

**Memb #**

Name: \_\_\_\_\_ ☐ Male ☐ Female

<i>Last</i>	<i>First</i>	<i>Middle</i>
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Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ ☐ Teen Membership (Age 12+)

School \_\_\_\_\_ Grade \_\_\_\_\_ ☐ Kinder RM# \_\_\_\_\_

Other Family Members Attending Club \_\_\_\_\_

**Member Lives With:** ☐ Mother & Father ☐ Mother Only ☐ Father Only ☐ Other \_\_\_\_\_

**Party Responsible For Payment:** \_\_\_\_\_

**PHOTO RELEASE WAIVER:** I give my consent to the Boys & Girls Club of Simi Valley to use photos of my child taken during Club activities for promotional or historic purposes. ☐ YES ☐ NO

# 1) Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

#2) Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

***Returning Members Only:*** ☐ There are no changes to my Emergency/Authorized Pick-up Contacts

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 1) Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

➤ Is This Person Authorized To Pick Up Your Child: ☐ Yes ☐ No

# 2) Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

➤ Is This Person Authorized To Pick Up Your Child: ☐ Yes ☐ No

## PERMISSIONS AND AUTHORIZATIONS

I have read the application and I understand the rules of the Club. I have explained them to my child and request that my child be admitted into membership. It is expressly understood and agreed that the Boys & Girls Club of Simi Valley shall not be responsible for any bodily injury sustained by my child as a result of participation in Club activities, unless loss or injury results directly from negligence or willful act of any employee of the Boys & Girls Club of Simi Valley while acting within the scope of their employment. **Please initial here** \_\_\_\_\_. I allow the club to access my child's Smarter Balanced Assessment score from SVUSD to assist with homework. **Initial here** \_\_\_\_\_.

## RACE, INCOME, AND HEAD OF HOUSEHOLD

MEMBERS RACE & ETHNICITY		<u>MUST SELECT ONE RACE</u>	HISPANIC ETHNICITY?
11	White		
12	Black /African American		
13	Asian		
14	American Indian /Alaskan Native		
15	Native Hawaiian / Other Pacific Islander		
16	American Indian or Alaskan Native AND White		
17	Asian AND White		
18	Black/African American AND White		
19	American Indian/Alaska Native AND Black		
20	Other:		

The Number of Persons In Your Household: \_\_\_\_\_ Female Head of Household: ☐ Yes ☐ No

Annual Household Income Including All Members of Household: \$ \_\_\_\_\_

## ACCIDENTS / INJURIES AND MEDICAL INFORMATION

If a child becomes hurt or injured at the Club, appropriate first aid will be administered. The Club has trained first aid and CPR certified staff on premises. Parents will be notified of all injuries. For accidents or injuries that require immediate medical attention, 911 will be called and the parent / emergency contact(s) will be called. In the event of an emergency I, \_\_\_\_\_, the parent/guardian/legal custodian) of \_\_\_\_\_ a minor, hereby authorize the Boys & Girls Club of Simi Valley to obtain all necessary transportation to a medical facility, examinations, x-rays, appropriate diagnostic testing and treatments, including hospitalization and surgery, so long as these are recommended by a physician, dentist or other professional health care practitioner who is currently licensed to practice by the State of California in his / her professional health care field and make said recommendations in his/her professional capacity as physician/dentist/health care provider for my child. **Please initial here** \_\_\_\_\_ to provide your consent allowing the Club to treat your child for minor injuries. **Please initial here** \_\_\_\_\_ to provide your consent allowing the Club and/or its agents/employees/representatives to obtain all necessary emergency medical assistance for your child at your expense, releasing the Boys & Girls Club of Simi Valley and its agents/employees/ representatives from all liability relating to the acquisition of emergency medical care.

Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ ID # \_\_\_\_\_

**Medical Restrictions** (Allergies, medications, sports restrictions etc.): \_\_\_\_\_

❖ **Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **FOR OFFICE USE ONLY (12/11/2018)**

Annual Household Income: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date entered: \_\_\_\_\_

☐ New Member ☐ Returning Member ☐ Teen Membership ☐ Kinder Member (J/K - K) ☐ Full Van ☐ Part-time Van ☐ CDR ☐ Full Day  
☐ Monthly Drop-In ☐ Summer ☐ Basketball Program Year: \_\_\_\_/\_\_\_\_ Receipt # \_\_\_\_\_ (Received on \_\_\_\_\_ by \_\_\_\_\_)