



Membership Application

\$10 Membership Fee Paid? Yes - No - NA

Application Date: _____

*** Membership expires 8/10/2019 ***

Club Name: _____

Has your child previously attended a Boys & Girls Club? Yes - No Where? _____

Member Information

Child's Full Name: _____ Birthdate: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Gender: Male Female

Ethnicity: Asian Caucasian Hispanic/Latino African American Multi Ethnic Pacific Islander Other: _____

School your child attends: _____ Teacher: _____ Grade: _____

Does your child have siblings attending the Boys & Girls Club? Yes - No Is your child homeless or in foster care? Yes - No

Eligibility for Support Services

Does your family qualify for supportive services? Yes - No

Please circle all that apply: Free/Reduced Price Lunch CalFresh Medi-Cal Housing Voucher Other: _____

Parent/Guardian Contact Information

Who does your child live with? Please circle:

Both Parents Parent 1 Only Parent 2 Only Split Custody Grandparents Foster Parents Guardian Other: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship: _____ Relationship: _____

Workplace: _____ Workplace: _____

Work phone: () _____ Work phone: () _____

Cell phone: () _____ Cell phone: () _____

Email: _____ Email: _____

*** Please indicate the best way to contact you with a check mark next to the contact information***

Emergency Contact Information (who to contact if parent or guardian cannot be reached)

Contact: _____ Contact: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

In case of a medical emergency, the medical attendants may need to know the following information:

Allergies: _____ Illnesses or injuries: _____

Medications (name, amount, frequency): _____

Does your child have health insurance? Yes - No - Don't Know

Insurance provider: _____ Provider #: _____

Physician's Name: _____ Phone Number: () _____

I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in a Boys & Girls Clubs of Central Sonoma County program. It is understood that the cost thereof will be at my expense. To protect the safety of staff and our members and reduce liability, Boys & Girls Clubs of Central Sonoma County staff does not dispense or store medication of any kind for our members.

Parent or Guardian Signature _____ Date: _____

PLEASE TURN OVER. BOTH SIDES MUST BE COMPLETED TO BE ELIGIBLE FOR MEMBERSHIP

Member ID # _____ Member Name: _____

Member Needs

Does your child have any special needs? Please check all that Club staff should be aware of and provide detail below.

- Special need/condition Behavior concern/condition Individual Education Plan (IEP)
 Allergy or Medical condition Family circumstance

Description:

Required Response:

ACKNOWLEDGEMENT & CONSENT

Acknowledgement & Consent

Initials: _____

I approve of my child's application for membership to Boys & Girls Clubs of Central Sonoma County. In consideration for allowing my child to become a member of the Club, I hereby agree that the Club, its officers, employees, volunteers, directors, and agents shall not be liable for any injury to my child, or for any loss, injury, or damage to my child's property, which occurs during my child's participation in any activities at, or sponsored by the Club. I further agree that my child, my child's heirs, executor, successors in interest, and legal representatives will not make a claim against, sue, or attach the property of the Club or the Club's representatives for the injury or damage resulting from negligence or other acts caused in any way whatsoever by the Club or the Club's representatives. I hereby release the Club and the Club's representatives from any and all causes of action and claims that I, my child, my heirs, successors in interest, executors and other legal representatives may have arising from these matters.

School Information

Initials: _____

I give permission to Boys & Girls Clubs of Central Sonoma County and my child's school and district to exchange information regarding the child listed on this application. The purpose of exchange is to help both organizations do a better job of helping the student be successful in school, at the Club & in life. This information, which may include academic and behavior performance, will only be shared within state & federal guidelines.

Surveys & Questionnaires

Initials: _____

I give permission for Boys & Girls Clubs of Central Sonoma County to survey my child. Surveys gather information about what has been done in the after school & summer program, attitudes towards it, and behaviors related to learning, safety, positive youth development, and health. The surveys may include questions about physical activity and nutritional habits, alcohol and other drug use, violence and bullying, and environmental assets. This data will help improve program services and demonstrate effectiveness of after school programs. This includes participation in the National Youth Outcomes Initiatives through Boys & Girls Clubs of America. Copies of surveys may be requested at any time.

Media Release

Initials: _____

I hereby consent to the use of my/my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any Club activity for the business or publicity purposes of Boys & Girls Clubs of Central Sonoma County & its partners. I understand that any participation offers no remuneration and that my/my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release Boys & Girls Clubs of Central Sonoma County & its partners, its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims having arisen out of broadcast, exhibition, publication, or promotion of this program.

Behavior Policy

Initials: _____

Boys & Girls Clubs of Central Sonoma County has a discipline policy that gives positive guidance, allows for redirection and sets clear behavior limits. The discipline policy has been designed to assist members in developing self-control, self-respect, respect for others, and consideration for the rights and property of others. Members that do not follow set policies may require early pick up, suspension from the program, or expulsion from the Club.

I hereby give my permission to my child to become a member of Boys & Girls Clubs of Central Sonoma County. I understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the Club, and the Boys & Girls of Central Sonoma County is not responsible for any property loss or personal injury. Attendance is contingent upon member's following Clubhouse expectations and exhibiting positive behavior. Clubhouse staff reserves the right to suspend or terminate attendance and/or membership at any time if those guidelines are not followed and I understand that no fees will be returned to me.

I understand that I am responsible for attending an orientation with my child before he/she receives his/her full-time membership card.

Parent or Guardian Signature _____

Date: _____

Member Agreement

I promise to take care of my Club and property, and respect the building, other members and staff at all times.

I agree to bring my membership card to use at the Club and that I will not allow anyone else to use my card.

I agree to attend the new member orientation with my mother, father, guardian or a consenting adult.

Member's Signature _____

Date: _____

PLEASE TURN OVER. BOTH SIDES MUST BE COMPLETED TO BE ELIGIBLE FOR MEMBERSHIP



Proof of Vehicle Liability Insurance

PARENT/GUARDIAN OR STUDENT: You have agreed to transport your son/daughter and possibly other students participating in the Tomorrow's Leaders Today program. Please be aware that in the event of an accident, your insurance will provide primary liability coverage. Tomorrow's Leaders Today, a program of the Boys & Girls Clubs of Central Sonoma County (B&GC), does not provide any coverage for damage that may be caused to your vehicle or your physical or mental body.

In order to drive other students to, during, or from scheduled program days you are required to provide proof of insurance by attaching a copy of your insurance information to this form.

Please COMPLETE the following information, and PROVIDE the information requested. SIGN where indicated and RETURN to the Director with a COPY of your insurance policy.

Student's Name: _____

Parent/Guardian Name: _____

Insurance Company Name: _____

Policy Number: _____

Policy Limits: _____/_____ Bodily Injury
 _____/_____ Property Damage
 _____ Medical Coverage
 _____ Uninsured Motorist

Expiration Date: _____

Date of Birth: _____ California Driver License No.: _____

Parent/Guardian Signature: _____ Date: _____