



**BOYS & GIRLS CLUB
OF GREATER OXNARD AND
PORT HUENEME**

BGCOP STAFF USE ONLY

Staff Initials _____ Date Received ____/____/____
 Payment Received Yes No
 Receipt # _____
 Fee Waived Yes No
 Membership # _____
 New Renewal Date Entered ____/____/____
 MVS PH PHT HHS RFYC SQ

MEMBERSHIP APPLICATION

MEMBER INFORMATION(REQUIRED)

Last Name		First Name			Middle Name/MI	
Date of Birth ____/____/____	Age	Eye Color	Hair Color	Height	Weight	Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 3 rd Gender <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to state
Address		City			Zip Code	
Primary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Email Address				
Parent/Guardian #1 Full Name		Relationship-Lives with member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Alternate (____) _____ - _____		
Parent/Guardian #2 Full Name		Relationship-Lives with member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Alternate (____) _____ - _____		
Emergency Contact Full Name		Relationship-Lives with member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Alternate (____) _____ - _____		
Emergency Contact Full Name		Relationship-Lives with member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Alternate (____) _____ - _____		
School Name			Teacher Name			Grade Level

MEDICAL INFORMATION (REQUIRED)

Name of Preferred Doctor	Doctor's Phone Number	Insurance Carrier	Insurance Policy Number
Do you receive Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a Gold Coast Health Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide detail information about any medical concerns (e.g., physical limitations, allergies etc.)			
Is the member taking medication <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out a Medication Record Form.			

EMPLOYER INFORMATION (REQUIRED)

Parent/Guardian #1 - Employed/Company Name		Parent/Guardian #2 - Employed/Company Name	
Does anyone in the household work in the agriculture/farming/harvesting? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you think the company you work for would be interested in donating goods, services or dollars to help one of our programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following company contact information:			
Company Name		Contact Name	Phone Number
The company will accept request for (Please select all that apply):			
<input type="checkbox"/> Discounts	<input type="checkbox"/> Dollars	<input type="checkbox"/> Products	<input type="checkbox"/> Services <input type="checkbox"/> Other

VOLUNTEER OPPORTUNITIES

Are you interested in being a volunteer? Yes No **If yes, select your interest area:**

<input type="checkbox"/> Sport	<input type="checkbox"/> Tech	<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Music
<input type="checkbox"/> Teen Center	<input type="checkbox"/> Office Help	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Other

FOR THE PURPOSES OF GRANTS AND SURVEYS, PLEASE FILL IN THE FOLLOWING INFORMATION. THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARE WITH ANY OTHER AGENCY: (REQUIRED)

Household Size _____	Do you live in a Housing Development? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Single Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Head of House Hold: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both		
Military Family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives on Military Base? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Branch:	

Please Indicate member's ethnicity: Hispanic or Latino Not Hispanic or Latino

Please Indicate member's race: (Mark all that apply)

<input type="checkbox"/> White	<input type="checkbox"/> Hawaiian Native/Pacific Islander
<input type="checkbox"/> American Indian	<input type="checkbox"/> Multi-Ethnic origin, ethnicity or race
<input type="checkbox"/> Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Decline to State

HOUSEHOLD INCOME (REQUIRED)

Please indicate your household size and annual income: This data is being collected and analyzed for the purpose of securing a grant, demonstrating the need for funding and the potential impact of the proposed project or initiative.

Household Size	30% Median	50% Median	80% Median	> 80% Median
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 - \$27,900	<input type="checkbox"/> \$27,901 - \$46,500	<input type="checkbox"/> \$46,501 - \$74,400	<input type="checkbox"/> \$74,401 or more
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$31,900	<input type="checkbox"/> \$31,901 - \$53,150	<input type="checkbox"/> \$53,151 - \$85,000	<input type="checkbox"/> \$85,001 or more
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$35,900	<input type="checkbox"/> \$35,901 - \$59,800	<input type="checkbox"/> \$59,801 - \$95,650	<input type="checkbox"/> \$95,651 or more
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$39,850	<input type="checkbox"/> \$39,851 - \$66,400	<input type="checkbox"/> \$66,401 - \$106,250	<input type="checkbox"/> \$106,251 or more
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$43,050	<input type="checkbox"/> \$43,051 - \$71,750	<input type="checkbox"/> \$71,751 - \$114,750	<input type="checkbox"/> \$114,751 or more
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$46,250	<input type="checkbox"/> \$46,251 - \$77,050	<input type="checkbox"/> \$77,051 - \$123,250	<input type="checkbox"/> \$123,251 or more
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$49,450	<input type="checkbox"/> \$49,451 - \$82,350	<input type="checkbox"/> \$82,351 - \$131,750	<input type="checkbox"/> \$131,751 or more
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 - \$52,650	<input type="checkbox"/> \$52,651 - \$87,650	<input type="checkbox"/> \$87,651 - \$140,250	<input type="checkbox"/> \$140,251 or more

PARENT/GUARDIAN ACKNOWLEDGMENT

I understand that my child can enter and leave the Boys & Girls Clubs of Greater Oxnard and Port Hueneme (*referred to as BGCOP*) at he/she own will. BGCOP is not a Day Care Facility and cannot give my child constant exclusion attention. I hereby give my permission for my child to participate in all BGCOP programs/activities. I further understand that it is my responsibility to give my child instructions to stay and participate in BGCOP programs/activities. In consideration of this permission, I hereby hold the Boys & Girls Club of Greater Oxnard and Port Hueneme and authorized agents, officers and employees harmless from and waive, release and discharge any claim or cause of action I have or in the future may have, for injury, accident, illness or death occurring in participation in the Boys & Girls Club of Greater Oxnard and Port Hueneme activities, including but not limited to, the administration of said medical treatment, first aid and/or medication. I understand, I hereby hold the Boys & Girls Club of Greater Oxnard and Port Hueneme and authorized agents, officers and employees harmless from and waive, release and discharge any claim or cause of action I have or in the future may have, for injury, accident, illness or death occurring in participation in the Boys & Girls Club of Greater Oxnard and Port Hueneme activities, including but not limited to, the administration of said medical treatment, first aid and/or medication. In the event of an injury to my child and I cannot be contacted, I hereby give permission to a representative of the Boys & Girls Clubs of Greater Oxnard and Port Hueneme to authorize the medical doctor or hospital to administer any and all medical treatment to my child. I hereby give permission for my child to be used in public relations materials if the opportunity arises. I further consent to such use of my child likeness or photograph and name knowing that my likeness or photograph may be associated with social media. I understand that membership to the Club is a privilege and if my child is not able to abide by all safety rules, the membership can be withdrawn for designated periods of times or revoked permanently. All fees to the Club will be forfeited during the withdrawal period and/or at the moment of membership revocation. I have read, understand, and agree to abide by the procedures and standards as defined in the **Boys & Girls Club of Greater Oxnard and Port Hueneme Family Handbook**.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

MEMBERSHIP ACKNOWLEDGEMENT

I wish to become a member of the Boys & Girls Clubs of Greater Oxnard and Port Hueneme. I agree to obey the rules, be careful to prevent damage to the Club and the equipment, and most importantly to have fun. I also know if I am suspended from the Club for failure to obey rules, I understand that no dues will be returned to me.

CLUB MEMBER SIGNATURE: _____ **DATE** _____