



Boys & Girls Club of Simi Valley
MEMBERSHIP APPLICATION

Member Information

Name: _____ Male Female
Last First Middle

Date of Birth ____/____/____ School _____ New Member Returning Member

Other Family Members Attending Club _____ Teen Membership

I wish to become a member of the Boys & Girls Club of Simi Valley. I promise to take care of my Club and its property, to allow no other person to have or use my membership card, and to be loyal to my Club. If at anytime I am suspended or expelled from the club, I will return my membership card and will not ask for the return of dues paid.

MEMBER'S SIGNATURE: _____

Member Lives With: Mother & Father Mother Only Father Only

Other (Please Specify) _____

Member's Custodial Parents Or Guardian Information

Name _____ Relationship to Member _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Pager _____

Employer _____ Occupation _____ Work Phone _____

Name _____ Relationship to Member _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Pager _____

Employer _____ Occupation _____ Work Phone _____

Other Parent or Guardian Information

Name _____ Relationship to Member _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Pager _____

Employer _____ Occupation _____ Work Phone _____

Name _____ Relationship to Member _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Pager _____

Employer _____ Occupation _____ Work Phone _____

PLEASE CONTINUE ON OTHER SIDE →

Alternate Emergency Contact _____
Last First

Relationship to member _____ Phone Number _____

Alternate Emergency Contact _____
Last First

Relationship to member _____ Phone Number _____

Doctor _____ Doctor's Phone _____

Health Insurance Company _____ Policy & Certificate # _____

Medical Restrictions (Allergies, necessary medications, sports restrictions etc.)

I would be interested in volunteering Working with children Coaching Fundraising Helping in office
 Special Events Other _____

← **PERMISSION AND AUTHORIZATION** →

The Boys & Girls Club of Simi Valley provides DROP IN PROGRAMS & ACTIVITIES. I understand that my child is free to come and go from the Club as he or she pleases and that Club staff will not prevent my child from leaving the Club he or she desires. I have read the completed application and I understand the rules of the Club. I have explained them to my child and request that my child be admitted into membership. It is expressly understood and agreed that the Boys & Girls Club of Simi Valley shall not be responsible for any bodily injury sustained by my child as a result of participation in Club activities, unless loss or injury results directly from negligence or willful act of any employee of the Boys & Girls Club of Simi Valley while acting within the scope of their employment. I further give my consent to the Boys & Girls Club of Simi Valley to use photos of my child taken during Club activities so long as the photographs are used for promotional or historic purposes.

In the event of an emergency and I cannot be reached, I give my permission to the Boys & Girls Club of Simi Valley and/or its agents/employees/representatives to obtain all necessary emergency medical assistance for my child at my expense and I further release the Boys & Girls Club of Simi Valley and its agents/employees/ representatives from any and all liability relating to the acquisition of said emergency medical care.

I, _____, am the parent (guardian) (or other person entitled to the legal custody) of

_____ a minor. I hereby authorize the Boys & Girls Club of Simi Valley to obtain, in an emergency situation, all necessary transportation to a medical facility, examinations, x-rays, appropriate diagnostic testing and treatments, including hospitalization and surgery, so long as these are recommended by a physician, dentist or other professional health care practitioner who is currently licensed to practice by the State of California in his / her professional health care field and makes said recommendations in his/her professional capacity as physician/dentist/health care provider for my child.

Parent or Legal Guardian: _____ Date: _____
Signature

FORM CONTINUED ON NEXT PAGE →



Boys & Girls Club of Simi Valley
CONFIDENTIAL INFORMATION

Please complete the following information. This information is required by many of the agencies from which we receive funds and grants for our programs. Please help us to improve our programs and keep our fees low by filling out the confidential information. This information is used solely for statistical purposes and your personal name and/or information will not be given to any outside sources. Thank you for your help.

MEMBERS ANNUAL FAMILY INCOME

- \$0 to \$9,999
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 and above

_____ Number of Persons Supported By This Income

Public Assistance Yes No

Female Head of Household Yes No

MEMBERS ETHNICITY	SELECT ONE RACE CATEGORY	HISPANIC/LATIN ETHNICITY <small>A race category should also be selected when selecting this ethnicity</small>
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian or Alaskan Native AND White		
Asian AND White		
Black/African American AND White		
American Indian/Alaska Native AND Black/African American		
Other		
Disabled?		

*** HUD Regulation 208(a)(2) specifies the applicability of the presumption to severely disabled adults as defined by the six defining Census Bureau criteria:**
 1). Persons 15 years old and over who used a wheel chair or who had used a cane, crutches, or a walker for six months or longer; 2). Persons 15 years old and over who were unable to perform one or more functional activities or who needed the help of another person with an ADL or IADL [Activities of Daily Living (getting around the house, getting in or out of bed, taking a bath, shower, dressing, eating, etc.); Instrumental Activities of Daily Living (going outside the home, tracking/paying bills, preparing meals, telephone usage, etc)]; 3). Persons 16 to 67 years old who were prevented from working at a job or business; 4). Persons 16 to 67 years old and over who were prevented from doing work around the house; 5). Persons 15 years old and over with mental retardation, a developmental disability such as autism or cerebra palsy, or Alzheimer’s disease, senility, or dementia (either measured directly or cited as a condition causing a limitation or disability).