

# Membership Information Form



## BOYS & GIRLS CLUB of Chula Vista

Administrative Service Center (Main Office)  
1301 Oleander Avenue (West Wing)  
Chula Vista, CA 91911  
619-421-4011 ext. 10

WEB PAGE INFORMATION: [www.bgccv.net](http://www.bgccv.net)

### Club Locations

**Oleander Clubhouse**  
1301 Oleander Avenue  
(619) 421-4011 ext.15

**Lauderbach Clubhouse**  
333 Oxford Street  
(619) 407-4775

**Feaster-Edison School Site**  
670 Flower Street  
(619) 421-4011 ext. 17

### Office Use Only:

Club ID Number: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Staff Processing this Form \_\_\_\_\_

**PLEASE PRINT**

First Name:  Middle Name:  Last Name:

**IN EMERGENCY, NOTIFY** Emergency Contact (When Parent unavailable)

Emergency Phone & Extension:

Members Nickname:

Birth Date:

Gender:

- Male  
 Female

Member Status (Check One)

- New Member  
 Renewing Member  
 Former Member  
 Non-Member

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Ethnicity: (Circle One)

**African-American**    **Asian**    **Pacific Islander**    **Native American**  
**Hispanic**    **Caucasian**    **Other** \_\_\_\_\_

Home Address:

City:

State:

Zip:

**\*Home Phone Number:**

Name of Person Member Lives With:

Member's Email Address:

@ \_\_\_\_\_

Parent's Email Address:

@ \_\_\_\_\_

**School:**

**Grade:**

**Current Teacher**

Father's First Name:

Father's Last Name:

Father's Cell Phone / Pager Number

Father's Employer:

Father's Occupation:

Father's Work Phone & Extension:

Mother's First Name:

Mother's Last Name:

Mother's Cell Phone / Pager Number

Mother's Employer:

Mother's Occupation:

Mother's Work Phone & Extension

Guardian's First Name:  Guardian's Last Name:  Guardian's Occupation:

Guardian's Employer:  Guardian's Work Phone & Extension:

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Does your family have health and/or accident insurance: \_\_\_ Yes \_\_\_ No Medicaid: \_\_\_ Yes \_\_\_ No

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**CONSENT TO TREATMENT**

I hereby give permission to the physician selected by the Club Director to order x-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Club Director to hospitalize, secure proper treatment for, and to order Injection and/or anesthesia and/or surgery for my child as named above. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent or Guardian Signature

X \_\_\_\_\_ Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Serious Health Problems: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_

Medications: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_

Date Medical Info Received: \_\_\_\_\_ Permission for Treatment by Doctor/Hospital: \_\_\_ Yes \_\_\_ No

**NOTE: This information is collected for Grant writing purposes ONLY and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.**

Member lives with: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

Housing Development Name: \_\_\_\_\_

Annual Income Level	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
<b>Please Check:</b>	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: \_\_\_\_\_ Is there a Member of the Household 65 years old or Older: \_\_\_ Yes \_\_\_ No

Is there a Member of the Household Handicapped: \_\_\_ Yes \_\_\_ No

Is the Current Head of Household: \_\_\_ Female \_\_\_ Male Current Single Parent: \_\_\_ Yes \_\_\_ No

I have read the completed application, understand the rules and conditions under which the Boys & Girls Club of Chula Vista operates and that it is not a licensed child care agency as defined by Section 8300 of the California Education Code. I have explained them to my child and request my child be admitted into membership. I understand the "open door policy" which allows children of all ages to come and go as they desire for all club programs. I will discuss with my child that he/she will remain at the club until the time we agree upon. It is expressly understood and agreed that the Boys & Girls Club of Chula Vista shall not be responsible or legally liable for any losses of personal property, or for any bodily injuries, or the result therefore, incurred and suffered by my child on any property of the Boys & Girls Club of Chula Vista, or in connection with any activities of any of its Branch/Unit Clubs, unless loss or injury results directly from negligence or willful act of any employee of the Boys & Girls Club of Chula Vista acting within the scope of their employment. I further give my consent for any photographs in which my child may appear to be used in any way for publicity/publication by the Boys & Girls Club of Chula Vista. I have received a copy of the parents handbook showing rules and other information.

X \_\_\_\_\_ X \_\_\_\_\_ Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Parent or Guardian Signature Club Member's Signature