

Office Use Only

Date: _____ Paid: Yes No

Amount: \$ _____

Received by: _____



Office Manager Use Only

New or Renewal

Licensed ASES Drop-In Teen Sports

Date: _____

Club: _____ Membership #: _____

Membership Information Form

Name: _____ / _____ / _____ / _____
First Middle Last Nickname

Address: _____ / _____ / _____ Phone: _____
Street City Zip Code

Date of Birth: ____/____/____ Age: ____ Gender: ____M ____F Email: _____

Parent/Guardian Information:

Name: _____ Relationship: _____ Employer: _____

Phone (Cell): _____ (Work): _____ Email: _____

Name: _____ Relationship: _____ Employer: _____

Phone (Cell): _____ (Work): _____ Email: _____

Additional Emergency Contacts:

Name: _____

Relationship: _____

Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Phone: _____

Cell Phone: _____

Medical Information:

Insurance Company: _____

Insurance Policy #: _____

Health Problem(s): No ____ Yes ____

Explain: _____

Allergies/Sensitivities: _____

Medication(s): _____

Physician: _____ Phone #: _____

School Information/Transportation Information:

Name of School: _____ Grade: _____ Rm #: _____

Current Teacher: _____

My child will get to the Club via (circle) Club Van Walking/Bike I will drop them off Other: _____

Days of Attendance (circle)

Monday Tuesday Wednesday Thursday Friday

* ASES/ Licensed program participants: Please see mandatory minimum attendance requirements.

Parent Release

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the United Boys & Girls Clubs, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

(Please initial and sign the following below agreeing that you understand the terms)

Medical Treatment:

_____ I give my permission to the United Boys & Girls Clubs of Santa Barbara County to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. It is understood, however, that this membership includes a secondary insurance while taking part in the UBGC activities.

Data Collection:

_____ I give my permission to the United Boys & Girls Clubs of Santa Barbara County to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

Field Trips:

_____ I give permission for my son/daughter to attend any and all United Boys & Girls Clubs organized field trips. I agree that if injury to my child does occur, I hereby hold blameless and waive all claims against United Boys & Girls Clubs of Santa Barbara County, its officials, staff, or anyone who it may hire to appoint or to supervise said activities. In the event of an emergency the person in charge has my permission to see that proper action is taken and if deemed necessary, that medical treatment may be rendered. Your child will be under supervision where safety is of the utmost importance.

Code of Conduct/Discipline Policy:

_____ All United Boys & Girls Clubs of Santa Barbara County staff and members are expected to uphold the code of conduct including; show respect to staff, volunteers, and peers, respect the facility and equipment, play fairly and be honest, avoid the use of improper language, walk indoors, resolve arguments positively, and maintain a bully-free zone.

_____ The Boys & Girls Clubs discipline policy is only a guideline. Actual consequences are determined on a case-by-case basis and are at the discretion of the Club Director.

Minor Offenses: Examples of consequences for minor offenses include, but are not limited to; clean up duty, exclusion from a particular program or area, writing assignments, or Club service hours.

Major Offenses: can constitute an automatic suspension without warning. All major offenses include: fighting, disrespecting staff, inappropriate language, stealing, vandalism/destruction of property, inappropriate touch/behavior, multiple minor offenses within a certain time frame, and bullying.

Miscellaneous:

_____ I understand that the United Boys & Girls Clubs of Santa Barbara County is not responsible for lost or stolen items. As a drop-in facility, we are not responsible for Club members' whereabouts. However, members are required to sign in and sign out daily. Parents and Club members are responsible for their own transportation when the Club closes. **I understand there will be a late fee assessed if the minor is not picked up by closing. Authorities will be notified if the child is not picked up half an hour after closing.**

_____ I give my permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities.

_____ I have read the completed application and this form, I understand the rules of the Boys & Girls Club and request my child be admitted into membership.

_____ **I understand if I have applied for a scholarship I will be required to work a minimum number of volunteer hours at the Club in order to keep my scholarship. I will abide by the same policies as set forth for all volunteers.**

Printed Name

Signature

Date

Confidential Information:

The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

Annual Household Income: \$ _____ **Source of Income:** _____ (Salary, SSI, Disability, ect.)

Number of Family Members in the Household: _____ **Over 18:** _____ **Under 18:** _____

Circle all that apply:

SSDI SSI TANF Food Stamps General Assistance Free or Reduced School Lunch Teen Parent Veteran

Child's Family Setting:

Mother Only Father Only Foster Care 1 Parent / 1 Step 2 Parent Family Grandparents
Other Legal Guardian: _____

Check if Single Parent ☐ **Check if Female Head of Household** ☐

Child's Ethnicity (circle):

American Indian or Alaska Native Asian Black or African American Hispanic/Latino
Native Hawaiian/Other Pacific Islander White/Caucasian Two or More Races Other: _____

Primary language spoken at home (circle):

English Spanish Other: _____

Is Parent Active Military (circle): Yes No

Please continue below only if you wish to apply for a scholarship:

*Please note we do not offer a scholarship for our membership fees.

Please use the above information as my application to receive financial assistance for the current year. I understand before I can be approved or denied a scholarship I need to turn in the current year tax return. By signing below I certify that these answers are true and correct as of the date of this application and I further understand that false information will result in refusal and/ or withdrawal of a scholarship. I agree to work the minimum number of hours agreed upon to keep my scholarship current.

Parent/Legal Guardian Signature: _____ **Date:** _____

Staff Use Only:

Date Received: _____

Interview By: _____

Income verified by what source: _____

Income verification provided in full? **Yes / No** _____

Name of Child/Children Approved: _____

_____ service hours to be completed _____.

Scholarship: Approved / Denied for tax year: _____ Director's Signature: _____

Miscellaneous Comments/or Referrals:

