



# Boys & Girls Clubs of San Dieguito Membership Registration



Member Name \_\_\_\_\_ Age \_\_\_\_ M \_\_\_\_ F \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Mailing Address \_\_\_\_\_  
Street or P.O. Box City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Parent/Guardian E-mail \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

### FATHER'S INFORMATION:

### MOTHER'S INFORMATION:

Last First

Last First

(\_\_\_\_) \_\_\_\_\_  
Cell Phone Work Phone

(\_\_\_\_) \_\_\_\_\_  
Cell Phone Work Phone

### EMERGENCY CONTACTS (Other than parent):

Last First

Last First

(\_\_\_\_) \_\_\_\_\_  
Phone Relationship to member

(\_\_\_\_) \_\_\_\_\_  
Phone Relationship to member

Is the above individual authorized to pick up the member? \_\_\_\_\_ Is the above individual authorized to pick up the member? \_\_\_\_\_

### MEDICAL/INSURANCE INFORMATION:

Medication(s) Needed: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### PARENT/GUARDIAN:

- I hereby give my permission to my child to become a member of the Boys & Girls Clubs of San Dieguito ("BGCSD").
- I hereby give my consent for the BGCSD member named above to participate in off-site BGCSD events and field trips.
- I hereby acknowledge that photographs and video of my child may be taken and used for promotional purposes.
- In an emergency, the undersigned authorize BGCSD to obtain the services of such doctor, hospital, dentist or others as BGCSD shall determine for the benefit of the BGCSD member named above and the undersigned agree to pay for all medical, dental or hospital or other services required for the benefit of the BGCSD member named above. The undersigned shall reimburse BGCSD for all expenses incurred in connection with said emergency. The undersigned hereby waive any and all claims they may have against BGCSD relating to medical, hospital, surgical and dental care furnished to the BGCSD member named above pursuant to this agreement and agree to hold BGCSD free and harmless from all claims that the BGCSD member, the undersigned and others may have in relation to emergency treatment and services rendered pursuant to this agreement.
- This authorization shall remain in effect until revoked in writing and delivered to agent of BGCSD.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

The following responses will be used only for grant proposals, to document membership and demographics in our organization:

### COMBINED ANNUAL HOUSEHOLD INCOME (Please check one.)

\$18,150 and under \_\_\_\_ \$18,151 to \$29,050 \_\_\_\_ \$29,051 to \$45,000 \_\_\_\_ \$45,001 and above \_\_\_\_

### CHILD'S ETHNIC BACKGROUND (Please check one.)

African American \_\_\_\_ American Indian \_\_\_\_ Asian \_\_\_\_ Caucasian \_\_\_\_ Hispanic \_\_\_\_ Pacific Islander \_\_\_\_ Other \_\_\_\_

### MEMBER LIVES WITH: (Please check all that apply.)

Mother \_\_\_\_ Stepmother \_\_\_\_ Father \_\_\_\_ Stepfather \_\_\_\_ Other \_\_\_\_