



BOYS & GIRLS CLUB OF WHITTIER
7905 Greenleaf Ave, Whittier, California 90602
(562) 698-8630
MEMBERSHIP APPLICATION

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell phone: _____ Date of Birth: _____

Gender: Male () Female () School: _____ Grade: _____

Guardian/Parent 1

Name: _____ Relationship: _____

Employer: _____ Employer Telephone: _____

Guardian/Parent 2

Name: _____ Relationship: _____

Employer: _____ Employer Telephone: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical and Personal Information:

Doctor Name: _____ Doctor Phone: _____

Health Coverage Y N Policy # _____ Any serious health problems and/or allergies? Yes No If yes, Please explain: _____

Physical Descriptions:

Eye Color _____ Hair Color _____ Height _____ Weight _____

Race: African American Asian Caucasian Hispanic Native American Other

Child Lives With: Mother Step Mother Father Step Father Grandparent Other

Head of Household: Female Male Number Living in Home: _____ Single Parent: Y N

Income: \$0-\$10,000 \$11,000-\$17,000 \$18,000-\$34,000 \$35,000-\$49,000 \$50,000

THE BOYS & GIRLS CLUB OF WHITTIER IS NOT A DAYCARE FACILITY. WE ARE NOT RESPONSIBLE FOR THE MANNER IN WHICH YOUR CHILD(REN) ARRIVE AND LEAVE THE FACILITY.

I (We) the undersigned parent/guardian(s) of _____, a minor, do hereby authorize the Boys & Girls Club of Whittier as agents for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. It is understood that this authorization is given in advance to provide authority on the part of the Boys & Girls Club of Whittier to give specific consent to any and all such diagnosis, treatment or hospital care deemed advisable by aforementioned physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I (we) release and forever discharge any and all rights and claims for any loss of personal property, or personal injuries to the aforementioned minor.

“I certify that all the information provided is true and accurate.”

Signature of Parent/Guardian

Signature of Parent/Guardian

I approve my child’s membership in the Boys & Girls Club of Whittier and give my consent to take part in the Club’s activities. I acknowledge that the Club and its personnel are not responsible for personal injury to my child or loss of his /her property. I will assume the financial responsibility for any property or equipment that is damaged as a result of my child’s carelessness or negligence. I grant permission to photograph my child and use their picture in connection with promotion of the Boys & Girls Club of Whittier. We maintain an “Open Door Policy”. Members may come and go at their will. It is the responsibility of the parent/guardian to instruct their child(ren) as to whether or not they are allowed to leave the Club’s supervised areas. The Club is not responsible if your child leaves the Club.

“I certify that all the information provided is true and accurate.”

Signature of Parent/Guardian

Signature of Parent/Guardian

****NEW MEMBER AGREEMENT****

“I wish to become a member of the Boys & Girls Club of Whittier. I Promise to take care of my Club property. I will have my membership card with me at all times while I am at the club. I will be respectful to all staff as well as other club members.

Signature of Member

How did you hear about the club?

_____Flyer _____Friend _____Family Member _____News paper _____Boys & Girls Club Staff

OFFICE USE ONLY	Scholarship: _____YES _____NO
Membership # _____	
ENROLLMENT DATE: _____	EXPIRATION DATE: _____
AGE VERIFIED _____	BIRTH CERTIFICATE _____ MEDICAL ID _____
AMOUNT PAID: _____	RECEIPT NUMBER: _____ CHECK NUMBER: _____
STAFF SIGNATURE: _____	