



BOYS & GIRLS CLUBS
BREA - PLACENTIA - YORBA LINDA

TEL 714-528-8140
FAX: 714-985-1438

___ New Member ___ Current Member

SUMMER Member Application 2008

Office Use Only	
Membership #:	_____
Date Enrolled:	_____
Scholarship:	Partial ___ Full ___
Registration Fee Paid	_____
Method of Payment:	_____
Check One:	<input type="checkbox"/> Bernardo <input type="checkbox"/> Brea
	<input type="checkbox"/> M.P. <input type="checkbox"/> Placentia <input type="checkbox"/> Y.L.
Staff Initial:	_____

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Birth Date: _____ Age: _____ Gender: _____ Male _____ Female

Ethnicity: ___ Caucasian ___ African American ___ Asian American ___ Latino ___ Other

Next Year School: _____ Next Year Grade: _____

Circle One: Mother/ Father/ Guardian/ Other: _____ Name: _____ Occupation: _____ Employer: _____ Address Work: _____ _____ Address Home: _____ _____ Work Phone: _____ Home Phone: _____ Cell/Pager: _____	Circle One: Mother/ Father/ Guardian/ Other: _____ Name: _____ Occupation: _____ Employer: _____ Address Work: _____ _____ Address Home: _____ _____ Work Phone: _____ Home Phone: _____ Cell/Pager: _____
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Emergency Contact other than parent/guardian (preferably someone living in close proximity):

Name: _____ Relationship to child: _____

Home #: _____ Cell/Pager#: _____ Work #: _____

OR

Name: _____ Relationship to child: _____

Home #: _____ Cell/Pager#: _____ Work #: _____

THE BOYS & GIRLS CLUBS OF BREA-PLACENTIA-YORBA LINDA DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, RELIGION, GENDER, OR CREED. ALL INFORMATION IS REQUESTED FOR REPORTING PURPOSES ONLY.

Medical Information: Does your family have health and / or accident insurance: ___ YES ___ NO

Doctor Name: _____ Doctor Phone: _____

Insurance Carrier: _____ Policy #: _____ Group #: _____

Please list any health concerns, disabilities, or allergies: _____

Medication is the responsibility of the parent/s and family physician. Parents are urged, with the advice of your child's physician to work out a schedule of administering medication at home, outside of Club hours. Club staff is non medical personnel. First-aid and CPR certification does not qualify Club staff to administer medicine. The Club is willing to safeguard inhalers for asthmatics, but takes no responsibility for administering dosages, or for replacement cost if lost or stolen.

I give my consent or my child to appear in photographs, newspaper, articles, brochures, public related materials, etc. related to their participation in the Boys & Girls Club events: ___ YES ___ NO

The Boys & Girls Club has permission to use my child's picture and first name in public relations materials: ___ YES ___ NO

My child may participate in all Boys & Girls Club activities in or adjacent to the Club building: ___ YES ___ NO

Club T-shirt Size (Circle One): Child 10/12 Child 14/16 Adult Small Adult Medium Adult Large

The following information is requested to support our non-profit grant writing/fund development efforts.

All information is optional and will remain strictly confidential.

This DOES NOT qualify you for a scholarship, additional paperwork must be filed.

Annual	\$0-\$5,000 ___	\$30,001-\$35,000 ___	\$60,001-\$65,000 ___
Gross	\$5,001-\$10,000 ___	\$35,001-\$40,000 ___	\$65,001-\$70,000 ___
Household	\$10,001-\$15,000 ___	\$40,001-\$45,000 ___	\$70,001-\$75,000 ___
Income:	\$15,001-\$20,000 ___	\$45,001-\$50,000 ___	\$75,001-\$80,000 ___
	\$20,001-\$25,000 ___	\$50,001-\$55,000 ___	\$80,001-\$85,000 ___
	\$25,001-\$30,000 ___	\$55,001-\$60,000 ___	\$85,001-\$90,000+ ___

Child lives with ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___ Other: _____

Current Head of Household: ___ Female ___ Male Current Single Parent: ___ YES ___ NO

Current Number in Household: _____

Number of Brothers (to child): ___ Ages: _____ Number of Sisters (to child): ___ Ages: _____

PLEASE READ CAREFULLY

Disclaimer: I have received and read the complete application and Parent/Member Orientation Guide. I understand the rules of the Boys & Girls Clubs of Brea-Placentia-Yorba Linda and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter. By signing below I agree to release the Boys & Girls Clubs of Brea-Placentia-Yorba Linda, its staff and Board of Directors, from any liability resulting from any accident or incident involving my child on Club premises or while engaged in any Club-sponsored activity away from Club premises. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for the Boys & Girls Clubs of Brea-Placentia-Yorba Linda legal fees. I understand that the Boys & Girls Clubs of Brea-Placentia-Yorba Linda operates under an open door policy. **I will be responsible for making sure that my child understands that he or she is not to leave the premises unless it is with either myself or another individual that I designate. I further understand that I am to inform the Club if my child is permitted to walk home.**

I have received, read and understand the rules and regulations of the Club, including the Dress Code Policy, and I have explained it to my child: _____

Parent Signature: _____ Print Name: _____

Child Signature: _____ Date: _____ Staff Initials: _____