

Membership Information Form



BOYS & GIRLS CLUBS
 OF SOUTH COUNTY
 Administrative Service Center
 847 Encina Avenue
 Imperial Beach, CA 91932
 619-424-2266
 www.bgcscounty.org

Office Use Only:

Member ID Number: _____
 Start Date: _____
 Expiration Date: _____
 Staff Initials: _____
 Status: NEW RENEWAL
 Military Branch: _____
 ACTIVE RETIRED
 Special Needs: YES NO

First Name		Middle Name		Last Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Home Address				Home Phone Number	
<input type="text"/>				<input type="text"/>	
City		State		Zip	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Birthdate	Age	Grade	School		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Emergency Contact			Emergency Contact Phone Number		
<input type="text"/>			<input type="text"/>		

Parent's / Guardian's Full Name	Occupation	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent's / Guardian's Full Name:	Occupation:	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Lives with:	Annual Household Income (optional)	Email Address	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	\$ <input type="text"/>	<input type="text"/>	

Member Ethnicity: (Check One) Needed for Grant Purposes (HUD Racial Categories)

<input type="checkbox"/> Black/ African-American	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/ Alaska Native
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hispanic/Latino	

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Does your family have health and/or accident insurance: ___Yes ___No Medicaid: ___Yes ___No

Insurance Carrier: _____

Date Health Info Received: _____

Serious Health Problems: ___Yes ___No If Yes, explain: _____

Medications: ___Yes ___No If Yes, explain: _____

CONSENT TO TREATMENT

I hereby give permission to the physician selected by the Club Director to order x-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Club Director to hospitalize, secure proper treatment for, and to order Injection and/or anesthesia and/or surgery for my child as named above. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent or Guardian Signature

Date

Safe Passage:

- My child is 12 years or older and has my permission to check him/herself out of the Club.
- My child is 12 years or older but does not have my permission to check him/herself out of the Club.

Children younger than 12 years old may leave the Club with a relative 12 years or older.

- My child is younger than 12 years old, but has my permission to leave the club with:

- 1) _____ Relationship: _____ Contact # _____
- 2) _____ Relationship: _____ Contact # _____
- 3) _____ Relationship: _____ Contact # _____

I have read the completed application, understand the rules and conditions under which the Boys & Girls Clubs of South County operates and that ***it is not a licensed child care agency*** as defined by Section 8300 of the California Education Code.

- _____ **INITIAL:** I understand the Club has adopted a Safe Passage Policy that prohibits members from coming and going as they please. I understand that once a child has entered the building, they will not be allowed to leave until a parent/guardian/authorized adult arrives to retrieve them. I understand that the Club is not a licensed day care facility and that staff will not physically restrain children who insist on leaving without parent permission. I have read and agree to abide by the policies stated in the Parent Handbook. I understand that failure to abide by the policies in the handbook may result in the removal of my child from Club programs; I give permission for my child to participate in all Boys & Girls Clubs Programs. In consideration of said minor being permitted to enter any branch of the Boys & Girls Clubs of South County (the "Club") for observation, use of facilities and/or equipment or participation in any program, I hereby:
- _____ **INITIAL:** I give consent for photographs in which my child may appear, to be used in any way the Club may care to use them.
- _____ **INITIAL:** (YES ONLY if assistance needed with Special Needs/Inclusion.)
- The Boys & Girls Clubs of South County will consider the acceptance of children with special needs or mild medical conditions into the program on the basis of our ability to meet the child's needs. Children with mild medical, physical, mental or educational difficulties are considered for admission when special care or attention is not required. Reasonable accommodations will be made provided that no changes to our program are required, and that the child does not pose a risk to himself/ herself or others. Please fill out the attached **Special Needs Inclusion Questionnaire** if your child requires any specialized care. Upon acceptance into the program, periodic assessment may also be required during the year to determine:
 1. The child's progress in the program.
 2. Whether continuation in the program is in the best interest of the child and his/her environment.
- **Acknowledge that (i) I have read this document, (ii) I have inspected the facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.**

Parent or Guardian Signature

Club Member's Signature

Date