



DATE PAID \_\_\_\_\_ Staff initials: \_\_\_\_\_

Phone: (760) 724-6606 Fax: (760)724-1159 www.bgcvista.org

MEMBERSHIP FORM Ages 6-18

Club Member Information

Member's Name: \_\_\_\_\_, \_\_\_\_\_  
First Name: Last Name:

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Gender  female  male

Free or Reduced Lunch School Program

Ethnicity  Asian  African-American  Native Hawaiian  Caucasian  Native American  Multi-Racial

Hispanic  Non-Hispanic

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

Medical Restrictions: \_\_\_\_\_

Head of Household (Please Print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ (Zip) \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Msg. Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Household setting:

both parents  Single Parent Household  joint custody  grandparents  group home  foster home

Family Income  \$20,000 or below  \$20,001-\$30,000  \$30,001-\$40,000  \$40,001-\$50,000  \$50,001-higher

Parent/Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ (Zip) \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Msg. Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Emergency Contact Pick Up Information

Please list a person who is authorized to pick up your child and supply a release password.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Pick Up Authorization Password: \_\_\_\_\_

I give my child permission to join the Boys & Girls Club and participate in its activities. I release the B&GC of responsibility for injury, accident or loss of belongings while my child is participating. I give permission for a license physician to perform any medical service deemed necessary in the event that I cannot be reached. I give permission for a B&GC representative to transport my child in said case, when deemed necessary. I permit the B&GC to utilize photographs of my child taken during his/her involvement in B&GC programs and hereby waive all rights of compensation. I give my child permission to participate in anonymous Club program evaluation surveys. SMART Moves classes require parental permission. Check box if you DO NOT give your child permission to participate. ( )

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

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only #:  Birth cert.  Transportation.

Madison.  VMM  Baseball  Reduced Scholarship  Full Scholarship

Karate  Staff Child:  Transportation