



# Membership Application

**PLEASE KEEP THIS PAGE FOR FUTURE REFERENCE**

## Information

For assistance completing this application or to learn more about the Sheriff's Community Impact Program:



916.333.6464 ext 3106

sacscip.org



## Important

- **New Members:** If you have never participated in a SCIP sponsored program this application must be completed in its entirety.
- **Returning Members:** If you have participated in a SCIP sponsored program in the past, you only need to complete those pages where you may have new information to update (i.e.- new address, medical information, etc.)
- **Membership Fee:** \$25 per year - Includes secondary insurance and eligibility to participate in all SCIP programs.\* **(Please see information on how to qualify for Reduced Membership Fee-Page 8)**

\*Age restrictions may apply to specific programs.

## About SCIP

- SCIP is a non-profit youth organization that features educational, recreational, and athletic programs for students in 1<sup>st</sup>-12<sup>th</sup> grades. We also facilitate diversion and mental health referrals within Sacramento County.
- The Mission: To foster productive citizens by engaging youth in dynamic community programs.
- SCIP is not an after-school, drop-in daycare program. Acceptance of this application is based on an expectation that both the member and the caregiver will always strive for 100% commitment to attending all program sessions and completing those programs the member may enroll in.
- Continued membership is based on adherence to standards and expectations set forth by SCIP staff. All programs are designed to positively engage students, instill Core Values, and empower young people to become positive leaders in their community.

# 1 Confidential Questionnaire

The information on this page contains no identifiable information and will be removed from the application upon receipt of this Membership Application. Confidentiality Notice: SCIP Policy states all information provided on this document will be kept strictly confidential and used solely for data collection and for evaluation purposes. **This information in no way affects participation in SCIP.** Such information is needed in order to apply for local, state, and federal funding for SCIP. No information will be shared or sold to anyone.

**These questions help SCIP learn about how our programs can further help our members. Some of these questions may or may not apply to you or your child. This survey should be completed by both parent/caregiver and child.**

1. I am a:
  - a. New Member \_\_\_\_
  - b. Returning Member \_\_\_\_
2. The last time I participated in a program was:
  - a. 1-6 months ago \_\_\_\_
  - b. 7-12 months ago \_\_\_\_
  - c. Over one year ago \_\_\_\_
3. I believe SCIP can help me become a productive citizen in my community:
  - a. Yes \_\_\_\_
  - b. No \_\_\_\_
  - c. Maybe \_\_\_\_
4. Graduating high school is important to me:
  - a. Yes \_\_\_\_
  - b. No \_\_\_\_
  - c. Somewhat \_\_\_\_
5. Finishing something I started is important to me:
  - a. Yes \_\_\_\_
  - b. No \_\_\_\_
  - c. Somewhat \_\_\_\_
6. In the last year my child has been suspended:
  - a. Never \_\_\_\_
  - b. 1-4 Times \_\_\_\_
  - c. More than 5 Times \_\_\_\_
7. I know someone who has gone to jail/juvenile hall:
  - a. Yes \_\_\_\_
  - b. No \_\_\_\_
8. My experience with law enforcement officers has been:
  - a. Positive \_\_\_\_
  - b. Negative \_\_\_\_
  - c. Not Sure \_\_\_\_
9. I have been to juvenile hall or on juvenile probation
  - a. Yes \_\_\_\_
  - b. No \_\_\_\_
10. I believe there are people who care about me and want to help me be successful in life:
  - a. Yes \_\_\_\_
  - b. No \_\_\_\_
  - c. Not Sure \_\_\_\_
11. Known or suspected use of tobacco, drugs or alcohol
  - a. Yes \_\_\_\_
    - a. Tobacco \_\_\_\_
    - b. Alcohol \_\_\_\_
      - i. Age had first drink \_\_\_\_
    - c. Drugs \_\_\_\_
      - i. Marijuana \_\_\_\_
        1. Age first smoked \_\_\_\_
      - ii. Prescription pills \_\_\_\_
      - iii. Other \_\_\_\_\_
  - b. No \_\_\_\_
  - c. Maybe \_\_\_\_

**The following is for SCIP'S Federally Funded Drug Free Coalition, CSHAA. Please contact Program Coordinator to learn more about CSHAA or go to [sacscip.org](http://sacscip.org)**

**Please complete the following questions. This information will help SCIP with funding requests from potential donors.**

1. How many siblings in the household? \_\_\_\_
2. My child(ren)is/are enrolled in the school's Free/Reduced Meal program? Yes \_\_\_\_ No \_\_\_\_
3. Do you receive public assistance? Yes \_\_\_\_ No \_\_\_\_
4. Member's ethnicity? ●African American (not Hispanic) \_\_\_\_ ●American Indian or Alaskan Native \_\_\_\_  
●Filipino \_\_\_\_ ●Hispanic or Latino \_\_\_\_ ●Pacific Islander \_\_\_\_  
●White (Not Hispanic) \_\_\_\_ ●Other \_\_\_\_\_
5. What is the primary language of the household? \_\_\_\_\_
6. What is the member's gender? Female \_\_\_\_ Male \_\_\_\_
7. From which zip code do you reside in? \_\_\_\_\_
8. From what country was the child(ren) born in? \_\_\_\_\_
9. From what country were the parents born in? \_\_\_\_\_

# 2 Member Information

**FOR SCIP USE ONLY**

**Instructions:** Please complete all information and sign where indicated.

You may use one application for up to four children.  
**(Note:** If more than one child is being enrolled please be sure to complete Section 5 (page 7) for each child.)

Date Application Received \_\_\_\_\_

Received By \_\_\_\_\_ \$ \_\_\_\_\_

Cash \_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Gender	First Name	Last Name	Age	DOB	School	Grade	Member #

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_

Home Phone \_\_\_\_\_

### Primary Caregiver Living with Member(s) Listed Above

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Child lives with: ●Both Bio Parents \_\_\_ ●Just Bio Mother \_\_\_ ●Just Bio Father \_\_\_ ●Bio Mother & Stepfather \_\_\_  
 ●Bio Father & Stepmother \_\_\_ ●Other Caregiver \_\_\_

Bilingual Yes \_\_\_ No \_\_\_ Email \_\_\_\_\_

### SCIP eNewsletter Enrollment Option

SCIP has an eNewsletter that is sent out via email. This newsletter contains information about upcoming programs and events. Would you like to sign-up for the eNewsletter?

Yes \_\_\_ No \_\_\_

Email Address: \_\_\_\_\_

# 3 Membership Agreement

Member Names:

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Both Primary Caregiver and all member(s) shall read the following. **Please sign where required.**

The **Sheriff's Community Impact Program (SCIP)** is conducting programs which will provide positive and constructive athletic, recreational and educational activities for the member(s). Each activity is designed to teach valuable life skills to its members. SCIP staff expects each member to act in a responsible and respectful way towards other youth and our deputies, instructors, coaches and volunteers. Therefore it is imperative the member adheres to the safety policies we have set forth. A positive attitude, respect for others and the environment, are most important!

The completion of this Membership Application gives SCIP permission to provide athletic, recreational and education activities to the member(s) whose name(s) appear above.

As a member you are responsible for appropriate behavior during the time you are participating in SCIP. In order to become a member of SCIP you must agree to the following:

1. I will maintain a positive attitude at all times.
2. I will dress appropriately during all activities.
3. I will respect myself and others at all times. I will not say racist or prejudicial remarks.
- 4. I will not use or have possession of any drugs, alcoholic beverage, tobacco, or weapons of any kind.**
5. I will not use profanity, will not act physically or verbally abusive or become violent with others.
6. I will RESPECT all equipment, supplies, and materials.
7. I will not play nor sing music which has offensive lyrics.
8. I will not leave the scheduled activity until I notify all staff members present and after receiving permission from staff member in charge.
9. I will be on time for all scheduled meetings, activities, and trips.
10. I will report any problems or injuries to the staff immediately.
11. I will not sexually harass anyone and will report any incidents of harassment of any kind.
12. I will follow ALL safety instructions at all times.
13. I will finish what I start as I know commitment is a strong core value and people may depend on me.

SCIP staff will take corrective action for violations. The type of action taken will depend on the type, frequency, and magnitude of the violation and may include:

- Oral reprimand •Written reprimand •Dismissal from the activity •Membership revoked

## Membership Agreement

I will behave in a manner that promotes respect for others and their property.

I have read and understand the rules for being a member of SCIP. I further understand that my membership privileges may be revoked at any time as a result of violating this agreement.



Signature of Primary Caregiver \_\_\_\_\_ Date \_\_\_\_\_

Signature of Member(s) 1. \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_\_ Date \_\_\_\_\_

3. \_\_\_\_\_ Date \_\_\_\_\_

4. \_\_\_\_\_ Date \_\_\_\_\_

# 4 Agreement of Indemnity, Release of Liability, Assumption of Risks & Photo Release [Page 1 of 2]

Member Names:

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## Agreement of Indemnity, Release of Liability, Assumption of Risk & Photo Release

As a condition of and in consideration of being permitted to enroll the above named child(ren) in the Sheriff's Community Impact Program, and/or any sponsored programs, you are strongly encouraged to read this form carefully and indicate your agreement by dating and signing the form on page 6 of this Membership Application.

### ACKNOWLEDGEMENT OF RISKS OF ACTIVITIES

I acknowledge, realize, and am aware that my child(ren) will be participating in a variety of programs/activities. I understand that there are elements of risks in any activity associated with participation. These risks include, but are not limited to, falling, tripping, being hit by another child (such as in boxing, martial arts, rugby, etc.), operating machinery (such as woodworking tools, motorized vehicles, etc.), lifting weights, participating in para-military exercises such as marching, push-ups, etc., getting injured in a vehicle which is providing transportation, etc.

I also acknowledge and understand that although the Sheriff's Community Impact Program staff and volunteers may be present, those persons are not always able to prevent the possible injuries from risks that have been described above. Therefore, I agree as follows:

#### 1. Release

As a condition of and in consideration for being permitted by the Sheriff's Community Impact Program to participate in the activities provided, I for myself and/or minor children for which I am a parent/legal guardian or otherwise responsible, any heirs, personal representatives, or assigns do hereby release, discharge, and covenant not to sue the Sheriff's Community Impact Program, its employees, principals, directors, officers, agents, volunteers, or anyone affiliated with the Sheriff's Community Impact Program, and each/every landowner, municipal and/or governmental agency, upon whose property an activity is conducted from all liability and waive any claim for damages arising from any cause whatsoever, except that which is the result of gross negligence.

#### 2. Express Assumption of Risk and Responsibility

In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that my child is physically and mentally capable of participating in this activity and using the equipment. My child is participating willingly and voluntarily. I assume full responsibility for personal injury, accidents and/or illness, including, but not limited to, sprains, torn muscles, bites, wounds, scrapes, abrasions and/or contusions; head, neck and/or spinal injuries, bites or attacks by animals or insects, allergic reactions, shock, paralysis, coma or death, and any related expenses that are related to my child. I assume all responsibility for damage to or loss of my/our personal property as a result of any accident that may occur.

#### 3. Hold Harmless/Assumption of Risks

I agree that I/we will indemnify and hold harmless the Sheriff's Community Impact Program, the County of Sacramento, and any affiliated organization, its representatives, its employees, principals, directors, officers, agents, volunteers, or anyone affiliated with the County of Sacramento and each and every landowner, municipal and/or governmental agency upon whose property and activity is conducted, from any loss, all liability and waive any claim for damages or costs arising for any cause whatsoever related to my child's participation, except that which is the result of gross negligence. I further expressly agree that this assumption of risk, release and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue to be in full legal force and effect.

# 4 Agreement of Indemnity, Release of Liability, Assumption of Risks & Photo Release [Page 2 of 2]

Member Names:

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## 4. Photo Release

I grant to the Sheriff's Community Impact Program (SCIP), its representatives and employees, the right to take photographs and video footage of my child(ren) and my property in connection with SCIP activities. I authorize SCIP, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that SCIP, its assigns and transferees, may use such photographs and/or video footage of my child(ren) with or without their name(s) and for any lawful purpose, including for example web sites, brochures, posters, fliers, and other printed materials, television, and school media, as publicity, illustration, advertising, and Web content. I understand I nor my child(ren) will not be compensated for such photographs and/or video footage.

**OPT OUT:** Primary Caregiver may restrict use of photos/video footage. Please indicate here how you would like to restrict SCIP'S use of such material: (Please place your initials below **ONLY** if you prefer to OPT OUT)

- All uses
- Web content maintained by SCIP (including Facebook, Twitter, etc.)
- Printed material (fliers, brochures, posters, etc.)
- Media (newspapers, television, etc.)

## Agreement of Indemnity, Release of Liability, Assumption of Risks & Photo Release

I have read the Acknowledgement of Risk of Activities, Assumption of Risks and Responsibility, Release of Liability and Hold Harmless Agreement on page 5 and the Photo Release on page 6 of this Membership Application. I understand that by signing this document, I am waiving valuable legal rights and I do so voluntarily. I do so with the full understanding that the Sheriff's Community Impact Program, the County of Sacramento, and any municipal or governmental agency to which any activities are conducted, their employees, principals, directors, officers, agents, volunteers, are not to be held responsible for injuries that may occur to me and/or any child(ren) of mine except that which is conclusively determined to be the result of gross negligence.

By signing this as a Primary Caregiver, I hereby agree that I am duly authorized to do so on behalf of myself and on behalf of any other Primary Caregiver to the participating member(s) as named above.



Signature of Primary Caregiver \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Primary Caregiver Signing this Page \_\_\_\_\_

# 5 Medical Release, Emergency Contact, Transportation

Member Name

## Medical Insurance Questionnaire (NOTE: Complete this form for each child enrolled)

- Do you have medical insurance? Yes \_\_\_ No \_\_\_
  - If Yes, provide the following: Insurance Company Name \_\_\_\_\_  
Policy Number \_\_\_\_\_
- Preferred Hospital Clinic & Address \_\_\_\_\_
- Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_
- Are there any allergies to medications? Yes \_\_\_ No \_\_\_ Indicate here \_\_\_\_\_
- Are there any allergies to foods? Yes \_\_\_ No \_\_\_ Indicate here \_\_\_\_\_
- Important Medical Information/Restrictions/Special Instructions for SCIP staff and/or Medical Personnel to know?  
Yes \_\_\_ No \_\_\_ If yes, please indicate here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are there any previous injuries (such as a broken bone, etc.) SCIP staff should be aware of?  
Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_

## Medical Release (Authorization to Treat Minor)

I/We, the undersigned, Primary Caregiver of the above named member(s), a minor, do hereby authorize the staff of the Sheriff's Community Impact Program, or an authorized representative, as agent(s) for the undersigned, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital care which is rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the office of said physician or at such hospital. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above named agent(s) to give specific consent to any and all such examinations, diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may seem advisable.

Print Name of Primary Caregiver \_\_\_\_\_  
Please indicate relationship to the child enrolled \_\_\_\_\_



Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

## Emergency Contact Information

The following information shall be used only after attempts to contact a Primary Caregiver have been exhausted.

Name of contact \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone number \_\_\_\_\_ Cell Number \_\_\_\_\_

## Transportation Policy (Please read and sign your initials where required)

The Sheriff's Community Impact Program assumes no responsibility to transport member to and from programs, events, etc. It shall be assumed Primary Caregiver will make arrangements for transporting member.

I, \_\_\_\_\_ Primary Caregiver Initials  
a Primary Caregiver, gives permission for said member to:  
walk home \_\_\_ ride bike \_\_\_ take bus \_\_\_ be transported by another person other than Primary Caregiver \_\_\_

Please indicate whom: \_\_\_\_\_ Primary Caregiver Initials

# 6 Membership Fee Information (Request for Reduced Fee)

## Membership Dues - \$25

Effective January 1, 2014, the Sheriff's Community Impact Program (SCIP) charges a yearly membership fee of **\$25** per member.

**Q:** What does my membership fee include?

**A:** Members of SCIP are eligible to participate in many educational, recreational, and athletic programs at no additional charge to the member. This is a great deal to parents because SCIP programs would otherwise cost on average \$90-\$450+ per program/child. While age restrictions may apply with some programs, members are notified of upcoming programs and will have the opportunity to participate in the program. Your membership fee also includes secondary medical insurance.

**Q:** How long is my membership good for?

**A:** Your membership is good for one year from date membership was received.

**Q:** What if I can't afford the fee OR if I have more than one child who wants to enroll in SCIP?

**A:** Staff will work with families to make sure every child who wants to commit to participating in SCIP has an opportunity to do so regardless of income level. SCIP offers reduced fees for those who meet the eligibility requirements. If qualified, the membership fee is only **\$5** per member.

**Q:** Why does SCIP charge a membership fee?

**A:** SCIP offers many dynamic community programs at no charge to members because of generous donations from individuals and corporations. Our programs are designed to teach strong core values while challenging each member to become positive leaders in their community. Commitment to the program is essential and paying a nominal fee rather than offering something for free helps SCIP staff teach young people the value of participating in a program such as SCIP.

**Q:** Are there refunds after my membership application has been approved?

**A:** No. Once the application has been approved and entered into our system, no refunds are granted.

## Reduced Membership Fee - \$5

If you wish to apply for a membership fee reduction, please complete the following application and return this page with the entire Membership Application. Families whose annual income does not exceed the current year's income guideline are eligible for the Reduced Membership Fee program. (NOTE: Income eligibility guidelines vary each year. To obtain this year's guidelines, please contact: **333-6464 ext. 3106**)

### Request for Membership Fee Reduction

You will be notified by SCIP staff regarding the status of this request.

1. Person Completing this request: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Number of persons living in your household: \_\_\_\_\_
3. Household Income: \_\_\_\_\_

Employer	Phone #	Annual Gross Income
Parent 1: _____	_____	_____
Parent 2: _____	_____	_____
Other Source: _____		<b>Total:</b> _____

4. Please submit a copy of:

- a. Proof of income (paystub, state aid verification, etc.)
- b. Letter from school district (current year) indicating you are on Free/Reduced Lunch Program

**My signature below indicates I have provided accurate information that will allow SCIP to determine my eligibility for the Membership Fee Reduction program. I authorize SCIP staff to verify the above information.**

\_\_\_\_\_ Date \_\_\_\_\_