



**Clubhouse Name:** \_\_\_\_\_

**Please fill out both sides of this form.**

Incomplete forms will not be accepted and membership will be denied. All Club members six (6) years of age must show proof of age (i.e. Birth Certificate or School Record).

<b>MEMBER INFORMATION</b>			
First Name: _____		Middle: _____	Last: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy): ____/____/____	Age: ____
Ethnicity ( <b><i>please check one</i></b> ): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern			
<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander			
Eye Color: _____		Hair Color: _____	Height: ____' / ____"    Weight: _____
Member may participate in all Boys & Girls Clubs' activities in or adjacent to the club building: <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>SCHOOL INFORMATION</b>		
Current Homeroom Teacher: _____	School: _____	Grade: _____

<b>MEDICAL INFORMATION</b>	
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, or other): ____ Yes ____ No	
<i>If yes, please specify:</i> _____ <span style="float: right;"><i>See Unit Director for additional Paperwork.</i></span>	

<b>HOUSEHOLD</b>			
<b><i>This information is <u>mandatory</u> and collected for grant writing purposes ONLY.</i></b>			
Member lives with (check all that apply): <input type="checkbox"/> Mom <input type="checkbox"/> Step Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step Dad <input type="checkbox"/> Grandparent (s)			
<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No    Head of Household: <input type="checkbox"/> Male <input type="checkbox"/> Female    # of persons in Household: _____		
Family member 65+ in household: <input type="checkbox"/> Yes <input type="checkbox"/> No    Disabled family member in household: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**EDUCATION**

***This information is mandatory and collected for grant writing purposes ONLY.***

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

- Elementary/middle school
- Some high school
- Completed high school or GED
- Completed trade or technical school
- Some college
- Completed college
- Earned a graduate degree

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

- I do not have a spouse/partner
- Elementary/middle school
- Some high school
- Completed high school or GED
- Completed trade or technical school
- Some college
- Completed college
- Earned a graduate degree

**PRIMARY CONTACT**

Relationship to member: \_\_\_\_\_

Parent/Guardian:  Yes  No

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Employer: \_\_\_\_\_

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

**SECONDARY CONTACT**

Relationship to member: \_\_\_\_\_

Parent/Guardian:  Yes  No

Person authorized to pick up member:  Yes  No

Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

**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, you must 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 Silicon Valley is not responsible or obligated to enforce any mandated court order as pertains to conditions of parent-child contact.\*\***

DISCLAIMER: Boys & Girls Clubs of Silicon Valley (BGCSV) is not responsible or liable in any way in the event of harm, injury or illness that may occur as a result of your child's participation in BGCSV activities. It is agreed that BGCSV will not be held responsible for the welfare or whereabouts of any member. In the event your child is harmed, injured or taken ill as a result of his/her participation in BGCSV activities, including transportation to and from activities, whether or not caused by negligence (active or passive) of Boys & Girls Clubs of Silicon Valley employees, volunteers or agents, 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 BGCSV, the complainant agrees to pay for BGCSV's legal fees. BGCSV is a drop-in facility, not a licensed day care provider.

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_