

Club Registration Form and Emergency Information

Caregiver/Parent #1 Information:

Last Name		First Name		Middle Initial
Address		Apartment #	City	Zip Code
E-mail Address		Date of Birth: (mm/dd/yy)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone Number ()		Cell Phone Number ()		Work Phone Number ()
Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Multi Racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Caucasian				
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Please indicate)				
Household Income : <input type="checkbox"/> \$0-\$24,999 <input type="checkbox"/> \$25,000-\$54,999 <input type="checkbox"/> \$55,000-\$89,999 <input type="checkbox"/> More than \$90,000 Household Size (circle one): 2 3 4 5 6 7 8 9 10				
Employer: _____				
Whom does the Member live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____				
Are there any restraining orders or court orders we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No * Copy of documents required				
I have received and read the Parent Handbook. I understand and will comply with the policies. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Caregiver/Parent #2 Information:

Last Name		First Name		Middle Initial
Address		Apartment #	City	Zip Code
E-mail Address				
Home Phone Number ()		Cell Phone Number ()		Work Phone Number ()
Employer: _____				

Child # 1:

Last Name		First Name		Middle Initial
Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Multi Racial <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American				Health Conditions/Allergies:
Sex: M F	Date of Birth: (mm/dd/yy)	Age	Grade	
My Child has Medical Insurance: Yes No				
If No, Would you like help obtaining health insurance for your child? Yes No				
Physician or Health Plan _____ Phone Number () _____				
My child may take walking trips within a one (1) mile radius of the Club when chaperoned.				Yes No
My child may have access to the Internet for the current school/summer program.				Yes No

Child # 2:

Last Name

First Name

Middle Initial

 Ethnicity: Native American Asian Multi Racial Caucasian
 Hispanic/Latino Pacific Islander African American

Health Conditions/Allergies:

Sex: M F

Date of Birth: (mm/dd/yy)

Age

Grade

School

My Child has Medical Insurance: Yes No

If No, Would you like help obtaining health insurance for your child? Yes No

Physician or Health Plan _____ Phone Number () _____

My child may take walking trips within a one (1) mile radius of the Club when chaperoned.

Yes

No

My child may have access to the Internet for the current school/summer program.

Yes

No

Emergency Contacts

Last Name

First Name

Relationship

Telephone

()

Last Name

First Name

Relationship

Telephone

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Last Name

First Name

Relationship

Telephone

()

Last Name

First Name

Relationship

Telephone

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Out of State Emergency Contacts

Last Name

First Name

Relationship

Telephone

()

Last Name

First Name

Relationship

Telephone

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I hereby consent to my child's membership in the Boys & Girls Clubs of Garden Grove (BGCGG) and release the Club, Garden Grove Unified School District (GGUSD) and its agents from all liability. BGCGG has my permission to select a physician in case of emergency and treatment may be given should the parent or authorized physician be unavailable. I will assume full responsibility for all uninsured medical costs incurred in that situation.

I understand that should BGCGG determine that my child cannot follow the established behavior policies, I will be notified and my child's membership may be terminated. BGCGG and GGUSD will not be held liable should any child leave the premises without permission.

I understand and agree that photos or videos may be taken of my child(ren) and used for marketing and training purposes, and that it is my responsibility to inform BGCGG management if I do not wish for photos or videos of my child(ren) to be used.

In order to evaluate the effectiveness of our program, my child may participate in assessment activities. I also consent to allow Boys & Girls Clubs of Garden Grove, to exchange confidential educational and health information and records regarding my child with Boys & Girls Clubs of America, GGUSD, and all other funders. I have read, understand and agree to the above activity.

_____ (Staff printed name) read/translated/assisted in filling out (Circle One) the document for
 _____ before he/she signed the document.

Signature: _____ Print Name: _____ Date: _____

For Office Use Only Enrolled By:

Start Date:

End Date:

Club Branch _____ AM _____ Kinder _____ PM _____ Teen _____ Monthly _____ Daily _____

Date Entered: nFocus _____ Quickbooks _____ New _____ Returning _____ Parent Orientation _____

Child #1 SIDN: _____

Child #2 SIDN: _____