



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 ()		Email Address			
Guardian #1 Full Name		Relation		Phone Numbers (Home/Work/Cell) ()	
Guardian #2 Full Name		Relation		Phone Numbers (Home/Work/Cell) ()	
Emergency Contact Full Name		Relation	Authorized to Pick-Up Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Numbers (Home/Work/Cell) ()	
Emergency Contact Full Name		Relation	Authorized to Pick-Up Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Numbers (Home/Work/Cell) ()	
Emergency Contact Full Name		Relation	Authorized to Pick-Up Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Numbers (Home/Work/Cell) ()	
Emergency Contact Full Name		Relation	Authorized to Pick-Up Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Numbers (Home/Work/Cell) ()	
Unauthorized Contact Full Name		Notes:			

MEDICAL INFORMATION (REQUIRED)

Name of Preferred Doctor	Doctor's Phone Number ()	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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the following information:		
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:
Please Indicate member's race:		
<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

*2023 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 \$100 membership?**

☐ Yes ☐ No

☐ \$100 ☐ 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. 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:** _____