



# MEMBERSHIP APPLICATION

FOR CLUB USE ONLY

BOYS & GIRLS CLUBS  
OF FRESNO COUNTY

CLUB NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGES 6-18

Processed by: \_\_\_\_\_  
Entry date: \_\_\_\_\_  
Member ID #: \_\_\_\_\_  
Total Paid: \_\_\_\_\_  
Expiration Date: 12/31/24

ANNUAL MEMBERSHIP FEE: Select one below.

\$5.00 Membership  
\$20.00 Max Per Family

\* Active Military Families – Waived, with Approved Waiver  
\* Group Homes are not eligible for Family Rates\*

## MEMBERSHIP APPLICATION

Member Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Address \_\_\_\_\_ Public Housing Unit # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Primary Teacher \_\_\_\_\_ H.S Grad Year \_\_\_\_\_

**Ethnicity: Please select one**  Hispanic/Latino  Not Hispanic/Latino

**Race: Please Select one**  Black/African American  Caucasian or White  Asian  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  American Indian/Alaskan Native & White  Asian & White  
 Black/African American & White  American Indian/Alaskan Native & Black/African American  Other/Multi-Racial

## HEALTH & MEDICAL INFORMATION

Doctor/Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Medical Exam \_\_\_\_\_

Permission for Treatment by Doctor/Hospital  YES  NO | Insurance:  YES  NO | Medicaid:  YES  NO EXP \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Carrier Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Are there any special needs of health issues we should be aware of?  YES  NO If yes, explain \_\_\_\_\_

Are there any medication we need to be aware of?  YES  NO If yes, explain \_\_\_\_\_

Please specify any allergies or medical conditions here \_\_\_\_\_

## PARENTAL CONTACTS

Fathers Name \_\_\_\_\_ Father's Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mothers Name \_\_\_\_\_ Mother's Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

Siblings: # of Brothers \_\_\_\_\_ # of Sisters \_\_\_\_\_

## EMERGENCY CONTACT (Other than parent / guardian child is living with)

Name #1 \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## DEMOGRAPHICS: Check Boxes That Apply

**\*\* The following information is necessary for our records and for the funding that our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. \*\***

### Member Lives With

- Both Parents  Mother
- Father  Guardian
- Grandparent  Aunt/Uncle
- Brother/Sister  Homeless
- Foster Home
- Other \_\_\_\_\_
- Member of Household Age 65+

### Income Level

Estimated Annual Family Income. \$ \_\_\_\_\_  
Number of people in the Home # \_\_\_\_\_

### Qualified Services

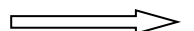
- Reduced Fee/Free Lunch
- Welfare
- Food Stamps
- CalWORKs
- Other \_\_\_\_\_

### Lives In:

- Public Housing

### Parent is in:

Military  
Branch \_\_\_\_\_  
Stationed \_\_\_\_\_



**MEMBER / CHILD APPROVAL & RESPONSIBILITY**

I want to become a member of the Boys & Girls Club of Fresno County. I will be responsible for taking care of my property. I will be responsible for taking care of the Club's property. I will follow the Club rules as a respectful Club member to staff, volunteers, and my peers. I will follow the rules and be considerate of others so the Club can be enjoyable for everyone. If I do not follow the rules, my membership will be terminated early and my parent/guardian will be notified.

Member Signature \_\_\_\_\_

**PARENT / GUARDIAN APPROVAL & RESPONSIBILITY (Initial each after reading)**

- CLUB MEMBERSHIP:** I approve of my child's membership to participate in the Boys & Girls Club Program. This includes programs in the following core areas: Character & Leadership, The Arts, Sports, Fitness & Recreation, Education & Career Development, and Health & Life Skills. I understand that these activities are conducted by staff and volunteers and/or agents within the BGC owned/leased facilities/property including off-site locations. I understand that it is my responsibility to make arrangements for my child (or ward) to be picked up at closing time at the end of each day. I understand that there are consequences if my child is not picked up and it can include membership termination. I understand the Club is not responsible for personal lost or stolen property. I will notify the Club leadership of any changes in my address and telephone numbers listed on this application.
- OPEN DOOR POLICY:** I understand that the Club has an open door policy. This includes that the Club does not provide daycare at any given time for any time of day. All members and parents/guardians are responsible for arrivals and departures for each day during the annual membership. Members are free to come and go as they please. I will instruct my child (or ward) to remain at the facility if I do not want my child to leave.
- LIABILITY:** I am fully aware of the risks and hazards connected with the participation in some activities/programs. I HEARBY VOLUNTARILY PERMIT MY CHILD (or WARD) TO PARTICIPATE IN CLUB ACTIVITIES/PROGRAMS. I UNDERSTAND AND HOLD HARMLESS THE BOYS & GIRLS CLUBS OF FRESNO COUNTY ORGANIZATION IN THE EVENT OF RISKS, LOSS, DAMAGE, OR PERSONAL INJURY TO MY CHILD.
- MEDICAL TREATMENT RELEASE:** In case of an accident or sudden illness to my child (or ward), and I cannot be reached, I give my consent for my children to be given emergency treatment by a physician or hospital. It is the policy in the case of an accident, illness or any other emergency affecting any child during activities/programs to make every reasonable attempt to notify the parent or guardian promptly. No child may participate without completion of this release for medical treatment.
- PHOTO/VIDEO RELEASE:** I consent to have my child included in photographs or video in which my child may appear, can be used for educational and publicity purposes when done responsibly and without coercion. This includes group photographs/video or individual activity photographs/video displayed at the Club, local newspaper, social media, club marketing, and/or publications. All photographs are the Club's property or will be given to parents/guardians or be destroyed. I agree that no compensation is paid for photographs or videos.
- SURVEY RELEASE:** I give my consent for my child (or ward) to participate in Boys & Girls Club National Youth Outcomes Initiative Measurement Survey and/or type of survey to determine the Club's program effectiveness.
- INTERNET POLICY RELEASE:** I give my consent for my child (or ward) to participate in the computer-learning center and to have regular internet access and privileges, including computer safety programs.
- REPRODUCTIVE HEALTH RELEASE:** I give my consent for my child (or ward) to participate in the Safer Choices Reproductive Health Pregnancy Prevention Program for ages 12-18. This includes discussions on medically accurate reproductive health terms, clinical access, decision-making, healthy relationships, peer pressure, anatomy, and health resources.
- I/We certify that this information is complete and accurate.** I/we agree to provide, upon request, documentation on all income sources to verify the accuracy of this certification/membership.

Parent Name (Print) \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for choosing the Boys & Girls Club program for your child. You are welcome to attend the Club for special events and volunteer opportunities! Check out the individual Club schedules and connect with the Staff Development Professionals who mentor your child each day! To learn more information about the Boys & Girls Club, including**

**additional locations, visit [www.bgcfresno.org](http://www.bgcfresno.org)**

**Boys & Girls Clubs of Fresno County**

**540 N. Augusta Street, Fresno, CA 93701, (559) 266-3117**

**Additional Locations: FRESNO, CLOVIS, FIREBAUGH, MENDOTA, HURON, PINEDALE, SANGER, SELMA, DEL REY, ORANGE COVE, REEDLEY, JUVENILE JUSTICE CAMPUS**

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