



**BOYS & GIRLS CLUBS**  
OF WESTMINSTER

# Boys & Girls Club of Westminster SUMMER 2012 REGISTRATION FORM

### Youth Member Information

Renewal?  No  Yes      Member/ Student I.D. # \_\_\_\_\_      Grade in 2012 / 2013 \_\_\_\_\_

Members First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: \_\_\_M \_\_\_F      Date of Birth: \_\_\_\_\_      Primary Language \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### **Ethnicity / Race:**

This information is only used for government reporting purposes to monitor compliance with equal opportunity laws. (This is voluntary)

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

### **School Information:**

School: \_\_\_\_\_ Grade next year: \_\_\_\_\_

**My child is in the Free / Reduced Lunch Program**    Yes \_\_\_\_\_ No \_\_\_\_\_      Please Circle One:    **Free**    or    **Reduced**

### **Medical Information:**

Medi-cal: \_\_\_Yes \_\_\_No

Does your family have health insurance? \_\_\_Yes \_\_\_No      Does your family have accident insurance: \_\_\_Yes \_\_\_No

Does your child have any Medical Conditions?: \_\_\_Yes \_\_\_No    If Yes, explain: \_\_\_\_\_

Does your child take any Medications?: \_\_\_Yes \_\_\_No    If Yes, explain: \_\_\_\_\_

### **Household:**

**NOTE: This information is collected for Grant writing purposes ONLY**

Check all that apply:

Member lives with: \_\_\_\_\_ Mom    \_\_\_\_\_ Step Mom    \_\_\_\_\_ Dad    \_\_\_\_\_ Step Dad    \_\_\_\_\_ Both Mother & Father

Foster Parent(s) \_\_\_\_\_ Grandparent \_\_\_\_\_ Other: \_\_\_\_\_

Number of persons in Household: \_\_\_\_\_

Is there a Member of the Household 65 years old or older: \_\_\_Yes \_\_\_No

Is there a Member of the Household Disabled: \_\_\_Yes \_\_\_No

Current Head of Household: \_\_\_Female \_\_\_Male \_\_\_Both

Is this a Single Parent Household: \_\_\_Yes \_\_\_No



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Annual Income Level		
\$0 - \$5,000 _____	\$5,001 - \$10,000 _____	\$10,001 - \$15,000 _____
\$15,001 - \$20,000 _____	\$20,001 - \$25,000 _____	\$25,001 - \$30,000 _____
\$30,001 - \$35,000 _____	\$35,001 - \$40,000 _____	\$40,001 - \$45,000 _____
\$45,001 - \$50,000 _____	\$50,001 - \$55,000 _____	More than \$55,001 _____

**Acknowledgement and Consent:** For both internal and external use, I acknowledge that the Boys & Girls Club of Westminster may utilize photographs or videos of my child to be taken for use by school newsletters, newspapers, television, professional journals, the Internet and other communication media during involvement in Boys & Girls Club activities. I consent to such uses and hereby waive any rights of compensation.

\_\_\_\_\_ Yes \_\_\_\_\_ No  
Please Initial

**Acknowledgement and Release of Student Grades**

By granting permission for my child to participate in the Clubs Program, I also acknowledge and give consent for outcomes, data collected and student grades to be shared with community partners and the grant evaluation team.

\_\_\_\_\_ Yes \_\_\_\_\_ No  
Please Initial

**Waiver of Liability & Disclaimer:** In consideration of my child's participation in the activities, prevention curriculum (discussions which teach youth the dangers of drugs, alcohol, life skills/options and negative peer pressure), and special programs or events, on behalf of myself, child and any heirs, I waive, release, and agree to defend and hold harmless the Boys & Girls Club of Westminster and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any the Boys & Girls Club related-events, field trips, activities, curriculum, program, or property. I attest and verify that I have full knowledge of the risks involved in the program related events, activities, programs, curriculum and properties and that I will, on behalf of the my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of the Boys & Girls Club of Westminster.

**Emergency Authorization:** I, the undersigned, as parent/guardian of my child, hereby authorize the staff of the Boys & Girls Club of Westminster, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel.

**NOTE: YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND ACCEPT THE POLICIES/CONDITIONS OF THE BOYS & GIRLS CLUB OF WESTMINSTER AS DESCRIBED ABOVE.**

\_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

BGCW Office Only

**Quick Entry**

DATE \_\_\_\_\_ RENEWAL? **Y / N** WSD ID# / MEMBER #: \_\_\_\_\_ QUICK ENTRY STAFF INITIALS: \_\_\_\_\_

FEE: \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ FEE TYPE: SmrDayCamp, Mbrship, T-Shirt, Event Other

PAYMENT TYPE: CASH CHECK # \_\_\_\_\_ CREDIT CARD SCHOLARSHIP

**Complete Entry**

DATE ENTERED INTO SYSTEM: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_ PRIDE MEMBER: \_\_\_ YES or \_\_\_ NO

PARENT ORIENTATION: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE ATTENDED \_\_\_\_\_

REFERRED TO PROGRAM BY: \_\_\_\_\_ DATE \_\_\_\_\_



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Member's Name: \_\_\_\_\_

<p><b><u>PRIMARY CONTACT #1</u></b></p> <p>Relationship to Member: _____</p> <p>Parent/Guardian: _____</p> <p>Emergency: Contact _____</p> <p>Person authorized to pickup member: _____</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Phone #: _____</p> <p>Phone #: _____</p> <p>Phone #: _____</p>	<p><b><u>PRIMARY CONTACT #2</u></b></p> <p>Relationship to Member: _____</p> <p>Parent/Guardian: _____</p> <p>Emergency: Contact _____</p> <p>Person authorized to pickup member: _____</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Phone #: _____</p> <p>Phone #: _____</p> <p>Phone #: _____</p>
<p><b>#3</b></p> <p>Relationship to Member: _____</p> <p>Parent/Guardian: _____</p> <p>Emergency: Contact _____</p> <p>Person authorized to pickup member: _____</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Phone #: _____</p> <p>Phone #: _____</p> <p>Phone #: _____</p>	<p><b>#4</b></p> <p>Relationship to Member: _____</p> <p>Parent/Guardian: _____</p> <p>Emergency: Contact _____</p> <p>Person authorized to pickup member: _____</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Phone #: _____</p> <p>Phone #: _____</p> <p>Phone #: _____</p>
<p>Notes:</p>	<p>Notes:</p>