



BOYS & GIRLS CLUBS
OF SANTA CRUZ COUNTY

MEMBERSHIP FORM

Annual Membership Fee: \$75
Optional Sponsorship \$ _____
 New Renewal
Primary Clubhouse: Downtown
 Live Oak

Office use only:
Receipt # _____
Date _____
Initials _____

Club Member Information

First Name: _____ Last Name: _____
Date of Birth: _____ Age (must be 6-18): _____
Gender: female male other _____
School: _____ Grade: _____
Allergies: none _____
Medical Issues: none _____

Primary Parent/Guardian

First Name: _____ Last Name: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Other Phone: _____
Email Address: _____
Relationship to child: _____
Is this person a guardian? Yes Is this person allowed to pick up/drop off the child? Yes

Secondary Parent/Guardian or Other Contact

First Name: _____ Last Name: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Other Phone: _____
Email Address: _____
Relationship to child: _____
Is this person a guardian? Yes Is this person allowed to pick up/drop off the child? Yes

Emergency Contact (this is the first person we will call)

First Name: _____ Last Name: _____
Phone: _____

Sponsor A Child

Yes, I would like to sponsor another child to participate at the Boys & Girls Clubs of Santa Cruz County. I would like to sponsor:

1 membership (\$75) 2 memberships (\$150) Sports League (\$100) Other: _____

Other Contact

First Name: _____ Last Name: _____ Gender: _____

Cell Phone: _____ Other Phone: _____

Relationship to child: _____

Is this person a guardian? Yes Is this person allowed to pick up/drop off the child? Yes

Other Contact

First Name: _____ Last Name: _____ Gender: _____

Cell Phone: _____ Other Phone: _____

Relationship to child: _____

Is this person a guardian? Yes Is this person allowed to pick up/drop off the child? Yes

Household Information (used for statistical and grant purposes only)

Household Type: Both Parents Mother Father Alternate Custody Other Family
 Group Home Foster home Other

Number of siblings: _____ Total Household Size: _____ Military Household Member? Yes

Please mark if any of the following apply:
 Parent Incarcerated General Assistance/CalWorks Free or Reduced Lunch SSI
 FoodStamp/SNAP/CalFresh Public Housing TANF SSDI

Family Revenue: \$0 – 20,000 \$20,001 - \$40,000 \$40,001 - \$60,000 \$60,001 - \$80,000 \$80,001+

Language at Home: English Spanish

Child's Race: White African American Asian/Pacific Islander Multi-Race Other (please specify) _____

Child's Ethnicity: Latino/Hispanic

Consent

I give my child permission to go on Field Trips *[please sign attached permission form]*. Yes No

I permit the BGCSCC to utilize Photos/Videos of my child taken during their involvement in Club programs and hereby waive all rights of compensation. Yes No

I permit my child to have Internet Access in the computer lab and understand that this is a privilege that can be revoked if misused. Yes No

I give permission for a licensed physician to perform any medical service deemed necessary in the event I cannot be reached, and for a BGCSCC representative to transport my child if deemed necessary. Yes No

I give permission for my child to participate in activities in the downtown Club's indoor swimming pool. Yes No

I give permission for the Club to access my child's School Records to help them with their educational goals and homework *[please sign attached permission form]*. Yes No

I give permission for my child to participate in lifestyle programs (SMART Girls/ Passport to Manhood) *[please sign attached permission form]*. Yes No

- I give my child permission to join the Boys & Girls Clubs of Santa Cruz County and participate in its activities. **I understand that the decision to enter and exit from the Boys & Girls Clubs of Santa Cruz County is up to the parent/guardian and Club member.** I release the Boys & Girls Clubs of Santa Cruz County of responsibility for injury, accident or loss of belongings while my child is participating. I give my child permission to participate in Club program evaluation surveys.
- **I have received a copy of the Membership Orientation and agree to the Club policies it describes.**

Parent/Guardian Signature

Club Member Signature

Date



BOYS & GIRLS CLUBS
OF SANTA CRUZ COUNTY

Day Camp Payment Policy

The Boys & Girls Clubs of Santa Cruz County allows for families to have flexibility in selecting the programs and services in which they would like to enroll their child(ren). In allowing this flexibility we offer both daily and weekly payment options. Please review the payment options and policies detailed below.

Payment Option 1

Parents that elect to pre-register for the week must pay prior to the week their child will be attending or Monday morning **when the child arrives at the Club**. Pre-registration can be made with cash, check, or credit card.

Payment Option 2

Parents that do not need their child to attend the Club every day have the option to pay the daily fee. The daily fee is \$15/day in summer, \$5/day during school holiday camps and must be paid the week prior to their child's attendance but no later than when the child **arrives at the Club**.

Unpaid balances

Any family that has an unpaid balance from previous extended day programs (i.e. summer camp, winter break, spring break, etc.) will need to pay those balances before they will be eligible to register for any day camp program. Families having financial difficulties can apply for a program scholarship for current programs but will still be responsible for past balances. Scholarships are granted on a greatest need basis. Additional documentation is required – not all scholarship requests are granted.

Non-payment policy

Parents will be notified immediately if their child is dropped off at the Club without payment. Any child that has unpaid daily fees will not be permitted to attend the program until those fees are paid.

Refund Policy

There will be no refunds granted for daily or weekly fees. Paid daily fees are non-transferable in the event that a member is not able to attend a day previously registered for.

Bounced Check Policy

The bounced check fee is \$15. The original amount due plus the \$15 fee must be paid in cash at the front counter.

I have read and understand the Boys & Girls Clubs of Santa Cruz County payment policies.

_____	_____
Parent/Guardian Signature	Date

Late Pick Up Policy

The Boys & Girls Clubs of Santa Cruz County closes at 6pm during the summer months and 7pm during the school year, Monday through Friday. Although we want to make the afternoon commute and pick up as easy as possible for everyone, it is important to us that our staff are able to end their day on time. If a parent or person responsible for pick up arrives after closing, they will be charged \$1.00 for every minute late. If it is after closing time and a child has not been picked up, the closing staff will begin calling emergency numbers on the child's registration. If the child has not been picked up after 30 minutes and there has been no contact with a parent or emergency person, the authorities will be called and the child will be removed under their protection.

More than two late pick-ups could result in suspension or termination of your child's enrollment in the program.

_____	_____
Parent/Guardian Signature	Date



Optional Permission Forms

The following are optional permission forms for your child to participate in special programs at the Club.
For more information, please contact the Program Director.

Please sign and date below to indicate if you are giving permission.

Field Trips

Yes, I give permission for my child _____ to attend Club field trips. I understand that my child will be informed of appropriate behavior and is expected to obey the rules and procedures of the trip. Any unacceptable behavior may cause suspension from future field trips.

I authorize the Boys & Girls Clubs of Santa Cruz County 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 supervision of any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I waive all claims against the Boys & Girls Clubs of Santa Cruz County (or its agents, officers or employees) in the case of injury, accident or illness occurring during or by reason of the field trip or excursion.

Parent/Guardian Signature

Date

Accessing School Records

Yes, I give permission for the Boys & Girls Clubs of Santa Cruz County to access my child's school records to help them with their educational goals and homework while at the Club.

(Optional) I would also like to provide my child's teacher's contact information:

Teacher's Name: _____

Phone #: _____ Email address: _____

Parent/Guardian Signature

Date

Lifestyle Programs (SMART Girls/Passport to Manhood)

Yes, I give my child permission to participate in the Club's lifestyle programs (SMART Girls/Passport to Manhood). I understand that SMART Girls is designed for girls ages 8-12 and 13-15 and Passport to Manhood is designed for boys ages 8-12 and 13-15. The programs will include discussion of tough issues such as self-esteem, peer pressure, drugs, sex, school, parents, teachers, brothers, and sisters (anything members need/want to talk about). Age will determine how far topics will be discussed.

Parent/Guardian Signature

Date