



BOYS & GIRLS CLUBS
OF MONTEREY COUNTY

Membership Application

The annual fee is \$100 per member.

To renew a membership, complete a Renewal form and submit \$100.

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
◆ Eligible for Free/Reduced Lunch: YES NO
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
◆ Eligible for Free/Reduced Lunch: YES NO
Date of Birth: _____
School: _____ School District: _____
Grade: _____ ◆ Student ID Number: _____
Medical Problems/Allergies: _____

APPLICATIONS WILL NOT BE ACCEPTED UNLESS ALL FIELDS ARE COMPLETE & \$100 PER MEMBER IS ATTACHED

◆ Emergency Contact #1:

Name: _____
Relationship: _____
Authorized to pickup member: YES NO
Phone Number: _____

◆ Emergency Contact #2:

Name: _____
Relationship: _____
Authorized to pickup member: YES NO
Phone Number: _____

◆ Required Consents

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.

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

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

INFORMATION TECHNOLOGY RELEASE: I grant BGCMC permission for my youth to have access to and use of any computer or technology resource on BGCMC network or on the premises. I give my youth permission to use the BGCMC local area networks and Internet gateway. BGCMC will not be responsible for any damage users may suffer, including but not limited to, loss of data, exposure to inappropriate material or people, or for financial obligations arising through the unauthorized use of the system. Students or parents of students will indemnify and hold BGCMC harmless from any losses sustained as the result of misuse of the system by student.

YES or NO _____ Initials

PARENT/GUARDIAN AGREEMENT: I understand that a member of BGCMC 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 BGCMC 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: _____
