



BOYS & GIRLS CLUBS
UNITED BOYS & GIRLS CLUBS
OF SANTA BARBARA COUNTY

MEMBERSHIP APPLICATION

Please *PRINT* Clearly

OFFICIAL USE ONLY

Amount Paid \$ _____ Date: _____

Check # _____ Scholarship: _____

Child Information:

First Name: _____ Middle Init: _____ Last: _____ Nickname: _____
Birth Date: _____ Age: _____ School: _____ Day Phone: _____
Address: _____ City: _____ Night Phone: _____

Emergency Contact:

Name: _____ Phone Number(s): _____
Name: _____ Phone Number(s): _____

Parent/Guardian #1:

Relationship: _____
Name: _____
Employer: _____
Occupation: _____
Work Address: _____
Phone 1: _____ Type: _____
Phone 2: _____ Type: _____

Parent / Guardian #2:

Relationship: _____
Name: _____
Employer: _____
Occupation: _____
Work Address: _____
Phone 1: _____ Type: _____
Phone 2: _____ Type: _____

Household Information:

Annual Household Income

☐ 0 – \$10,000 ☐ \$10,000 – \$20,000 ☐ \$20,000 – \$30,000 ☐ \$30,000 – \$40,000 ☐ \$40,000 – \$50,000
☐ \$50,000 – \$60,000 ☐ \$60,000 +

Female head of household? ☐

No. of people in Household: _____

Medical Information:

Doctor Name: _____ Phone: _____
Any Medical Problems/Allergies _____

Physical Information:

Eye: _____ Hair: _____ Height: _____ Weight: _____ Race: _____ Gender: M F

RACE (must choose one race AND one ethnicity)

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

ETHNICITY

- ☐ Hispanic/Latino
☐ Non-Hispanic/
Latino

☐ CHECK HERE FOR CLUBHOUSE PROGRAM

I hereby give permission for my child to become a member of the United Boys & Girls Clubs of Santa Barbara County. I clearly understand that the service provided is strictly a Drop-In Program. If I have any questions regarding the Clubhouse procedure, I will speak with a staff member of the Boys & Girls Club. I grant permission for photographs in which my child appears, to be used in marketing and publicity materials for the Boys & Girls Club. I give permission for my child, listed above, to attend any Boys & Girls Club field trips and participate in age appropriate programs. It is understood, however, that my child membership includes a secondary insurance while taking part in Boys & Girls Club activities should my child become injured.

☐ CHECK HERE FOR PRE-SCHOOL / CHILDCARE PROGRAM

I hereby give permission for my child to become a member of the United Boys & Girls Clubs of Santa Barbara County. I clearly understand that the service provided is a State Licensed Program. If I have any questions regarding the Childcare procedure, I will speak with a staff member of the Boys & Girls Club. I grant permission for photographs in which my child appears, to be used in marketing and publicity materials for the Boys & Girls Club. It is understood, however, that my child membership includes a secondary insurance while taking part in Boys & Girls Club activities should my child become injured.

I agree that in case of accident or injury to my child, to hold blameless, and to waive all claims against The Boys & Girls Clubs, its officials, staff or anyone who it may hire to appoint or supervise field trips and all Club related activities. In the event of an emergency the person in charge has may permission to see that proper action is taken. I give consent for my child to be examined and treated by a physician or hospital at any time the management of the Boys & Girls Club deems it necessary.

Parent Signature _____

Date: _____