



BOYS & GIRLS CLUB
OF GREATER OXNARD AND
PORT HUENEME

BGCOP STAFF USE ONLY

Date Received ___/___/___ Staff Initials _____
 Payment Received Yes No
 Fee Waived Yes No
 Membership # _____
 New Renewal **Date Entered** ___/___/___
 MVS PH HHS Nyeland

MEMBERSHIP APPLICATION

MEMBER INFORMATION (REQUIRED)

Last Name		First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Age	Eye Color	Hair Color	Height	Weight
Address		City		Zip Code	
Phone Number		Email Address			
Guardian #1 Full Name		Relation		Phone Numbers (Home/Work/Cell)	
Guardian #2 Full Name		Relation		Phone Numbers (Home/Work/Cell)	
Emergency Contact Full Name		Relation		Phone Numbers (Home/Work/Cell)	
Emergency Contact Full Name		Relation		Phone Numbers (Home/Work/Cell)	
School Name		Grade		Teacher's Name	

MEDICAL INFORMATION (REQUIRED)

Name of Preferred Doctor		Doctor's Phone Number		Insurance Policy Number	
Do you receive Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Gold Coast Health Plan <input type="checkbox"/> Yes <input type="checkbox"/> No					
List any medical problems, allergies and/or current medications:					

EMPLOYER INFORMATION (REQUIRED)

Parent/Guardian 1 Work-Company Name			Parent/Guardian 2 Work-Company Name		
Do you think the company you work for would be interested in donating goods, services or dollars to help one of our programs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please provide the following information:					
Company Name		Contact Name		Phone Number	
Please mention my name when contacting my company: <input type="checkbox"/> Yes <input type="checkbox"/> No					
My company will accept request for (Please select all that apply):					
<input type="checkbox"/> Discounts	<input type="checkbox"/> Dollars	<input type="checkbox"/> Products	<input type="checkbox"/> Services	<input type="checkbox"/> Other	

VOLUNTEER OPPORTUNITIES

Are you interested in being a volunteer? Yes No **If yes, select your interest area:**

<input type="checkbox"/> Coach Sports	<input type="checkbox"/> Referee Sports	<input type="checkbox"/> Dance/Drama	<input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Office Help	<input type="checkbox"/> Music	<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Computer Lab
<input type="checkbox"/> Teen Center	<input type="checkbox"/> Social Events	<input type="checkbox"/> Other	

**FOR THE PURPOSES OF GRANTS AND SURVEYS, PLEASE FILL IN THE FOLLOWING INFORMATION.
THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARE WITH ANY OTHER AGENCY:**

Household Size _____	Do you live in a Housing Development? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Single Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Head of House Hold: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both		
Military Family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives on Military Base? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Branch:	
Child's Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino	

Please Indicate member's race:

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian and White	<input type="checkbox"/> American Indian/Alaskan Native and Black African American
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Black/ African American and White	<input type="checkbox"/> Other

HOUSEHOLD INCOME

Please indicate your household size and annual income:

Household Size	30% Median	50% Median	80% Median	> 80% Median
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 - \$19,600	<input type="checkbox"/> \$19,061 - \$32,700	<input type="checkbox"/> \$32,701 - \$52,300	<input type="checkbox"/> \$52,301 or more
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$22,400	<input type="checkbox"/> \$22,401 - \$37,400	<input type="checkbox"/> \$37,401 - \$59,800	<input type="checkbox"/> \$59,801 or more
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$25,200	<input type="checkbox"/> \$25,201 - \$42,050	<input type="checkbox"/> \$42,051 - \$67,250	<input type="checkbox"/> \$67,251 or more
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$28,000	<input type="checkbox"/> \$28,001 - \$46,700	<input type="checkbox"/> \$46,701 - \$74,700	<input type="checkbox"/> \$74,701 or more
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$30,250	<input type="checkbox"/> \$30,251 - \$50,450	<input type="checkbox"/> \$50,451 - \$80,700	<input type="checkbox"/> \$80,701 or more
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$32,580	<input type="checkbox"/> \$32,581 - \$54,200	<input type="checkbox"/> \$54,201 - \$86,700	<input type="checkbox"/> \$86,701 or more
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$36,730	<input type="checkbox"/> \$36,731 - \$57,950	<input type="checkbox"/> \$57,951 - \$92,650	<input type="checkbox"/> \$92,651 or more
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 - \$40,890	<input type="checkbox"/> \$40,891 - \$61,650	<input type="checkbox"/> \$61,651 - \$98,650	<input type="checkbox"/> \$98,651 or more

PARENT/GUARDIAN ACKNOWLEDGMENT

I understand that my child can enter and leave the Boys & Girls Clubs of Greater Oxnard and Port Hueneme (referred to as the Club) AT WILL, and that the Club is not a Day Care Facility and cannot give my child constant exclusion attention. I further understand that it is my responsibility to give my child instructions to stay and participate in Club activities. The Club provides staff in all areas of Club activities. I hereby give my permission for my child to participate in Club Programs. In consideration of this permission, I understand, hereby for and on behalf of said child, our heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which I may hereafter have against the Club and/or its assigns for any and all injuries or damages which may be sustained or suffered by said child in connection with or entry in an/or arising out of traveling to, participating in, or returning from said activity or event. In the event of an injury to my child and I cannot be contacted, I hereby give permission to a representative of the Boys & Girls Clubs of Greater Oxnard and Port Hueneme to authorize the medical doctor or hospital to administer any and all medical treatment to my child. I hereby give permission for my child to be used in public relations materials if the opportunity arises. I understand that membership to the Club is a privilege and if my child is not able to abide by all safety rules, the membership can be withdrawn for designated periods of times or revoked permanently. All fees to the Club will be forfeited during the withdrawal period and/or at the moment of membership revocation.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

MEMBERSHIP ACKNOWLEDGEMENT

I wish to become a member of the Boys & Girls Clubs of Greater Oxnard and Port Hueneme. I agree to obey the rules, be careful to prevent damage to the Club and the equipment, and most importantly to have fun. I also know if I am suspended from the Club for failure to obey rules, I understand that no dues will be returned to me.

CLUB MEMBER SIGNATURE: _____