



BOYS & GIRLS CLUB
OF SANTA BARBARA, INC.

2016 Membership Application

**\$30 for
1 Year**

All memberships expire 12/31. Membership includes access to the Club Monday-Friday from 2:00 – 7:00 p.m. and 10:00 a.m. to 2:00 p.m. on Saturdays. Summer hours vary.

First Name: _____ Middle: _____ Last: _____

Nickname: _____ Date of Birth: _____ Gender M F

Address: _____ City: _____

State _____ Zip Code _____ Email _____

Home Phone: _____ Parent's Cell: _____

Ethnicity: Hispanic African-American Asian Caucasian Other: _____

School: _____ Grade: _____

Current Teacher: _____

Household Information (Note: This information is collect for Grant writing purposes only)

Member lives with: Mom Dad Step Mom Step Dad Grandparent
 Aunt Uncle Other: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell Phone #: _____ Father's Cell Phone #: _____

Number Living in Household: _____

Current Single Parent: Yes No Child lives with mother father

Parent/Guardian's Combined Annual Income Level Per Year:

\$0 - \$10,000 _____	\$30,001 - \$40,000 _____	\$60,001 - \$70,000 _____
\$10,001 - \$20,000 _____	\$40,001 - \$50,000 _____	More than \$70,000 _____
\$20,001 - \$30,000 _____	\$50,001 - \$60,000 _____	

FOR OFFICE USE ONLY: Membership #: _____ Date Paid _____
 Membership Handbook Reviewed with member: _____ (check mark if completed)
 Entry Date: _____ Expiration Date: _____
 New _____ Renewal _____ Processed by Staff: _____ **(OVER)**

PRIMARY CONTACTS (Parents or Guardians)

Relationship To Member: _____
Name _____
Occupation _____
Home Address _____
Employer _____
Phone: Home _____
Work _____
Cell _____
Email: _____

Relationship to Member: _____
Name _____
Occupation _____
Home Address _____
Employer _____
Phone: Home _____
Work _____
Cell _____
Email: _____

EMERGENCY CONTACT

Relationship to Member: _____
Name _____
Occupation _____
Home Address _____
Employer _____
Phone: Home _____
Work _____
Cell _____
Email: _____

Medical Information

Please let us know if there are any existing medical (physical, mental or emotional) conditions should know about. Including ADD, ADHD, Autism, etc. or any allergies: _____

None: _____

What medications, if any, is your child taking? _____

X Signature: _____

(Signing indicates there are no emotional, mental or physical problems w/child)

Disclaimer:

I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in the Boys & Girls Club of Santa Barbara, Inc. programs. It is understood that the cost thereby will be at my expense. To protect the safety of staff and our members the Boys & Girls Club of Santa Barbara, Inc. staff does not dispense or store medication of any kind for our members.

Boys & Girls Club of Santa Barbara, Inc. has an Open Door Policy. Members are allowed to come and go as they please. We assume no responsibility for members who choose not to come on a particular day or who choose to leave early. We only supervise youth in our building and on the play yard. Members 10 and under are asked not to leave unless they are leaving for the day. If you want your child to remain in the Club at all times please instruct them not to leave. If your child does not walk home alone, arrangements should be made to pick them up prior to the Club's closing.

I give permission for my child to become a member of the Boys & Girls Club of Santa Barbara, Inc. I understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the Club and that the Boys & Girls Club of Santa Barbara, Inc. and its property are not responsible for personal injury or loss of property. Attendance is contingent upon members following Clubhouse expectations and exhibiting positive behavior. Club staff reserves the right to suspend or terminate attendance and or membership at any time if those guidelines are not followed.

I hereby give permission to allow my child's picture or video footage be taken and used for Club promotional purposes while involved in Boys & Girls club activities (may involve TV, radio, newspapers, promotional materials). I also give permission for the staff to request progress/grade reports from my child's school to help them with homework. I give permission for my child to go on local field trips with the Club; field trips outside the City of SB require a written, signed permission slip by the parent/guardian.

Parent/Guardian Signature: _____

Date: _____