



**BOYS & GIRLS CLUBS**  
UNITED BOYS & GIRLS CLUBS  
OF SANTA BARBARA COUNTY

# MEMBERSHIP APPLICATION

Please **PRINT** Clearly

OFFICIAL USE ONLY

Amount Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_

Check # \_\_\_\_\_ Scholarship: \_\_\_\_\_

## Child Information:

First Name: \_\_\_\_\_ Middle Init: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Night Phone: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

## Parent/Guardian #1:

Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Phone 1: \_\_\_\_\_ Type: \_\_\_\_\_  
 Phone 2: \_\_\_\_\_ Type: \_\_\_\_\_

## Parent / Guardian #2:

Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Phone 1: \_\_\_\_\_ Type: \_\_\_\_\_  
 Phone 2: \_\_\_\_\_ Type: \_\_\_\_\_

## Household Information: Annual Household Income

0 – \$10,000  \$10,000 – \$20,000  \$20,000 – \$30,000  \$30,000 – \$40,000  \$40,000 – \$50,000  
 \$50,000 – \$60,000  \$60,000 + **Female head of household?**  **No. of people in Household:** \_\_\_\_\_

## Medical Information:

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Any Medical Problems/Allergies \_\_\_\_\_

## Physical Information:

Eye: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: M F

### RACE (must choose one race **AND** one ethnicity)

- |   |  |
|---|--|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White                   |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Asian <i>and</i> White  |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Black/African American <i>and</i> White                           |
| <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> American Indian/ Alaskan Native <i>and</i> Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other   |

### ETHNICITY

- Hispanic/Latino  
 Non-Hispanic/Latino

## CHECK HERE FOR CLUBHOUSE PROGRAM

I hereby give permission for my child to become a member of the United Boys & Girls Clubs of Santa Barbara County. I clearly understand that the service provided is strictly a Drop-In Program. If I have any questions regarding the Clubhouse procedure, I will speak with a staff member of the Boys & Girls Club. I grant permission for photographs in which my child appears, to be used in marketing and publicity materials for the Boys & Girls Club. I give permission for my child, listed above, to attend any Boys & Girls Club field trips and participate in age appropriate programs. It is understood, however, that my child membership includes a secondary insurance while taking part in Boys & Girls Club activities should my child become injured.

## CHECK HERE FOR PRE-SCHOOL / CHILDCARE PROGRAM

I hereby give permission for my child to become a member of the United Boys & Girls Clubs of Santa Barbara County. I clearly understand that the service provided is a State Licensed Program. If I have any questions regarding the Childcare procedure, I will speak with a staff member of the Boys & Girls Club. I grant permission for photographs in which my child appears, to be used in marketing and publicity materials for the Boys & Girls Club. It is understood, however, that my child membership includes a secondary insurance while taking part in Boys & Girls Club activities should my child become injured.

I agree that in case of accident or injury to my child, to hold blameless, and to waive all claims against The Boys & Girls Clubs, its officials, staff or anyone who it may hire to appoint or supervise field trips and all Club related activities. In the event of an emergency the person in charge has may permission to see that proper action is taken. I give consent for my child to be examined and treated by a physician or hospital at any time the management of the Boys & Girls Club deems it necessary.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_