



BGC STAFF USE ONLY	
Date Received	___/___/___ Staff Initials _____
Payment Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fee Waived	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Military
Fee Charged	_____
Membership #	_____
<input type="checkbox"/> New	<input type="checkbox"/> Renewal Date Entered ___/___/___

2020 – 2021 MEMBERSHIP APPLICATION

MEMBER INFORMATION (REQUIRED)
Información de Miembros

Last Name (<i>Apellido</i>)		First Name (<i>Nombre</i>)		<input type="checkbox"/> Male (<i>Masculino</i>) <input type="checkbox"/> Female (<i>Feminino</i>)	
<i>Date of Birth (Fecha de Nacimiento)</i>	<i>Age (Edad)</i>	<i>School Name (Nombre de Escuela)</i>		<i>Grade (Grado)</i>	<i>Teachers Name (Nombre de Maestra)</i>
<i>Address (Dirección)</i>		<i>City (Ciudad)</i>		<i>Zip Code (Código Postal)</i>	
<i>Phone Number (Número de teléfono)</i>		<i>Email Address (correo electrónico)</i>			
<i>Guardian #1 Full Name (Nombre de Padre/Guardián)</i>		<i>Relation (Relación)</i>	<i>Phone Numbers (Home/Work/Cell) (Número de teléfono)</i>		
<i>Guardian #2 Full Name (Nombre de Padre/Guardián)</i>		<i>Relation (Relación)</i>	<i>Phone Numbers (Home/Work/Cell) (Número de teléfono)</i>		
<i>Emergency Contact Full Name (Contacto de Emergencia)</i>		<i>Relation (Relación)</i>	<i>Phone Numbers (Home/Work/Cell) (Número de teléfono)</i>		
<i>Emergency Contact Full Name (Contacto de Emergencia)</i>		<i>Relation (Relación)</i>	<i>Phone Numbers (Home/Work/Cell) (Número de teléfono)</i>		

MEDICAL INFORMATION (REQUIRED)
Información Médica

<i>Name of Preferred Doctor (Nombre del Medico Preferido)</i>	<i>Doctor's Phone Number (Numero de Medico Preferido)</i>	<i>Insurance Policy Number (número de póliza de Seguro)</i>
Do you receive Medi-Cal? <input type="checkbox"/> Yes (<i>Si</i>) <input type="checkbox"/> No (<i>No</i>) If Yes Gold Coast Health Plan <input type="checkbox"/> Yes (<i>Si</i>) <input type="checkbox"/> No (<i>No</i>) <i>(¿Recibe Medi-Cal) (En caso afirmativo, ¿Gold Coast Health Plan?)</i>		
List any medical problems, allergies and/or current medications: <i>Cualquier problema médico, alergia y / o medicamentos actuales:</i>		

EMPLOYER INFORMATION (REQUIRED)
Información del Empleador

<i>Parent/Guardian 1 Work-Company Name (Padre/Guardián Nombre de Trabajo)</i>	<i>Parent/Guardian 2 Work-Company Name (Padre/Guardián Nombre de Trabajo)</i>
Do you think the company you work for would be interested in donating goods, services or dollars to help one of our programs? <i>(¿Cree que la empresa para la que trabaja estaría interesada en donar bienes, servicios o dólares para ayudar a uno de nuestros programas?)</i> <input type="checkbox"/> Yes (<i>Si</i>) <input type="checkbox"/> No (<i>No</i>)	
If yes, please provide the following information: <i>(En caso afirmativo, proporcione la siguiente información)</i>	
<i>Company Name (Nombre de Trabajo)</i>	<i>Contact Name (Nombre de Contacto)</i>
<i>Phone Number (Numero de Telefono)</i>	
Please mention my name when contacting my company: <i>(Por favor mencione mi nombre cuando se comunique con mi empresa):</i> <input type="checkbox"/> Yes (<i>Si</i>) <input type="checkbox"/> No (<i>No</i>)	
My company will accept request for (Please select all that apply): <i>(Mi empresa aceptará la solicitud de (seleccione todo lo que corresponda):</i>	
<input type="checkbox"/> Discounts (<i>Descuentos</i>)	<input type="checkbox"/> Dollars (<i>Dinero</i>)
<input type="checkbox"/> Products (<i>Productos</i>)	<input type="checkbox"/> Services
<input type="checkbox"/> Other (<i>Otro</i>)	

VOLUNTEER OPPORTUNITIES (*Oportunidades para Voluntarios*)

Are you interested in being a volunteer? *¿Estás interesado en ser voluntario?* Yes (*Si*) No (*No*) **If yes, select your interest area:**

<input type="checkbox"/> Coach Sports (<i>Entrenador de deportes</i>)	<input type="checkbox"/> Referee Sports (<i>Árbitro deportivo</i>)	<input type="checkbox"/> Dance/Drama (<i>Danza / Drama</i>)	<input type="checkbox"/> Building Maintenance (<i>Mantenimiento del edificio</i>)
<input type="checkbox"/> Office Help (<i>Ayuda de Ofecina</i>)	<input type="checkbox"/> Music (<i>Musica</i>)	<input type="checkbox"/> Arts and Crafts (<i>Artes</i>)	<input type="checkbox"/> Computer Lab (<i>computación</i>)

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:

POR FAVOR COMPLETE LA SIGUIENTE INFORMACIÓN. ESTA INFORMACIÓN ES CONFIDENCIAL Y NO SE COMPARTIRÁ CON NINGUNA OTRA AGENCIA:

Household Size (<i>Tamaño del hogar</i>) _____	Do you live in a Housing Development? <input type="checkbox"/> Yes <input type="checkbox"/> No
Free or Reduced Lunch? (<i>¿Almuerzo gratis o reducido?</i>) <input type="checkbox"/> Yes (<i>Si</i>) <input type="checkbox"/> No (<i>No</i>)	
Single Parent? (<i>Madre/Padre soltero?</i>) <input type="checkbox"/> Yes (<i>Si</i>) <input type="checkbox"/> No (<i>No</i>)	Current Head of House Hold: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both
Military Family? (<i>Familia Militar</i>) <input type="checkbox"/> Yes (<i>Si</i>) <input type="checkbox"/> No (<i>No</i>)	Lives on Military Base? (<i>Vive en una base militar</i>) <input type="checkbox"/> Yes (<i>Si</i>) <input type="checkbox"/> No (<i>No</i>)
Child's Ethnicity (<i>Origen étnico del niño</i>)	<input type="checkbox"/> Hispanic or Latino (<i>Hispano o latino</i>)
	<input type="checkbox"/> Non-Hispanic or Non-Latino (<i>No hispano o no latino</i>)

Please Indicate member's race:

<input type="checkbox"/> White (<i>Blanco</i>)	<input type="checkbox"/> American Indian/Alaskan Native (<i>Indio americano / nativo de Alaska</i>)
<input type="checkbox"/> Asian (<i>Asiático</i>)	<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian and White (<i>Asiático y Blanco</i>)	<input type="checkbox"/> American Indian/Alaskan Native and Black African American (<i>Indio americano / nativo de Alaska y afroamericano</i>)
<input type="checkbox"/> Black/African American (<i>Afroamericano</i>)	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (<i>Nativo hawaiano / otro isleño del Pacífico</i>)
<input type="checkbox"/> Black/ African American and White (<i>Afroamericano y Blanco</i>)	<input type="checkbox"/> Other (<i>Otro</i>)

HOUSEHOLD INCOME (*INGRESOS DEL HOGAR*)

Please indicate your household size and annual income: (*Indique el tamaño de su hogar e ingresos anuales*)

Household Size	30% Median	50% Median	80% Median	> 80% Median
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 - \$21,300	<input type="checkbox"/> \$21,301 - \$35,500	<input type="checkbox"/> \$35,501 - \$56,800	<input type="checkbox"/> \$56,801 or more
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$24,350	<input type="checkbox"/> \$24,351 - \$40,600	<input type="checkbox"/> \$40,601 - \$64,900	<input type="checkbox"/> \$64,901 or more
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$27,400	<input type="checkbox"/> \$27,401 - \$45,650	<input type="checkbox"/> \$45,651 - \$73,000	<input type="checkbox"/> \$73,001 or more
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$30,400	<input type="checkbox"/> \$30,401 - \$50,700	<input type="checkbox"/> \$50,701 - \$81,100	<input type="checkbox"/> \$81,101 or more
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$32,850	<input type="checkbox"/> \$32,851 - \$54,800	<input type="checkbox"/> \$54,801 - \$87,600	<input type="checkbox"/> \$87,601 or more
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$35,300	<input type="checkbox"/> \$35,300 - \$58,850	<input type="checkbox"/> \$58,851 - \$94,100	<input type="checkbox"/> \$94,101 or more
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$38,060	<input type="checkbox"/> \$38,061 - \$62,900	<input type="checkbox"/> \$62,901 - \$100,600	<input type="checkbox"/> \$100,601 or more
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 - \$42,380	<input type="checkbox"/> \$42,381 - \$66,950	<input type="checkbox"/> \$66,951 - \$107,100	<input type="checkbox"/> \$107,101 or more

*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:** _____