



MEMBERSHIP APPLICATION

Unit Name: _____

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Birth Date: _____

Ethnicity: _____ Gender: Male Female

School Information:

Current School: _____ Current Grade: _____ Current GPA: _____

Current Teacher: _____ Food Program: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for Doctor/Hospital: Yes No

Does your family have health and/or accident insurance: Yes No

Insurance Carrier: _____

Policy #: _____ Group#: _____

Date Health Info received: _____

Serious Health Problems: Yes No

Date Medical Info Received: _____

Shots:

	Hepatitis	MMR	HIB	Polio	DTP Shot	Chicken Pox
1 st Shot	_____	_____	_____	_____	_____	_____
2 nd Shot	_____	_____	_____	_____	_____	_____
3 rd Shot	_____	_____	_____	_____	_____	_____
4 th Shot	_____	_____	_____	_____	_____	_____
5 th Shot	_____	_____	_____	_____	_____	_____

General:

Birth Certificate on File: Yes No Birth City: _____ Birth State/Country: _____

Parent Understood Signed Insurance Disclaimer and Permission Statement: Yes No

This member has permission to be used in public relations materials: Yes No

This member may participate in all Boys & Girls Club Yes No

activities in or adjacent to the club building:

Do You Belong to:

Boy Scouts or Girl Scouts School Club YMCA or YWCA Church Group

Religion: _____ Other: _____

Will you attend club: (check one)

Year-around Only during School Year
 Only during Holidays or Summer

Do you have a job: (check one)

None
 Summer Part-time Year-around Part-time
 Summer Full-time Year-around Full-time

How long a Member in Years: _____ Club Member Since: _____

Reason(s) for joining: Fun Learning Sports Other: _____

Household:

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Gross	\$5001 - \$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+ _____

Do you live with your: Mom Step Mom Dad Step Dad Grandparent Other: _____

Is there a Member of the Household 65 years old or Older: Yes No

Is there a Member of the Household Handicapped: Yes No

Current Head of Household: Female Male

Current Housing Area: _____

Current Single Parent: Yes No Current Number in Household: _____

Number of Brother: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

Disclaimer:

I _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys and Girls Club of Santa Clarita Valley. I hereby release the Boys and Girls Club of Santa Clarita Valley, it's employees, associates, and contributors from liability from any injury, loss or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my son/daughter by a qualified licensed physician in the event of an accident. I further understand that the Boys and Girls Club of Santa Clarita Valley has an "Open Door" policy, which means that my son/daughter may come and go at will. Further I give permission for my child's picture to be used in and Boys and Girls Club of Santa Clarita Valley publication. My signature indicates that I completely understand the above statement.

Parent's/Guardian's Signature: _____ Member's Signature: _____

FOR OFFICE USE ONLY

Membership#: _____

Locker#: _____

Entry Date: _____ Expiration Date: _____ Status: _____

Type: _____ New or Renewal Member: _____ Processed by: _____

MEMBERSHIP APPLICATION - CONTACTS

Member's Name: _____

PRIMARY CONTACT

Parent/Guardian: ____ Emergency: ____

Person Authorized to Pickup Member: ____

Name: _____

Employer: _____

Occupation: _____

Address H: _____

Address W: _____

DOB: _____

Relationship: _____

Marital Status: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Parent/Guardian: ____ Emergency: ____

Person Authorized to Pickup Member: ____

Name: _____

Employer: _____

Occupation: _____

Address H: _____

Address W: _____

DOB: _____

Relationship: _____

Marital Status: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Parent/Guardian: ____ Emergency: ____

Person Authorized to Pickup Member: ____

Name: _____

Employer: _____

Occupation: _____

Address H: _____

Address W: _____

DOB: _____

Relationship: _____

Marital Status: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Parent/Guardian: ____ Emergency: ____

Person Authorized to Pickup Member: ____

Name: _____

Employer: _____

Occupation: _____

Address H: _____

Address W: _____

DOB: _____

Relationship: _____

Marital Status: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____