



**BOYS & GIRLS CLUB**  
OF STANTON  
TEL: 714.891.0740  
FAX: 714-379.0223

New Member  Current Member \_\_\_\_\_  
Office Use Only NYOI/Vision #

**Office Use Only**  
Membership: # \_\_\_\_\_  
Date Enrolled: \_\_\_\_\_  
Orientation: \_\_\_\_\_  
Covid Form: \_\_\_ Birth Cert: \_\_\_  
H.S. Community Service: \_\_\_\_\_  
Court Community Service: \_\_\_\_\_

# 2022 Member Application

(January 1 to December 31)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parents Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (circle one): Male Female

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

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
**National School Lunch Program – Please check your child’s most current school lunch eligibility status below**  
 Free Lunch Program  Reduced Fee Lunch Program  Does Not Qualify (Full Fee)

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

Current Number in Household: \_\_\_\_\_ How Many Children are Under 18 years of age: \_\_\_\_\_ Number of Siblings at the Club \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father  Grandparent  Guardian

Parent Guardian: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_  
Home Address: \_\_\_\_\_ (If different than member) Home/Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ \*Email Address: \_\_\_\_\_  
\*Help us cut the cost of printing by providing your email address, (for the latest news and Club events).  
Parent Guardian: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_  
Home Address: \_\_\_\_\_ (If different than member) Home/Cell Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Same household as member

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

**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 acknowledge that my child's membership is probationary for 90 days and may be revoked/canceled for cause by management at any time.**

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

