

**BOYS & GIRLS CLUB OF SAN FERNANDO VALLEY**  
Membership Application



For Office Use Only	
CARD# _____	Exp. Date _____
New _____	Renewal _____
CDBG _____	Family Code _____
Family Pres. _____	Counselor _____
STAFF INT. _____	Medical Reviewed by _____
Card made by _____	

**Child/Member Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
(Age verification required if child is 8 years or under)

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Gender:  Male  Female

Does child attend a year round school? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please specify track \_\_\_\_\_

Ethnicity: \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian \_\_\_\_\_ American Indian  
\_\_\_\_\_ White/Caucasian \_\_\_\_\_ Other (Specify): \_\_\_\_\_

**Health Information**

Does your child have a medical condition? Yes \_\_\_\_\_ No \_\_\_\_\_ \*Does your child take medication? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please indicate medical condition and type of medication taken.

Medical Condition: \_\_\_\_\_

List Medications: \_\_\_\_\_

**\*Health Coverage Information**

Insurance Carrier Name (if any): \_\_\_\_\_ Medical Record # \_\_\_\_\_

**Family Information:**

**Family Size:** \_\_\_\_\_

Live with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Relative Care  
\_\_\_\_\_ Grandparents \_\_\_\_\_ Foster Parents \_\_\_\_\_ Other (specify) \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ E-Mail \_\_\_\_\_  
Last First

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Employer Name: \_\_\_\_\_ City \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ E-Mail \_\_\_\_\_  
Last First

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Employer Name: \_\_\_\_\_ City \_\_\_\_\_

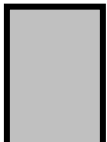
Family Income:  Less than \$30,000  \$30-50,000  \$51-99,000  \$100-150,000  Over \$150,000

Closest Relative Living in Area \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\* Please keep current.

**PLEASE READ REVERSE SIDE CAREFULLY AND SIGN.**



**Boys & Girls Club of San Fernando Valley**  
**“The Positive Place for Kids”**



**FOR MEMBER**

I hereby apply for membership in the Boys & Girls Club of San Fernando Valley. I promise to allow no one to use my membership card and I agree to take care of the building and equipment. I agree to obey the rules of the Club, its officials and staff members. I further agree that my membership may be suspended or cancelled at any time, due to misconduct, the decision resting in the sole judgement of the Program Director.

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**Member's Signature**

**Date**

**FOR PARENTS**

(I)(We) hereby approve of our child's application for membership in the Boys & Girls Club of San Fernando Valley, and give our consent to his/her being given a physical examination, emergency treatment by a physician or hospital in case of an accident due to his/her taking part in the various athletic, cultural and social activities of the Club.

(I)(We) the undersigned further consent to the use of our child's portrait, picture or likeness in any motion picture, television broadcast, advertisement, publication, or Club program at such time and in such places as the Boys & Girls Club of San Fernando Valley shall determine. The undersigned further grants the above mentioned rights without compensation.

(I)(We) acknowledge that the Club does not provide child care services and that its programs and activities should not be used for such purposes. I realize the Club has an open door policy and my child is free to come and go as he or she chooses. Parents or legal guardians who wish for their children to remain at the Club must instruct their children to do so.

**Hold Harmless Clause:** (I)(We) further agree to relieve the Boys & Girls Club of San Fernando Valley, Board of Directors and staff of all liability in the event of accident or injury to the applicant minor child.

**Important Note:** Certain programs conducted by the Boys & Girls Club of San Fernando Valley are supported with federal funds. Verification of family income and proof of residence is required on participants in these programs. This information will be maintained and reported in a confidential manner. Please read the following paragraph before signing below:

(I)(We) understand that this application form is a legal document and certify that the information provided is true to the best of my knowledge. (I)(We) acknowledge that such information is subject to verification and that falsification of the form may result in my child's exclusion from certain activities and termination from all programs maintained by the Boys & Girls Club of San Fernando Valley.

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**Mother/Guardian Signature**

**Date**

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**Father/Guardian Signature**

**Date**