



BOYS & GIRLS CLUBS
OF BREA - PLACENTIA - YORBA LINDA

TEL: (714)990-0215
FAX: (714) 990-5036
www.everykid.org

SCHOOL YEAR 2018-2019

MEMBERSHIP APPLICATION

Date Enrolled: _____
 Receipt #: _____
 Payment Type: _____
 Site: Brea YLMS BYMS
 Staff Initials: _____
 Ent. Date ____ Exp. Date ____

Member Information

First Name: _____ **Last Name:** _____ **Middle:** _____
 Birth Date: ____/____/____ Gender: Male Female School Name: _____
 School District: BOUSD PYLUSD FSD Other: _____ Grade: _____
 Ethnicity: African American Asian/Pacific Islander Caucasian Hispanic/Latino Native American
 Address: _____ City: _____ State: _____ Zip Code: _____
 Receives Free/Reduced Lunch: Yes No Lives With: Mother Father Both Other: _____

First Name: _____ **Last Name:** _____ **Middle:** _____
 Birth Date: ____/____/____ Gender: Male Female School Name: _____
 School District: BOUSD PYLUSD FSD Other: _____ Grade: _____
 Ethnicity: African American Asian/Pacific Islander Caucasian Hispanic/Latino Native American
 Receives Free/Reduced Lunch: Yes No Lives With: Mother Father Both Other: _____

First Name: _____ **Last Name:** _____ **Middle:** _____
 Birth Date: ____/____/____ Gender: Male Female School Name: _____
 School District: BOUSD PYLUSD FSD Other: _____ Grade: _____
 Ethnicity: African American Asian/Pacific Islander Caucasian Hispanic/Latino Native American
 Receives Free/Reduced Lunch: Yes No Lives With: Mother Father Both Other: _____
 Are member(s) child/ren of military parent: Yes No If yes, do member(s) live on military base: Yes No

Parent /Guardian Information

First Name: _____ **Last Name:** _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Email Address: _____ Gender: Male Female
 Home #: _____ Cell #: _____ Work #: _____
 Family Income: Less Than 30k 30-50k 51-99k 100-15k 150-200k Over 200k

First Name: _____ **Last Name:** _____
 New Address / Same as Above: _____ Email Address: _____
 City: _____ State: _____ Zip Code: _____ Gender: Male Female
 Home #: _____ Cell #: _____ Work #: _____

Medical Information

Does the member have any physical, emotional, or other limitations that might impact the member's use of the Club or receipt of emergency medical treatment or about which the Clubs otherwise should be aware? YES NO

If YES, please explain _____

Medication taken regularly _____ Please list any 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.

Emergency Contact Information (Please list 2 preferably someone nearby)

First Name: _____	Last Name: _____	Relation: _____
Home #: _____	Cell #: _____	Work #: _____
First Name: _____	Last Name: _____	Relation: _____
Home #: _____	Cell #: _____	Work #: _____
First Name: _____	Last Name: _____	Relation: _____
Home #: _____	Cell #: _____	Work #: _____

Photo Consent/Release

I give my consent for my child to appear in photographs, newspaper, articles, brochures, public 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

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 Boy & 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 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 Dress Code Policy, and I have explained it to my child:

Child/ren: _____ Date: _____

Parent Signature: _____ Print Name: _____