



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 for the following activities:

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 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 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. I also allow the club to have access to my child's Star Test score from SVUSD to assist with homework.

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**FORM CONTINUED ON NEXT PAGE** →



CONFIDENTIAL INFORMATION

Please complete the following information. This information is required by many of the agencies from which we receive funding 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 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 and above

\_\_\_\_\_ Number of Persons Supported By This Income

Public Assistance  Yes  No

Female Head of Household  Yes  No

MEMBERS RACE & 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).