <input style="width: 100%;" type="text"/> Last Name: <input style="width: 100%;" type="text"/></p> <p>2.) First Name: <input style="width: 100%;" type="text"/> Last <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p>	<p>Participation in other Youth Programs: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Hobbies: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Nickname: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Mother's Maiden Name: <input style="width: 100%; height: 20px;" type="text"/></p>

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.

Member's Social Security Number: <input style="width: 100%; height: 20px;" type="text"/>	Medicaid Number: <input style="width: 100%; height: 20px;" type="text"/>	Check all that Apply:	Child's Family Setting: (Please circle one)						
Annual Family Income: (Please circle one below)		<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"/> School Lunch <input type="checkbox"/> Vet. Compensation	<table style="width:100%; text-align: center;"> <tr> <td>Mother only</td> <td>Father Only</td> </tr> <tr> <td>1 Parent/1-step</td> <td>Foster Care</td> </tr> <tr> <td>2-Parent family</td> <td>Grandparents</td> </tr> </table>	Mother only	Father Only	1 Parent/1-step	Foster Care	2-Parent family	Grandparents
Mother only	Father Only								
1 Parent/1-step	Foster Care								
2-Parent family	Grandparents								
<p style="text-align: center;">\$9,000 or below</p> <p style="text-align: center;">\$9,000 - \$12,000</p> <p style="text-align: center;">\$12,001-\$15,000</p> <p style="text-align: center;">\$15,001 - \$19,000</p> <p style="text-align: center;">\$19,001 - \$23,000</p> <p style="text-align: center;">\$23,001 - \$28,000</p> <p style="text-align: center;">\$28,001 - \$32,700</p> <p style="text-align: center;">\$32,701 - \$42,000</p> <p style="text-align: center;">\$42,001 - \$45,000</p> <p style="text-align: center;">Over \$45,000</p>		<p>Disability:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Confidential Information:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>							

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 Boys & Girls Clubs of Lincoln / Lancaster County, Inc. and Boys & Girls Clubs of America, 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 owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

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

I give my consent for photographs in which my child may appear to be used in any way the Boys & Girls Club may care to use them.

I understand that the Boys & Girls Club is not responsible for lost or stolen items.

I have read the completed application, understanding the rules of the Boys & Girls Club and request that my child be admitted into membership.

Parent / Guardian Signature

Club Member's Signature

Date: