



**BOYS & GIRLS CLUBS**  
BREA - PLACENTIA - YORBA LINDA

**BREA TEL: (714) 990-0215**  
**FAX: (714) 990-5036**  
**PLACENTIA TEL: (714) 364-7207**  
**YORBA LINDA TEL: (714) 287-7437**  
**BERNARDO TEL: (714) 345-9842**  
**www.everykid.org**

New Member \_\_\_\_ Current Member \_\_\_\_

# Membership Application

## School Year 2017-2018

### Office Use Only

Membership #: \_\_\_\_\_  
Date Enrolled: \_\_\_\_\_  
Receipt# \_\_\_\_\_  
Registration Fee Paid: \_\_\_\_\_  
Method of Payment: \_\_\_\_\_  
Site:  Brea  Bernardo  YLMS  
Staff Name: \_\_\_\_\_

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

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

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Ethnicity: Caucasian \_\_\_\_ African American \_\_\_\_ Asian \_\_\_\_ Hispanic \_\_\_\_ Native American \_\_\_\_

Home # \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Who is enrolling child: Mother/ Father/ Guardian/ Other Name: _____ Occupation: _____ Employer: _____ Work address: _____ E-mail address: _____ Work phone: _____ Home Phone: _____ Cell: _____	Contacts: Mother/ Father/ Guardian/ Other: _____ Name: _____ Occupation: _____ Employer: _____ Work address: _____ E-mail address: _____ Work Phone: _____ Home Phone: _____ Cell: _____
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### Emergency Contact: other than Parent/Guardian (preferably someone near by):

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

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

**OR**

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

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

**THE BOYS & GIRLS CLUBS OF BREA-PLACENTIA-YORBA LINDA DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, RELIGION, GENDER, OR CREED. ALL INFORMATION IS REQUESTED FOR REPORTING PURPOSES ONLY.**

←----- Flip to back side to finish 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 are non-medical personnel. 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, 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 \_\_\_\_

Child lives with: Both \_\_\_\_ Mom \_\_\_\_ Dad \_\_\_\_ Other: \_\_\_\_\_ Current Single Parent: YES \_\_\_\_ NO \_\_\_\_

Current Head of Household: Female \_\_\_\_ Male \_\_\_\_ Current Number in Household: \_\_\_\_\_

**PLEASE READ CAREFULLY**

Disclaimer: I have received, read and understand the Parent/Member handbook. I understand the rules of the Boys & Girls Clubs of Brea-Placentia-Yorba Linda 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 Clubs of Brea-Placentia-Yorba Linda, 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 Clubs of Brea-Placentia-Yorba Linda legal fees. I understand that the Boys & Girls Clubs of Brea-Placentia-Yorba Linda 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.**

**ALL MEMBERSHIPS ARE ACCEPTED ON A TRIAL BASIS, THE FIRST 60 DAYS OF MEMBERSHIP WILL BE CONSIDERED PROBATIONARY. PROBATIONARY MEMBERSHIPS MAY BE RESCINDED BY CLUB MANAGEMENT FOR REASONS OF SAFETY, CONDUCT, OR DISCIPLINARY ACTION.**

I have received, read and understand the rules and regulations of the Club, including the Dress Code Policy, and I have explained them to my child: \_\_\_\_\_

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

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_