



**BOYS & GIRLS CLUB  
OF SANTA CRUZ  
MEMBERSHIP FORM  
Club Member Information**

<b>Annual Membership Fee \$15</b> Please Indicate: New Membership _____  Membership Renewal _____
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Member's Name: \_\_\_\_\_, \_\_\_\_\_  
First Name: Last Name:

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ (must be 7-18)  
 Gender:  female  male

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Food Stamps  SSI  School Lunch Program  Medicaid  
 Ethnicity:  Asian  African-American  Hispanic  Caucasian  Other \_\_\_\_\_

Please list any medications or medical restrictions your child has \_\_\_\_\_  
 \_\_\_\_\_

**Head of Household** (Please Print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ (Zip) \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Household setting:  
 both parents  mom  dad  joint custody  grandparents  group home  foster home

**Other Parent/Guardian**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ (Zip) \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Emergency Contact**

*Please list a person other than the parents that can be contacted in case of an emergency*

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Sponsor A Child**

Yes, I would like to sponsor another child to participate in Boys & Girls Club of Santa Cruz. I would like to sponsor:

**\$15.00** \_\_\_\_\_ **\$30.00** \_\_\_\_\_ **\$50.00** \_\_\_\_\_ **Other** \_\_\_\_\_  
 Membership (2) memberships Sports League

I give my child permission to join the Boys & Girls Club of Santa Cruz and participate in its activities. **I understand that the decision to enter and exit from the Boys & Girls Club of Santa Cruz is up to the parent/guardian and Club member.** I release the Boys & Girls Club of Santa Cruz of responsibility for injury, accident or loss of belongings while my child is participating. I give permission for a license physician to perform any medical service deemed necessary in the event that I cannot be reached. I give permission for a Boys & Girls Club of Santa Cruz representative to transport my child in said case, when deemed necessary. I permit the Boys & Girls Club of Santa Cruz to utilize photographs of my child taken during his/her involvement in Club programs and hereby waive all rights of compensation. I give my child permission to participate in anonymous Club program evaluation surveys.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Club Member's Signature**

\_\_\_\_\_  
**Date**

### **Membership Renewal**

I have already been through a membership orientation and understand what is expected in terms of behavior. I understand what the consequences are should negative behavior occur. I have received and read the orientation manual and I agree to abide by the polices and procedures described within. I understand what is expected of me as a participating parent in the Club's programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### **Mission of the Boys & Girls Club of Santa Cruz**

The mission of the Boys & Girls Club of Santa Cruz is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.

The Boys & Girls Club of Santa Cruz is a non-profit organization which was incorporated in August 1965 and has been a chartered member of Boys & Girls Clubs of America since February 1969.