



BOYS & GIRLS CLUBS
OF SAN DIEGUITO

Boys & Girls Clubs of San Dieguito 2009 Membership Registration



BOYS & GIRLS CLUBS
OF SAN DIEGUITO

Program: _____

Member Name _____ Age ____ M ____ F ____ Birth Date ____/____/____
Last First

Mailing Address _____
Street or P.O. Box City State Zip

Home Phone (____) _____ Parent/Guardian E-mail _____

School _____ Current Grade _____

FATHER'S INFORMATION:

(____) _____

Cell Phone Work Phone

MOTHER'S INFORMATION:

(____) _____

Cell Phone Work Phone

EMERGENCY CONTACTS (Other than parent):

(____) _____

Phone Relationship to member

(____) _____

Phone Relationship to member

Is the above individual authorized to pick up the member? _____

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MEDICAL/INSURANCE INFORMATION:

Medication(s) Needed: _____

Allergies/Medical Conditions: _____

Medical Insurance Company: _____ Policy Number: _____

PARENT/GUARDIAN:

- I hereby give my permission to my child to become a member of the Boys & Girls Clubs of San Dieguito ("BGCSD").
- I hereby give my consent for the BGCSD member named above to participate in off-site BGCSD events and field trips.
- I hereby acknowledge that photographs and video of my child may be taken and used for promotional purposes.
- In an emergency, the undersigned authorize BGCSD to obtain the services of such doctor, hospital, dentist or others as BGCSD shall determine for the benefit of the BGCSD member named above and the undersigned agree to pay for all medical, dental or hospital or other services required for the benefit of the BGCSD member named above. The undersigned shall reimburse BGCSD for all expenses incurred in connection with said emergency. The undersigned hereby waive any and all claims they may have against BGCSD relating to medical, hospital, surgical and dental care furnished to the BGCSD member named above pursuant to this agreement and agree to hold BGCSD free and harmless from all claims that the BGCSD member, the undersigned and others may have in relation to emergency treatment and services rendered pursuant to this agreement.
- This authorization shall remain in effect until revoked in writing and delivered to agent of BGCSD.

Signature of Parent/Guardian _____ Date _____

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The following responses will be used only for grant proposals, to document membership and demographics in our organization:

COMBINED ANNUAL HOUSEHOLD INCOME (Please check one.)

\$18,150 and under ____ \$18,151 to \$29,050 ____ \$29,051 to \$45,000 ____ \$45,001 and above ____

CHILD'S ETHNIC BACKGROUND (Please check one.)

African American ____ American Indian ____ Asian ____ Caucasian ____ Hispanic ____ Pacific Islander ____ Other ____

MEMBER LIVES WITH: (Please check all that apply.)

Mother ____ Stepmother ____ Father ____ Stepfather ____ Other ____