

☐ Costa Mesa-Eastside ☐ Costa Mesa-Westside ☐ Irvine ☐ Newport ☐ Santa Ana

Cost: \$ _____
Membership Valid: _____ - _____
Membership Year: _____



MEMBERSHIP APPLICATION

Important – To avoid delays in processing, please complete **ALL** requested information.

Club Member Information

*Name _____ *Age _____ *Gender _____ *Birth date _____
*School _____ *Current Grade Level _____ *Student I.D. _____
*Does your child receive a free or reduced-cost school lunch? ☐ Yes ☐ No
***Ethnicity** (Please check one)
☐ Hispanic ☐ White ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American
☐ Native Hawaiian/Pacific Islander ☐ More than one ☐ Other _____

Household Information

Address _____ Apt # _____
City _____ *Zip _____ Email Address _____
() _____ () _____ () _____
Home Phone _____ Cell Phone (Mother) _____ Cell Phone (Father) _____
Mother's Name _____ Father's Name _____
Mother's Place of Employment _____ Occupation _____ () _____
Phone _____
Father's Place of Employment _____ Occupation _____ () _____
Phone _____
*Child lives with: ☐ Mother ☐ Father ☐ Both ☐ Other Guardian (please list): _____
*# of Brothers _____ # of Sisters _____ # of other children in household: _____
*Total # in household _____ (Household is described as all people living together at one address)
Emergency Contact _____ Contact Number _____ Relationship _____
Emergency Contact _____ Contact Number _____ Relationship _____
What is the primary language spoken with the children at home? ☐ English ☐ Spanish ☐ Other _____
***Annual household family income:**
☐ \$0 - \$15,000 ☐ \$15,001 - \$23,550 ☐ \$23,551-\$31,600 ☐ \$31,601-\$39,630 ☐ \$40,000 or more
Does your child have medical Insurance? ☐ Yes ☐ No
Does your child have a computer at home? ☐ Yes ☐ No Does your child have internet access at home? ☐ Yes ☐ No

PARENT RELEASE

Important – Please read the following statements and indicate that you have read them by initialing where designated.

Medical Information

Does your child have any medical conditions, allergies, or other special needs or problems of which we should be aware of? ☐ Yes ☐ No
If yes, please provide detailed information: _____

Medical Treatment Authorization

In the event my child suffers an illness or accident, I authorize the Boys & Girls Club of Central Orange Coast to seek medical help and assistance by contacting 911 emergency services or otherwise securing treatment at a medical facility. I also acknowledge that the Boys & Girls Club of Central Orange Coast does not provide medical coverage for participants. ☐ Yes ☐ No Initials: _____

Student Photo/Video/Product Release

I give my consent for photographs and/or videos in which my son/daughter may appear, to be used for publicity as determined by the Boys & Girls Club of Central Orange Coast. ☐ Yes ☐ No Initials: _____

Information Release Agreement

I understand that, as part of my child's participation in the Boys & Girls Club of Central Orange Coast Program(s), the school and/or the school district may share data including, but not limited to, demographic, contact information, attendance, report cards, assessments and test scores with the Boys & Girls Club of Central Orange Coast to enable the Boys & Girls Club of Central Orange Coast to understand student needs, track student progress, and promote quality programs. In addition, the Boys & Girls Club of Central Orange Coast will administer surveys and assessments to evaluate student progress and program impact.

Initials: _____

Walk Home Policy

Club members under the age of 13 are not allowed to walk home unless given permission by their parent or guardian. I give
Consent for my child to walk home if they cannot be picked up by a parent or authorized adult. ☐ Yes ☐ No Initials: _____

Youth Development Program

I understand the Boys & Girls Club of Central Orange Coast's mission is to enable all young people, especially those who need us most, to reach their full potential as caring, productive, responsible citizens. I understand that in the course of serving my child and fulfilling their mission the Boys & Girls Club of Central Orange Coast staff may develop a mentoring relationship with my child. I understand that this relationship should be constrained to official BGCSA activities and events.

Initials: _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of Boys & Girls Club of Central Orange Coast, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Boys & Girls Club of Central Orange Coast, its Board of Directors, employees, and agents from liability from any and all claims including the negligence of the Boys & Girls Club of Central Orange Coast, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regarding the care taken to avoid injuries. The Boys & Girls Club of Central Orange Coast has facilities for and provides for activities such as running, aerobic activities classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity which places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD HARMLESS the Board of Directors of the Boys & Girls Club of Central Orange Coast, the employees and/or representatives from any and all claims, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees brought as a result of my involvement at the Boys & Girls Club of Central Orange Coast, and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read or have been read this waiver of liability, assumption of risk, and indemnity agreement, fully understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Printed Name of Parent or Guardian

Signature of Legal Parent/Guardian

Date

Signature of Child

Date

Please do not write below this line

**OFFICE
USE ONLY**

☐ New Member ☐ Renewal ☐ Summer ☐ School Year ☐ Waitlist # _____

☐ Paid \$ _____ Receipt # _____ ☐ Scholarship Membership Year: _____

Registered by: _____ Date: _____