



**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



## 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

I give my consent for the Boys & Girls Clubs of Santa Cruz County to access the following information from the Live Oak School District or other pertinent School Districts in Santa Cruz County to help my child with their educational goals while at the Club:  Grades  State and Local Assessments  Attendance  Discipline  Academics  Demographics

Parent/Guardian consent to release Grades and or State and Local Assessments can be revoked at any time by contacting the Boys & Girls Clubs of Santa Cruz County's Administrative Offices at (831) 423-3138.

(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