



BOYS & GIRLS CLUB
OF STANTON

TEL: 714.891.0740
FAX: 714-379.0223

____ New Member ____ Current Member
Office Use Only NYOI/Vision #

2020

Member Application

(January 1 to December 31)

Office Use Only

Membership: # _____
Date Enrolled: _____
Orientation: _____
Birth Certificate: _____
H.S. Community Service: _____
Court Community Service: _____
NOC: _____ GRIP: _____
SUFK: _____ Staff Initial: _____

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Parents Cell Phone: _____

Birth Date: _____ Age: _____ Gender (circle one): Male Female

Ethnicity (Circle ALL that apply): African American Asian Caucasian Hispanic/Latino
Native Hawaiian/Pacific Islander Other

Current School: _____ Current Grade: _____
Does your child receive: ____ free lunch or ____ reduced lunch

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

Current Number in Household: _____ How Many Children are Under 18 years of age: _____

Child lives with: Both Parents Mother Father Grandparent Guardian: _____
Circle One: Mother Father Other: _____
Name: _____ Employer: _____
Work Address: _____ Work Phone: _____
*Email Address: _____
*Help us cut the cost of printing by providing your email address, (for the latest discounts, news and Club events).
Circle One: Mother Father Other: _____
Name: _____ Employer: _____
Home Address: _____ Home/Cell Phone: _____
Work Address: _____ Work Phone: _____

Emergency Contact *other than parent/guardian* (preferably someone living in close proximity):

Name: _____ Relationship to child: _____
Home #: _____ Cell #: _____ Work #: _____

OR

Name: _____ Relationship to child: _____
Home #: _____ Cell #: _____ Work #: _____

← Flip to back side to complete registration form →

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 for my child to appear in photographs, newspaper, club website, 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

May member take walking trips within one mile (1) radius of the Club when with Staff: YES NO

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+ _____

THE BOYS & GIRLS CLUB OF STANTON DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, RELIGION, GENDER, OR CREED. ALL INFORMATION IS REQUESTED FOR REPORTING PURPOSES ONLY.

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 Club of Stanton 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 Club of Stanton, 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 Club of Stanton legal fees. I understand that the Boys & Girls Club of Stanton 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 and

I have explained it to my child: _____

Parent Signature: _____ Print Name: _____

Child Signature: _____ Date: _____ Staff Initials: _____