

Membership Year:  
Aug. 18, 2010 – Aug. 10, 2011



**BOYS & GIRLS CLUBS**  
OF MARIN AND SOUTHERN SONOMA COUNTIES

www.petaluma-marinbgc.org

***OFFICE USE ONLY***		
<input type="checkbox"/> ATH	<input type="checkbox"/> DAV	<input type="checkbox"/> MCD
<input type="checkbox"/> SMC	<input type="checkbox"/> DRC	<input type="checkbox"/> MCK
<input type="checkbox"/> CAV	<input type="checkbox"/> LA TER	<input type="checkbox"/> RWV
<input type="checkbox"/> Club 203	<input type="checkbox"/> LPC	<input type="checkbox"/> WCC
<input type="checkbox"/> CRC	<input type="checkbox"/> OEV	

## Member Registration Form

- New Member  
 Renewing Member

Member Information				
First Name		Middle Name	Last Name	Nickname
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic		Birth Date ____/____/____ School _____ Grade _____ Teacher _____	
Home Address		City	State	Zip
Mailing Address		City	State	Zip
Home Phone (    )    -		Cell Phone (    )    -		
E-Mail Address				
Father/Guardian Information				
Full Name			Work Phone (    )    -	
Employer			Occupation	
Mother/Guardian Information				
Full Name			Work Phone (    )    -	
Employer			Occupation	
Other Contacts: Only Those Listed Here Are Allowed to Pick Up Member				
Name	Relationship	Phone Number		
1.		(    )		
2.		(    )		
3.		(    )		
4.		(    )		
Member Health Information				
Physician		Phone (    )    -		
Insurance Company		Policy #		
Health Issues / Medications		Preferred Hospital		
Primary language spoken at home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify) _____				
Do you take part in the Migrant Education program? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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Please answer the following questions. The answers you provide are completely confidential. Statistics only (no names) must be reported to receive funding so we may continue to provide Club programs. If you have any questions or concerns about filling out this portion, please talk to a staff member.

Number of people in household \_\_\_\_\_ Number of children under 18 \_\_\_\_\_

Annual Household Income (circle one):

\$0 - \$9,999    \$10,000 - \$19,999    \$20,000 - \$29,999    \$30,000 - \$39,999    \$40,000 - \$49,999    \$50,000 - \$74,999  
 \$75,000 - \$99,999    \$100,000 +

Member Lives With (circle one):

Mother Only    Father Only    Both Parents    Foster Care    Grandparents    Group Home    Other \_\_\_\_\_

Check the boxes below if you:

- Would like to learn more about volunteer opportunities at Boys & Girls Clubs of Marin and Southern Sonoma Counties.
- Would like to learn more about how your company can sponsor Boys & Girls Clubs of Marin and Southern Sonoma Counties.
- Would like to make a donation to Boys & Girls Clubs of Marin and Southern Sonoma Counties.

**Boys & Girls Clubs of Marin and Southern Sonoma Counties Official Policies**  
**PLEASE READ AND SIGN BELOW**

1. I, the parent, approve my child's application for membership to Boys & Girls Clubs of Marin and Southern Sonoma Counties (BGCMSCC) and will notify the BGCMSCC staff of any and all changes to membership application.
2. I understand that BGCMSCC maintains a NO REFUND POLICY.
3. I understand that my child cannot be left at BGCMSCC earlier or later than the Club's established hours of operation.
4. I understand that in the event of extreme or recurring discipline problems, my child may not have use of the Club and/or participation in its programs for a prescribed period of time.
5. I, the parent, am registering my child in program(s) and am responsible for payment.
6. I, the legal parent/guardian of the current member, do hereby irrevocably consent to and authorize the use and reproduction by BGCMSCC of photographs taken of the member I am registering for the purpose of posting on the Club's website and/or for publishing in the newspaper or other brochure unless directly stated in writing to the Program Director.
7. I understand that the member I am registering will have access to computer use in the computer center, with club supervision.

BGCMSCC maintains an open door policy. If it's a parent's desire that his/her child remain at the Club until picked up by a designated person, the responsibility for this lies solely with the parent and the child. The Club staff will NOT be held liable should any child leave the premises without permission. Please contact the Program Director with questions or concerns.

I hereby give my child permission to participate in BGCMSCC. I understand that the BGCMSCC is not responsible for personal injury or loss of property. I give BGCMSCC staff permission to take my child to the nearest qualified physician for observation or treatment in case of an emergency. In the event medical attention other than basic first aid needs to be administered, a concerted effort will be made to contact the parent/guardian or family doctor before any further action is taken on the part of BGCMSCC.

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

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY:**

Form Received & Reviewed by _____		Additional Information:	
Date Membership Fee Paid: _____	Scholarship:	<input type="checkbox"/> Fall Vol	<input type="checkbox"/> T-Ball    [ ] Flag Football
Payment:	<input type="checkbox"/> Full <input type="checkbox"/> Partial \$ _____	<input type="checkbox"/> Fall BB	<input type="checkbox"/> Coach Pitch
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		<input type="checkbox"/> Winter BB	<input type="checkbox"/> Skills & Drills
<input type="checkbox"/> Credit Card              Amount Paid \$ _____	ETO ID# _____	<input type="checkbox"/> Winter Vol	<input type="checkbox"/> Volleyball
Receipt # _____	_____ initial when entered into ETO	Notes:	