



For staff use only

Date _____ Club _____ New Renewal Summer

Amount Paid \$ _____ MOP: _____ Check #: _____ Staff Initials: _____

Please fill out both sides of this form

Incomplete forms will not be accepted. Club members six (6) years of age must show proof of age (i.e. Birth Certificate, school record).

MEMBER INFORMATION

First Name: _____ Middle: _____ Last: _____

Gender: Male Female Date of Birth (mm/dd/yyyy): ____/____/____ Age: ____

Ethnicity (***please check one***): African American Asian Caucasian Hispanic Middle Eastern
 Multi-Racial Native American Pacific Islander

Eye Color: _____ Hair Color: _____ Height: ____' / ____" Weight: _____

Member may participate in all Club activities in or adjacent to the club building: Yes No, specifically _____

SCHOOL INFORMATION

School: _____ Grade: _____ Current Homeroom Teacher: _____

MEDICAL INFORMATION

Doctor Name: _____ Doctor Phone: _____

Permission for treatment by doctor/hospital: ____ Yes ____ No Do you have Medicaid: ____ Yes ____ No

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

Insurance Carrier: _____ Insurance Carrier Phone: _____

Policy #: _____ Group#: _____

Serious health problems (including allergies): ____ Yes ____ No If yes, explain: _____

Medications: ____ Yes ____ No If yes, explain: _____

Does your child have any special accommodations (I.E.P., diagnosed condition, other): ____ Yes ____ No

If yes, please specify: _____ See Unit Director for additional paperwork.

HOUSEHOLD

This information is mandatory and confidential, collected for membership demographic information ONLY

Member lives with (check all that apply): Mom Step Mom Dad Step Dad Grandparent (s)
 Other (please specify) _____

Annual Household Income (check only one):

<input type="checkbox"/> \$0 - \$5,000	<input type="checkbox"/> \$30,001 - \$35,000	<input type="checkbox"/> \$60,001 - \$65,000
<input type="checkbox"/> \$5,001 - \$10,000	<input type="checkbox"/> \$35,001 - \$40,000	<input type="checkbox"/> \$65,001 - \$70,000
<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$40,001 - \$45,000	<input type="checkbox"/> \$70,001 - \$75,000
<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$45,001 - \$50,000	<input type="checkbox"/> \$75,001 - \$80,000
<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$50,001 - \$55,000	<input type="checkbox"/> \$80,001 - \$85,000
<input type="checkbox"/> \$25,001 - \$30,000	<input type="checkbox"/> \$55,001 - \$60,000	<input type="checkbox"/> \$85,001 - \$90,000+

Single Parent: Yes No Head of Household: Male Female # of persons in Household: _____

Family member 65+ in household: Yes No Free or reduced school lunch: Yes No

Disabled family member in household: Yes No Public housing resident: Yes No

EDUCATION

This information is mandatory and collected for membership demographic information ONLY

What is the highest level of education that you have completed? *(check only one)*

- | | |
|--|---|
| <input type="checkbox"/> Elementary/middle school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Completed college |
| <input type="checkbox"/> Completed high school or GED | <input type="checkbox"/> Earned a graduate degree |
| <input type="checkbox"/> Completed trade or technical school | |

If applicable, what is the highest level of education of your **spouse/partner**? *(check only one)*

- | | |
|--|---|
| <input type="checkbox"/> I do not have a spouse/partner | |
| <input type="checkbox"/> Elementary/middle school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Completed college |
| <input type="checkbox"/> Completed high school or GED | <input type="checkbox"/> Earned a graduate degree |
| <input type="checkbox"/> Completed trade or technical school | |

PRIMARY GUARDIAN

Relationship to member: _____

Parent/Guardian: Yes No

Name: _____

Address (home): _____

City: _____ Zip Code: _____

Email: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Employer: _____

Address (work): _____

SECONDARY GUARDIAN

Relationship to member: _____

Parent/Guardian: Yes No

Name: _____

Address (home): _____

City: _____ Zip Code: _____

Email: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Employer: _____

Address (work): _____

OTHER EMERGENCY CONTACT

Relationship to member: _____

Parent/Guardian: Yes No

Name: _____

Address H: _____

Employer: _____

Address W: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

PERSON(S) NOT AUTHORIZED TO CONTACT MEMBER *(if applicable, provide legal documentation**)*

Name: _____

Relationship to member: _____

Identifying Characteristics: _____

Whom should we contact if the above-named attempts to contact the member? _____

****DISCLAIMER:** Boys & Girls Clubs of Contra Costa is not responsible for any violation of mandated court orders as pertains to conditions of parent-child contact.**

DISCLAIMER: Your child's safety is our number one priority, and every effort will be made to protect the health and welfare of your child while in our care. However, Boys & Girls Clubs of Contra Costa (BGCCC) is not liable in any way in the event of harm, injury or illness that may occur as a result of your child's participation in BGCCC activities. In the event your child is harmed, injured or taken ill as a result of his/her participation in BGCCC activities, including transportation to and from activities, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, medical or hospital insurance, or any available benefit plan of yours or your spouse. If a complaint is filed against BGCCC, the complainant agrees to pay for BGCCC's legal fees. I acknowledge that through my child's participation at BGCCC, my child's likeness, through but not limited to photographs, testimonials, videos and the like may be used for promotional purposes. Additionally, I grant consent for BGCCC to receive information pertaining to my child's academic and behavioral performance as necessary for successful participation in the Club's programs. I understand BGCCC is a drop-in facility, not a licensed day care provider. I accept that it is my responsibility to instruct my child and inform the staff on if and when my child is permitted to leave the Club on his/her own. BGCCC is not responsible or liable for any consequences should my child leave the facility or program without approval or consent.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____