



**BOYS & GIRLS CLUBS**  
OF MONTEREY COUNTY

# Membership Application

The annual fee is \$50 per member.

To renew a membership, complete a Renewal form and submit \$50.

Youth must be between the ages of 6 & 18.

If a child is 6 or 7, proof of age (i.e. birth certificate) must be presented upon registration.

A parent/guardian and the new member(s) must attend a New Member Orientation.

ORIENTATIONS: Every Tuesday (Salinas 5:30pm; Seaside 5:00pm)

BGCMC ONLY

Date Rcvd: \_\_\_\_\_  
Rcvd By: \_\_\_\_\_  
Amount Rcvd: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
Entered By: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

## Parent/Guardian #1 (Head of Household):

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_

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

◆ Employer: \_\_\_\_\_

◆ Occupation: \_\_\_\_\_ Ag Industry?  YES  NO

◆ Military?  YES  NO

If YES, BRANCH:  Airforce  Army  CoastGuard  Marine  Navy

If YES, STATUS:  Active  Reserve  Guard

If YES, RANK: \_\_\_\_\_ DUTY STATION: \_\_\_\_\_

## Parent/Guardian #2:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_

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

◆ Employer: \_\_\_\_\_

◆ Occupation: \_\_\_\_\_ Ag Industry?  YES  NO

◆ Military?  YES  NO

If YES, BRANCH:  Airforce  Army  CoastGuard  Marine  Navy

If YES, STATUS:  Active  Reserve  Guard

If YES, RANK: \_\_\_\_\_ DUTY STATION: \_\_\_\_\_

## Household Information

◆ Family Size: \_\_\_\_\_ ◆ Annual Household Income: \_\_\_\_\_

◆ Primary Language: \_\_\_\_\_

◆ Family Setting: \_\_\_\_\_

Both Parents  Mother Only  Father Only  Grandparents

Foster Parents  Legal Guardian  Other Family Member

Other: \_\_\_\_\_

## New Member #1:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Ethnicity:  African American  Asian  Caucasian  Indian  Latino  Native American  Pacific Islander  2/More Races  Other

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ School District: \_\_\_\_\_

Grade: \_\_\_\_\_ ◆ Student ID Number: \_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_

## New Member #2:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Ethnicity:  African American  Asian  Caucasian  Indian  Latino  Native American  Pacific Islander  2/More Races  Other

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ School District: \_\_\_\_\_

Grade: \_\_\_\_\_ ◆ Student ID Number: \_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_

APPLICATIONS WILL NOT BE ACCEPTED UNLESS ALL FIELDS ARE COMPLETE & \$50 PER MEMBER IS ATTACHED.

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**◆ Emergency Contact #1:**

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorized to pickup member:  YES  NO

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

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**◆ Emergency Contact #2:**

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorized to pickup member:  YES  NO

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

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**◆ Required Consents**

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**PHOTO & IMAGE RELEASE:** I acknowledge that BGCMC and/or its sponsors may use and print digital photographs as well as video of the children/youth named on this application for internal and external use. Pictures or videos of Members taken involving BGCMC programs or activities used for promotion are the property of BGCMC. I consent to such uses and hereby waive all rights of compensation.

 YES or  NO \_\_\_\_\_ Initials

**ACADEMIC RELEASE:** I grant BGCMC my permission to access my children/youth's school records, including attendance, behavior, grades, transcripts and standardized test scores; to speak with teachers, counselors, school administrators and educational partners in order to obtain and exchange information as part of the Academic Success services provided by BGCMC. I understand that BGCMC may share information about the children/youth listed on this application with Boys & Girls Clubs of America (BGCA) and school districts for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA and school districts may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCMC, including data collected via surveys or questionnaires. All information provided will be kept confidential. I grant permission.

 YES or  NO \_\_\_\_\_ Initials

**WALK HOME POLICY:** I allow my youth(s) to check themselves out of the Boys & Girls Club and walk home unsupervised.

 YES or  NO \_\_\_\_\_ Initials

**OPEN DOOR POLICY:** The Boys & Girls Clubs of Monterey County (BGCMC) is NOT a licensed day care provider as defined in Section 8300 of the California Educational Code. We strongly encourage members to stay inside the building where there is supervision; however we emphasize that we maintain an 'Open Door Policy'. It is the parent's responsibility to instruct their children/youth as to whether or not they are allowed to leave the Club's supervised areas.

\_\_\_\_\_ Initials

**MEDICAL EMERGENCY AUTHORIZATION:** In the event of a medical emergency involving my children/youth during a BGCMC sponsored activity, I understand BGCMC will notify me, the parent/guardian as soon as possible. If parent/guardian cannot be located and the children/youth are in need of immediate medical attention, I authorize the Boys & Girls Clubs of Monterey County staff to act as my agent to consent to appropriate medical attention.

\_\_\_\_\_ Initials

**CONSENT TO SURVEY:** I grant my permission for my children/youth to participate in individual, group and internet surveys used specifically for the purpose of evaluating the impact of BGCMC programs.

 YES or  NO \_\_\_\_\_ Initials

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**TRANSPORTATION RELEASE**

*Afterschool "Catch The Bus" Program:* BGCMC provides free transportation for youth attending designated local schools. A Boys & Girls Club bus transports students to the Seaside Club (1332 La Salle Avenue) or Salinas Club (85 Maryal Drive) Monday through Friday immediately after school. Students must arrange their own transportation when they depart from the Club. Transportation is not offered during school breaks. I give my child permission to be transported from their school to the  Seaside  Salinas Club.

\_\_\_\_\_ Initials

*Field Trips & Special Events:* Occasionally BGCMC provides field trips for youth, who are transported to locations other than the primary club your child attends. In these instances, I give my child permission to be transported by BGCMC.

 YES or  NO \_\_\_\_\_ Initials

**PARENT/GUARDIAN AGREEMENT:** I understand that a member of the Boys & Girls Clubs of Monterey County staff will be in charge at all times and will take all necessary precautions for the health and safety of the group. It is expressly understood and agreed that the Boys & Girls Clubs of Monterey County shall not be held responsible nor legally liable for any losses of personal property, or for any bodily injuries or the results thereof, incurred and suffered by my child on any property of the Boys & Girls Club or in connection with any activities, unless such loss or injury results directly from negligence or a willful act of an employee of the Boys & Girls Clubs of Monterey County acting within the scope of their employment.

\_\_\_\_\_ Initials

I agree to the terms and conditions described above and understand that by signing this agreement, I acknowledge that I have read and accept the policies of BGCMC. I understand that I can change my permissions at any time by filling out a membership application.

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

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