



**BOYS & GIRLS CLUB
OF VENICE**

MEMBERSHIP APPLICATION

Last Name _____

Member # _____

Parent E-Mail: _____

for more Club information visit us at:

www.bgcgv.org

2232 Lincoln Blvd, Venice, CA 90291- phone 310-390-4477 fax 310-390-1419

Child Information

Last Name _____	Street Address _____
First Name _____	Mailing Address _____
MI _____ Suffix (Jr., etc.) _____	City _____
Nickname _____	State _____ Zip _____
Grade _____	Home Phone _____
Gender (Circle One) Male Female	School _____
Ethnicity (check one)	Date of Birth _____
<input type="checkbox"/> African-Amer. <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Amer.	Email _____
<input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

Emergency Information

Contact (not guardian) _____	Allergies _____
Relationship to child _____	Medications _____
Contact's Phone # _____	Health Ins. Carrier _____

Parent/Guardian Information

Last Name _____	Last Name _____
First Name _____	First Name _____
MI _____ Suffix (Jr., etc.) _____	MI _____ Suffix (Jr., etc.) _____
Relationship to child _____	Relationship to child _____
Marital Status _____	Marital Status _____
Street Address _____	Street Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Home Ph# _____	Home Ph# _____
Business Ph# _____	Business Ph# _____
Cell Ph# _____	Cell Ph# _____
Email _____	Email _____
Employer _____	Employer _____
Job Title _____	Job Title _____

Household Information

Annual Household Income (check one)		Member Lives With (Check one)	
<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$40,000 - \$49,999	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother <input type="checkbox"/> Father
<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather
<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$100,000+	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____
Check All That Apply			
<input type="checkbox"/> SSDI	<input type="checkbox"/> SSI	<input type="checkbox"/> Day Care	<input type="checkbox"/> TANF
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Veterans Comp.	<input type="checkbox"/> School Lunch Prog.	<input type="checkbox"/> General Assistance

This health history is correct to my knowledge, and the person herein described has permission in all prescribed Club activities except as noted by the examining physician and me. I hereby give my permission to the physician selected by the Boys & Girls Club officials to order x-rays, routine test and treatment for the health of my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Boys & Girls Club officials to hospitalize, secure proper treatment for, and order injection and/or anasthesia and/or surgery for my child as named above. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. Also, for good and vluable consideration, I hereby consent to authorize the reproduction, publication and use by the Boys & Girls Club of Venice and successors and assigns, for advertising, commercial, or other purposes, of any photograph or likeness of my child. **HOLD HARMLESS CLAUSE:** I further agree that the Boys & Girls Club of Venice, its Board of Directors, Officials, Agents and Staff are hereby relived of all liability in the event of accident or injury to the said minor.

I REALIZE THAT THE CLUB HAS AN "OPEN DOOR POLICY" AND MY CHILD IS FREE TO COME AND GO AS HE/SHE CHOOSES. PARENTS WHO WISH FOR THEIR CHILDREN TO REMAIN AT THE CLUB MUST INSTRUCT THEIR CHILDREN TO DO SO.

Parent/Guardian Signature _____ Witness _____ Date _____

Office Use Only

Start Date _____ Expiration Date _____ Revised Feb 10