



BOYS & GIRLS CLUB
OF CAMARILLO

BGC STAFF USE ONLY

Date Received ___/___/___ Staff Initials _____
 Payment Received Yes No
 Fee Waived Yes No Military
 Fee Charged _____
 Membership # _____
 New Renewal **Date Entered** ___/___/___

2019-2020 MEMBERSHIP APPLICATION

MEMBER INFORMATION (REQUIRED)

Last Name		First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Decline to State	
Date of Birth	Age	School Name		Grade	Teachers Name
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		Phone Numbers (Home/Work/Cell)	
Emergency Contact Full Name		Relation		Phone Numbers (Home/Work/Cell)	

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 Name		Phone Number	
Please mention my name when contacting my company: <input type="checkbox"/> Yes <input type="checkbox"/> No					
My company will accept request for (Please select all that apply):					
<input type="checkbox"/> Discounts	<input type="checkbox"/> Dollars	<input type="checkbox"/> Products	<input type="checkbox"/> Services	<input type="checkbox"/> Other	

VOLUNTEER OPPORTUNITIES

Are you interested in being a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select your interest area:			
<input type="checkbox"/> Coach Sports	<input type="checkbox"/> Referee Sports	<input type="checkbox"/> Dance/Drama	<input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Office Help	<input type="checkbox"/> Music	<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Computer Lab
<input type="checkbox"/> Teen Center	<input type="checkbox"/> Social Events	<input type="checkbox"/> Other	

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

Household Size _____	Do you live in a Housing Development? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 House Hold: <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:
Child's Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino
Please Indicate member's race:		
<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Alaskan Native	
<input type="checkbox"/> Asian American	<input type="checkbox"/> American Indian	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Other	
<input type="checkbox"/> Multi- Racial	<input type="checkbox"/> Other	

HOUSEHOLD INCOME

Please indicate your household size and annual income:				
Household Size	<input type="checkbox"/> \$0 - \$22,000	50% Median	80% Median	> 80% Median
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 - \$25,150	<input type="checkbox"/> \$22,001 - \$36,650	<input type="checkbox"/> \$36,651 - \$58,600	<input type="checkbox"/> \$58,601 or more
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$28,300	<input type="checkbox"/> \$25,151 - \$41,850	<input type="checkbox"/> \$41,851 - \$67,000	<input type="checkbox"/> \$67,001 or more
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$31,400	<input type="checkbox"/> \$28,301 - \$47,100	<input type="checkbox"/> \$47,101 - \$75,350	<input type="checkbox"/> \$75,351 or more
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$33,950	<input type="checkbox"/> \$31,401 - \$52,300	<input type="checkbox"/> \$52,301 - \$83,700	<input type="checkbox"/> \$83,701 or more
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$36,450	<input type="checkbox"/> \$33,951 - \$56,500	<input type="checkbox"/> \$56,501 - \$90,400	<input type="checkbox"/> \$90,401 or more
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$39,010	<input type="checkbox"/> \$36,451 - \$60,700	<input type="checkbox"/> \$60,701 - \$97,100	<input type="checkbox"/> \$97,101 or more
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$43,430	<input type="checkbox"/> \$39,011 - \$64,900	<input type="checkbox"/> \$64,901 - \$103,800	<input type="checkbox"/> \$103,801 or more
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 - \$43,430	<input type="checkbox"/> \$43,431 - \$69,050	<input type="checkbox"/> \$69,051 - \$110,500	<input type="checkbox"/> \$110,501 or more

30%

*2018 VENTURA COUNTY INCOME LIMITS

PARENT/GUARDIAN ACKNOWLEDGMENT

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 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 and all rights and claims for damages which I may hereafter have against the Club and/or its assigns for any and all 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 give permission to a representative of the Boys & Girls Clubs of Camarillo to authorize the medical doctor or hospital to administer any and all medical treatment to my child. I hereby give permission for my child to be used in public relations materials if the opportunity arises. I understand that membership to 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 times 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 ACKNOWLEDGEMENT

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: _____ DATE _____

MEMBERSHIP SPONSOR OPPORTUNITIES

<p>Would you like to sponsor another child's membership?</p> <p><input type="checkbox"/> Yes, in the Full Amount of \$100</p> <p><input type="checkbox"/> Yes, in the amount of \$ _____ <input type="checkbox"/> No</p>
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