



**BOYS & GIRLS CLUBS**  
BREA - PLACENTIA - YORBA LINDA

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

New Member     Current Member

# School Year Member Application 2009-2010

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Circle One: Mother/ Father/ Guardian/ Other: _____	Circle One: Mother/ Father/ Guardian/ Other: _____
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Address Work: _____	Address Work: _____
_____	_____
Address Home: _____	Address Home: _____
_____	_____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Cell/Pager: _____	Cell/Pager: _____

**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: \_\_\_\_\_