



\$40.00 Annual Membership  
July 1, 2010 – June 30, 2011

<i>Office use only</i>	
Date	____/____/____
Staff	_____
Membership#	_____
New	____ Renew _____
MOP	_____ Amount \$ _____
Receipt #	_____

_____	_____	_____
Child's First Name	Middle Initial	Child's Last Name
	____/____/____	_____
	Birth Date	Age

_____	_____
Child's School Name	Grade

_____	_____
Medical Conditions or Allergies	List all medications

**Membership Status:**

New  
Renew

**Gender:**

Male  
Female

**Ethnicity:**

African American	Asian
Pacific Islander	Caucasian
Native American	Hispanic
Other	Multi-Racial

_____	_____	_____
Home Address	City	Zip code
(____) _____	_____	
Home Phone Number	E-mail address	

_____	_____	(____) _____
Father's First Name	Father's Last Name	Father's Cell Phone Number

_____	(____) _____
Father's Employer	Father's Work Phone & Extension

_____	_____	(____) _____
Mother's First Name	Mother's Last Name	Mother's Cell Phone Number

_____	(____) _____
Mother's Employer	Mother's Work Phone & Extension

_____	_____	(____) _____
Guardian's First Name	Guardian's Last Name	Guardian's Cell Phone Number

_____	(____) _____
Guardian's Employer	Guardian's Work Phone & Extension

**Emergency Contacts:** (Please remember to update emergency contacts if they change.)

_____	(____) _____
Name of Emergency Contact #1 (other than parent)	Emergency Phone
_____	(____) _____
Name of Emergency Contact #2 (other than parent)	Emergency Phone
_____	(____) _____
Name of Emergency Contact #3 (other than parent)	Emergency Phone

**Household Information:** (The following information is necessary for our records and the funding of our organization; the answers you provide are confidential.)

**Member lives with:**  Both Parents     Single Mother     Single Father     Guardian  
 Other: \_\_\_\_\_

**Household Size:** \_\_\_\_\_    **Receive school issued free or reduced lunch:**     Yes     No

**Military:**     Yes     No

\*Military families are eligible for a free membership, ask at the Front Counter.

**Yearly Gross Income:** (per household)

_____ Up to \$20,000	_____ \$40,000-\$50,000	_____ More than \$70,000
_____ \$20,000-\$30,000	_____ \$50,000-\$60,000	
_____ \$30,000-\$40,000	_____ \$60,000-\$70,000	

**Open Door Policy**

The Boys & Girls Club is not a licensed child care provider as defined by section 8300 of the education code or section 1596, 792 and 793 of the health and safety code of California.

I understand the Boys & Girls Club of San Marcos is not responsible for the time or manner, in which my child may arrive to, or leave from the program.

**Parent's Signature:** \_\_\_\_\_

I hereby give permission to my child to become a member of the Boys & Girls Club of San Marcos. I understand that the club and its property are not responsible for personal injury or loss of property. I hereby release the Boys & Girls Club of San Marcos, its Directors, Officers and Employees from any and all liability for such injury or loss whether arising out of the negligence of the club or occurring on club property. I hereby give permission to the Boys & Girls Club of San Marcos to have my child examined by a doctor at any time management thinks necessary, in their sole and absolute discretion. I give permission to use my child's photo (if taken) in promotional materials. I have also received, read and accepted the Boys & Girls Club of San Marcos membership hand book and support the staff in their applications.

**Parent's Signature:** \_\_\_\_\_

I wish to become a member of the Boys & Girls Club of San Marcos. I promise to take care of my club, be loyal to the club and obey all club rules and to not allow any other member to use my club card.

**Member's Signature:** \_\_\_\_\_