



**BOYS & GIRLS CLUB**  
OF CAMARILLO

## 2025 - 2026 MEMBERSHIP APPLICATION

### BGC STAFF USE ONLY

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Initials \_\_\_\_  
 Payment Received ☐ Yes ☐ No  
 Scholarship: ☐ Military ☐ ELO PVSD ☐ ELO UPCS  
 Fee Charged \_\_\_\_\_  
 Membership # \_\_\_\_\_

### MEMBER INFORMATION (REQUIRED)

|                                |     |               |                                                                                          |                                                                                                                                         |          |
|--------------------------------|-----|---------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------|
| Last Name                      |     | First Name    |                                                                                          | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other |          |
| Date of Birth                  | Age | School Name   | Grade                                                                                    | Teacher:                                                                                                                                |          |
| Address                        |     | City          |                                                                                          |                                                                                                                                         | Zip Code |
| Phone Number<br>(     )        |     | Email Address |                                                                                          |                                                                                                                                         |          |
| Guardian #1 Full Name          |     | Relation      |                                                                                          | Phone Numbers (Home/Work/Cell)<br>(     )                                                                                               |          |
| Guardian #2 Full Name          |     | Relation      |                                                                                          | Phone Numbers (Home/Work/Cell)<br>(     )                                                                                               |          |
| Emergency Contact Full Name    |     | Relation      | <b>Authorized to Pick-Up</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Phone Numbers (Home/Work/Cell)<br>(     )                                                                                               |          |
| Emergency Contact Full Name    |     | Relation      | <b>Authorized to Pick-Up</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Phone Numbers (Home/Work/Cell)<br>(     )                                                                                               |          |
| Emergency Contact Full Name    |     | Relation      | <b>Authorized to Pick-Up</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Phone Numbers (Home/Work/Cell)<br>(     )                                                                                               |          |
| Emergency Contact Full Name    |     | Relation      | <b>Authorized to Pick-Up</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Phone Numbers (Home/Work/Cell)<br>(     )                                                                                               |          |
| Unauthorized Contact Full Name |     | Notes:        |                                                                                          |                                                                                                                                         |          |

### MEDICAL INFORMATION (REQUIRED)

|                                                                                                                                                                               |                                  |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------|
| Name of Preferred Doctor                                                                                                                                                      | Doctor's Phone Number<br>(     ) | Insurance Policy Number |
| Do you receive Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No     If Yes, Gold Coast Health Plan <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                         |

**List any medical problems, allergies and/or current medications:**

### EMPLOYER INFORMATION (REQUIRED)

|                                                                                                                                                                                           |                                     |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------|
| Parent/Guardian 1 Work-Company Name                                                                                                                                                       | Parent/Guardian 2 Work-Company Name |              |
| Do you think the company you work for would be interested in donating goods, services or dollars to help one of our programs?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |              |
| <b>If yes, please provide the following information:</b>                                                                                                                                  |                                     |              |
| Company Name                                                                                                                                                                              | Contact & Title at Company          | Phone Number |

**My company will accept request for (check all that apply)**
☐ Discounts
☐ Funding/Grants
☐ Products/Services
☐ Volunteer Days
☐ Other

**FOR THE PURPOSES OF GRANTS AND SURVEYS, PLEASE FILL IN THE FOLLOWING INFORMATION.  
THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED WITH ANY OTHER AGENCY:**

|                                                                                                            |                                                                                                                        |                  |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------|
| Household Size _____                                                                                       | Subsidized Housing Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |                  |
| Does the child qualify for Free or Reduced Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                        |                  |
| Single Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | Current Head of Household: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both |                  |
| Military Family? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | Lives on Military Base? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | Military Branch: |
| <b>Please Indicate member's race:</b>                                                                      |                                                                                                                        |                  |
| <input type="checkbox"/> White                                                                             | <input type="checkbox"/> American Indian/Alaskan Native                                                                |                  |
| <input type="checkbox"/> Hispanic or Latino                                                                | <input type="checkbox"/> Bi-Racial or Multi-Racial                                                                     |                  |
| <input type="checkbox"/> Asian                                                                             | <input type="checkbox"/> American Indian/Alaskan Native and White                                                      |                  |
| <input type="checkbox"/> Middle Eastern or North African                                                   | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                                                        |                  |
| <input type="checkbox"/> Black/African American                                                            | <input type="checkbox"/> Other                                                                                         |                  |

**HOUSEHOLD INCOME**
**Please indicate your household size and annual income:**

| Household Size             | 30% Median                              | 50% Median                                   | 80% Median                                    | > 80% Median                               |
|----------------------------|-----------------------------------------|----------------------------------------------|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> \$0 - \$31,450 | <input type="checkbox"/> \$31,451- \$52,400  | <input type="checkbox"/> \$52,401- \$83,850   | <input type="checkbox"/> \$83,851 or more  |
| <input type="checkbox"/> 2 | <input type="checkbox"/> \$0 - \$35,950 | <input type="checkbox"/> \$35,951- \$59,900  | <input type="checkbox"/> \$59,901- \$95,800   | <input type="checkbox"/> \$95,801 or more  |
| <input type="checkbox"/> 3 | <input type="checkbox"/> \$0 - \$40,450 | <input type="checkbox"/> \$40,451- \$67,400  | <input type="checkbox"/> \$67,401- \$107,800  | <input type="checkbox"/> \$107,801 or more |
| <input type="checkbox"/> 4 | <input type="checkbox"/> \$0 - \$44,900 | <input type="checkbox"/> \$44,901 - \$74,850 | <input type="checkbox"/> \$74,851 - \$119,750 | <input type="checkbox"/> \$119,751 or more |
| <input type="checkbox"/> 5 | <input type="checkbox"/> \$0 - \$48,500 | <input type="checkbox"/> \$48,501 - \$80,850 | <input type="checkbox"/> \$80,851 - \$129,350 | <input type="checkbox"/> \$129,351 or more |
| <input type="checkbox"/> 6 | <input type="checkbox"/> \$0 - \$52,100 | <input type="checkbox"/> \$52,101 - \$86,850 | <input type="checkbox"/> \$86,851 - \$138,950 | <input type="checkbox"/> \$138,951 or more |
| <input type="checkbox"/> 7 | <input type="checkbox"/> \$0 - \$55,700 | <input type="checkbox"/> \$55,701- \$92,850  | <input type="checkbox"/> \$92,851 - \$148,500 | <input type="checkbox"/> \$148,501 or more |
| <input type="checkbox"/> 8 | <input type="checkbox"/> \$0 - \$59,300 | <input type="checkbox"/> \$59,301 - \$98,850 | <input type="checkbox"/> \$98,851 - \$158,100 | <input type="checkbox"/> \$158,101 or more |

\*2025 VENTURA COUNTY INCOME LIMITS

**ANNUAL MEMBERSHIP FEE**

The mission of the Boys & Girls Club of Camarillo is to enable all youth, especially those who need us most, to reach their full potential as productive, caring, and responsible citizens. Our fees are low so no family/child ever has to choose between Club membership or everyday essentials and no child is ever denied membership due to inability to pay. **Community support keeps our fees low, would you be willing to sponsor another child's \$125 membership?**

☐ Yes
☐ No
☐ \$125
☐ Other Amount: \_\_\_\_\_

**PARENT/GUARDIAN ACKNOWLEDGMENT**

I am the parent / legal guardian of the child listed on this application for membership to the Boys & Girls Club of Camarillo. I understand that my child can enter and leave the Boys & Girls Clubs of Camarillo (referred to as the Club) AT WILL and that the Club is not a Licensed Day Care Facility and cannot give my child constant exclusion attention. I further understand that it is my responsibility to give my child instructions to stay and participate in Club activities. The Club provides staff in all areas of Club activities. I hereby give my permission for my child to participate in Club Programs. In consideration of this permission, I understand, hereby for and on behalf of said child, our heirs, executors, and administrators waive, release and forever discharge any rights and claims for damages which I may hereafter have against the Club and/or its assigns for any injuries or damages which may be sustained or suffered by said child in connection with or entry in an/or arising out of traveling to, participating in, or returning from said activity or event. In the event of an injury to my child and I cannot be contacted, I hereby permit a representative of the Boys & Girls Clubs of Camarillo to authorize the medical doctor or hospital to administer any medical treatment to my child. I hereby permit my child to be used in public relations materials if the opportunity arises. I understand that membership in the Club is a privilege and if my child is not able to abide by all safety rules, the membership can be suspended for designated periods of time or revoked permanently. In addition, if I as the parent / guardian am physically or verbally abusive towards BGCC staff, members, other parents, or guests, while at the Club, my child may be removed from the program and law enforcement may be contacted. All fees to the Club will be forfeited during the suspension period and/or at the moment of membership revocation.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MEMBERSHIP ACKNOWLEDGMENT** I wish to become a member of the Boys & Girls Clubs of Camarillo. I agree to obey the rules, be careful to prevent damage to the Club and the equipment, and most importantly to have fun. I also know if I am suspended from the Club for failure to obey rules, I understand that no dues will be returned to me. **CLUB MEMBER SIGNATURE:** \_\_\_\_\_