



Club Number: _____

Application Date: _____ - _____ - _____ Fee Paid: _____ Subsidized: Yes - No

Previous Member: **Yes** - No Previous Club Number: _____ Membership Expiration Date: **8/31/2008**

Full Name: _____ **Gender (circle one):** Male - Female
Address: _____ **Home Phone:** () _____ - _____
City: _____ **Cell Phone:** () _____ - _____
State: _____ **ZIP:** _____ **Member's Email:** _____
Birthplace: _____ **School:** _____
Birthdate: _____ - _____ - _____ Age: _____ **Grade:** ____ **Teacher/Counselor:** _____

****All new members age 6 or 7 years require proof of age upon registration (i.e. Birth Certificate).****

Is your child on an Individual Education Plan? (circle one): Yes - No

ETHNICITY (Circle all that apply):

- African American
- Filipino
- Korean
- Eastern European: _____
- Caucasian
- Pacific Islander
- Native American
- Other: _____
- Latino(a)/Hispanic
- Vietnamese
- Asian Other: _____
- Chinese
- Cambodian

WHO DOES THE MEMBER LIVE WITH? (Circle all that apply):

- Both mother and father
- Father only
- Guardian
- Mother only
- Grandparents
- Other: _____

Name _____	Name _____
Relationship _____	Relationship _____
Workplace _____	Workplace _____
Work Phone () _____ - _____	Work Phone () _____ - _____
Cell Phone () _____ - _____	Cell Phone () _____ - _____
Email: _____	Email: _____

EMERGENCY CONTACT(S)

Contact Name: _____	Contact Name: _____
Relationship: _____	Relationship: _____
Emergency Phone: () _____ - _____	Emergency Phone: () _____ - _____

In case of a medical emergency, the medical attendant may need to know the following information:

Allergies: _____ Any known illnesses or injuries: _____

Medication (name, amount and frequency) _____

Doctor's Name: _____ Contact Information: () _____ - _____

Health Insurance: YES - NO - DON'T KNOW (If yes, please circle the insurer and supply the provider #)

- Employer
- Healthy Families / Healthy Kids
- Medi-Cal
- Other: _____
- Provider # _____

Do you receive the following supportive services? (Please circle YES or NO)

- | | | | | | |
|---------------|-----|----|-----------------------------|-----|----|
| • TANF | YES | NO | • Free and/or Reduced Lunch | YES | NO |
| • Food Stamps | YES | NO | • Housing Assistance | YES | NO |

*****PLEASE TURN OVER*****

*****BOTH SIDES OF THE FORM MUST BE COMPLETELY FILLED TO BE ELIGIBLE FOR MEMBERSHIP*****

Circle the number in your household (including brothers and sisters) from row one and circle the total income information for your household in the column beneath: (MOCD 09/07)

Number in Household	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8+ People
Total Household Income	1 Below \$23,750	5 Below \$27,150	9 Below \$30,550	13 Below \$33,950	17 Below \$36,650	21 Below \$39,350	25 Below \$42,050	29 Below \$44,800
	2 \$23,751 – 39,600	6 \$27,151 – 45,250	10 \$30,551 – 50,900	14 \$33,951 – 56,550	18 \$36,651 – 61,050	22 \$39,351 – 65,600	26 \$42,051 – 70,100	30 \$44,801 – 74,650
	3 \$39,601 – 63,350	7 \$45,251 – 72,400	11 \$50,901 – 81,450	15 \$56,551 – 90,500	19 \$61,051 – 97,700	23 \$65,601 – 104,950	27 \$70,101 – 112,200	31 \$74,651 – 119,450
	4 Above \$63,351	8 Above \$72,401	12 Above \$81,451	16 Above \$90,501	20 Above \$97,701	24 Above \$104,951	28 Above \$112,201	32 Above \$119,451

PLEASE READ CAREFULLY (Please circle YES or NO)

YES NO I hereby give permission for my child to be photographed, videotaped and/or interviewed for use by Boys & Girls Clubs of San Francisco and Boys & Girls Clubs of America in promotional materials.

YES NO I hereby give permission for my child's grades to be released to Boys & Girls Clubs of San Francisco only in conjunction with programs related to education and case management.

YES NO I hereby give permission for my son/daughter to participate in routinely scheduled activities that occur *off-site* at nearby facilities – i.e. park, swimming pool, library and other youth agencies. I understand that transportation will be provided in the club van, or that my child will be accompanied with a staff when walking or using public transportation. I understand that club staff will supervise all activities. For any special events or field trips, you will receive a separate permission slip.

YES NO I hereby give my consent to be contacted about health insurance and other health services for my child.

I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in a Boys & Girls Clubs of San Francisco program. **It is understood that the cost thereof will be at my expense.** To protect the safety of staff and our members and reduce liability, Boys & Girls Clubs of San Francisco staff does not dispense or store medication of any kind for our members.

Boys & Girls Clubs of San Francisco has an **Open Door Policy**. Members are allowed to come and go as they please. We assume no responsibility for members who choose not to come on a particular day or who choose to leave early. We only supervise youth in our building and on the play yard. If you want your child to remain in the Club at all times, please instruct them not to leave. If your child does not walk home on their own, arrangements should be made to pick them up prior to the Club's closing. Children remaining on the premises after hours will be charged an additional cost and/or have their child dropped off at the local police station.

I hereby give my permission to my child to become a member of Boys & Girls Clubs of San Francisco. I understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the Club, and that the Boys & Girls Clubs of San Francisco and its property are not responsible for personal injury or loss of property. Attendance is contingent upon member's following Clubhouse expectations and exhibiting positive behavior. Clubhouse staff reserves the right to suspend or terminate attendance and/or membership at any time if those guidelines are not followed.

I understand that I am responsible for attending an orientation with my child before he/she receives his/her full-time membership card.

All new members age 6 or 7 require proof of age upon registration (i.e. Birth Certificate). We serve children 6 to 18 years of age.

Parent or Guardian's Signature

I promise to take care of my Club and property, and respect the building, other members and staff at all times. If at any time I am asked to return my card, I understand no dues will be returned to me.

I agree to bring my membership card to use at the Club and that I will not allow anyone else to use my card.

I agree to attend the new member orientation with my mother, father, guardian or a consenting adult.

Member's Signature