

Kid Trax ID#: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Date: \_\_\_\_\_

### MEMBERSHIP DUES

<b>Total Cost Per Member</b>	\$563
Donor's	\$172
Grants	\$151
Fundraising	\$160
Programs	\$30
<b>Parents</b>	<b>\$50</b>



**BOYS & GIRLS CLUBS**  
OF EAST COUNTY

## MEMBER INFORMATION FORM

Member's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: (circle one)

1. American Indian	4. Asian & White	7. African American	10. Asian
2. Pacific Islander/ Native Hawaiian	5. African American & White	8. Hispanic	11. Other
3. American Indian & White	6. American Indian & African American	9. White	12. _____

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Has your child been a member of Boys & Girls Club of East County before?  
(Circle) Yes / No

Father/Guardian First Name: \_\_\_\_\_ Father/Guardian Last Name: \_\_\_\_\_

Phone: Cell Home Work (Circle one) Phone: Cell Home Work (Circle one)

Father's Employer: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

Mother/Guardian First Name: \_\_\_\_\_ Mother/Guardian Last Name: \_\_\_\_\_

Phone: Cell Home Work (Circle one) Phone: Cell Home Work (Circle one)

Mother's Employer: \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

How did you hear about the Club?  School Flyer  Drive By  Newspaper  Friend: \_\_\_\_\_ Please Print Name

Is parent/guardian a member of the military?  Yes  No If yes, which branch: \_\_\_\_\_

Is parent/guardian an alumni of the Boys and Girls Clubs?  Yes  No If yes, which branch: \_\_\_\_\_

Emergency Contact: **Contact Other Than Parent** Phone: Cell Home Work (Circle one) Relation

\_\_\_\_\_

Emergency Contact: **Contact Other Than Parent** Phone: Cell Home Work Relation

\_\_\_\_\_

Member Lives With (Circle One):  Both Parents  Mother or Father  Aunt/Uncle  Sister/Brother  Grandparent  Guardian  Other

List All Medications Your Child is Taking: _____ _____ _____	Medical Problems / Allergies (Please Print) _____ _____ _____
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The following information is necessary for our records and the funding our organization receives. However the answer you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Household Size: # of people in family \_\_\_\_\_

Family Income  Less than 30K  30 - 50K  51 - 99K  100 - 150K  Over 150K

\_\_\_\_  
Initial I understand the Club has adopted an attendance policy that prohibits members from coming and going as they please. I understand that once a child has entered the premises, they will not be able to leave until a parent/guardian/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.

**Authorization to Leave Premises Unescorted:**

- My child is 10 years or older and has my permission to check him/herself out of the Club.
- Children younger than 10 years old may leave the Club with a sibling so long as the they are 10 years or older. My child is younger than 10 years old, but has my permission to leave the club with their sibling.

\_\_\_\_  
Initial I give my consent for photographs and or videos in which my son/daughter may appear, to be used by the Boys and Girls Clubs.

\_\_\_\_  
Initial I have read the completed application, and understand the rules of the Boys & Girls Clubs and request that my son/daughter be admitted to membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Clubs will not be responsible for an accident to my child while on the Club premises or while engaged in any of its activities away from the Club.

\_\_\_\_  
Initial I Release the Clubs, its directors, officers, employees, volunteers, governing board, agents, representatives (collectively "Releasees") from all liability for any loss or damage to property or injury or death to person, whether caused by Releasees or by any person associated directly or indirectly with the Club, its officers, directors, employees or volunteers or otherwise while my child is in or near any Club branch or participating in any Club activity.

\_\_\_\_  
Initial I Agree not to sue Releasees for any loss, damage, injury or death described above and indemnify and hold harmless Releasees (and each of them) from any injury to persons or property sustained by any person caused by any act, neglect, default, or omission of the undersigned or of any person associated directly or indirectly by him/her upon or in connection with this activity or whether caused by the negligence of the Releasees or otherwise, whether the said injury or damage occurs upon or adjacent to the property. The undersigned at his own cost, expense and risk shall defend any and all actions, suits or other legal proceedings that may be brought or instituted against the Club on any such claim or demand, and pay or satisfy any judgment that may be rendered against the Club in any such action, suit or legal proceedings or result thereof.

\_\_\_\_  
Initial I do hereby authorize the Clubs as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the Club is not responsible for costs incurred for medical care.

\_\_\_\_  
Initial I acknowledge that I have received a copy of the Parent Handbook.

\$  YES! I would like to help a child enjoy the programs and activities at the Boys & Girls Club.  
(all donations are fully tax deductible)

\_\_\_\_\_  
Parent or Guardian Signature

Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 20 \_\_\_\_\_