

Processed by:

Entry date:

Expiration date: 12/31/09  
Revised 1/09



**BOYS & GIRLS CLUBS OF FRESNO COUNTY**  
540 N. AUGUSTA  
FRESNO, CA 93701  
(559) 266-3117

### MEMBERSHIP APPLICATION

To become a member, return this application with a \$5.00 membership fee - Maximum \$20 per family

Name of Club: \_\_\_\_\_ Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ Age: \_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Housing Unit # \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Sex: Male: \_\_\_\_ Female: \_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Single Race Ethnicity

- Hispanic                       African-American                       Asian / Pac Islander
- Caucasian                       Native American                       Other \_\_\_\_\_

Multiple Race Ethnicity

- Hispanic and Caucasian                       African-American and Caucasian                       Asian / Pac Islander and Caucasian
- American Native and Caucasian                       Hispanic and African-American                       Other \_\_\_\_\_

**Member Lives With: Check a Box**

- |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Both Parents             | Mother                   | Father                   | Grandparent              | Sister/Brother           | Aunt/Uncle               | Guardian                 | Foster Home              |

Number of Girls in Family: \_\_\_\_\_ Number of Boys in Family: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

This information is confidential and important to the funding of this organization.

Family Receives Assistance (*required information*) - Please check if applicable

- Reduced Fee/Free Lunch     Welfare     Food Stamps     CalWorks     Other \_\_\_\_\_

Household Income Level:  Under \$10,000     \$10,000 to \$20,000     20,000 to \$30,000     Over \$30,000

Parent in Military/Branch: \_\_\_\_\_     Live in Housing Authorities Unit     Live in HUD Housing

**Emergency Contact** (Other than parent/guardian child is living with)

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**(\*OVER)- PARENT SIGNATURE REQUIRED**

## Health & Medical Information

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance (Type): \_\_\_\_\_

Medical information we should be aware of: (Asthma, Allergies, Bee Stings/Insect Bites, etc.) \_\_\_\_\_

List All Medications Your Child is taking: \_\_\_\_\_

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### Parent or Guardian Approval

- We give our consent for our child to be given emergency treatment by a physician or hospital in case of an accident if we cannot be contacted.
- We hereby approve our child's application and give permission to participate in the Club's activities.
- We understand that the Club is not responsible for personal injury or loss of personal property.
- We will notify the Club of any changes in our address and telephone numbers listed on this application.
- We hereby understand that the Boys & Girls Club has an Open Door Policy and all children are free to come and go as they please.
- We will instruct our child to remain at the facility during hours of operation if we do not want them to leave.
- We also understand that we cannot drop off or leave our children earlier than the established hours of operation.
- We understand that it is our responsibility to make arrangements for the child to be picked up at closing time.
- We give our consent for photographs or videotaping in which our child may appear, to be used for educational and promotional purposes. We agree that no compensation will be paid for photographs or videotaping.
- We give our consent for our child to participate in the computer learning center and to have internet privileges after completing an internet safety class.

\_\_\_\_\_  
**\* Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

*ALL MEMBERSHIPS EXPIRE ON DECEMBER 31 ANNUALLY*

**In Addition** – Initial the boxes

I give permission for my child to participate in an **evaluation** of Boys & Girls Club programs by filling out a confidential questionnaire. My child's name will not be associated with the questionnaire. Questionnaires are available for review at the Boys & Girls Club.

I give permission for my child's school to **share information** about grades, test scores, citizenship scores, suspensions and attendance for the purpose of improving Boys & Girls Club programs. My consent automatically expires two years from the date signed and I may revoke this consent at any time.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**I want to become a member of the Boys & Girls Clubs of Fresno County. I will be responsible for taking care of our Club and its' property. I will be considerate of others so the Club can be enjoyable for everyone.**

**Child's Signature** \_\_\_\_\_

**Parents! Thank you for choosing the Boys & Girls Club program for your child. You are welcome to join us for Special Events and Parent Nights! Check the schedule! Do you want to be more involved? Find out how you can become a Volunteer!**

**The Positive Place for Kids ..... **