



2021-2022 Membership/Registration Application
\$30 Annual Membership/Registration Fee
July 1, 2021 - June 30, 2022
 Scholarships Available

First priority shall go to pupils who are identified by the program as homeless youth, as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. section 11434a), at the time that they apply for enrollment and anytime during the school year, and to pupils who are identified by the program as being in foster care. Second priority for enrollment will be given to students who can attend the full day every day.

The following is requested to support our non-profit grant writing/fund development efforts. All information will remain strictly confidential. **Please circle the number of people in your household and circle your annual income level.**

2	Under-\$25,700	\$25,701-\$42,800	\$42,801-\$68,500	\$68,501 and over
3	Under-\$28,900	\$28,901-\$48,150	\$48,151-\$77,050	\$77,051 and over
4	Under-\$32,100	\$32,101-\$53,500	\$53,501-\$85,600	\$85,601 and over
5	Under-\$34,700	\$34,701-\$57,800	\$57,801-\$92,450	\$92,451 and over
6	Under-\$37,250	\$37,251-\$62,100	\$62,101-\$99,300	\$99,301 and over
7	Under-\$39,850	\$39,851-\$66,350	\$66,351-\$106,150	\$106,151 and over
8	Under-\$43,430	\$43,431-\$70,650	\$76,651-\$113,000	\$113,001 and over

Office Use Only	
Date:	/ /
Staff:	/ B E C V
New or Renew / Mbr #	
Receipt #	
Site: _____	
Ingold: Bus / Drop Off	

Does this member live with their: ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Grandparent ☐ Foster Parent ☐ Other _____

Total Household Size (Number of people): _____ **Single Parent (circle)** Yes / No

Military (circle): Yes / No **Branch:** _____ ☐ Active Duty ☐ Retired ☐ Veteran **Live on base:** Yes / No

Member Info: Name (Last): _____ **(First):** _____ **Age:** _____

Gender	Date of Birth	Ethnicity
M or F	/ /	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Multiracial

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Home Phone # ()** _____

School: _____ **Grade 2021/2022** _____

Parent / Guardian Information: Primary Contact

Name: _____

Relationship to Member: _____

Lives in Same Household as Member? ☐ Yes ☐ No

Cell Phone: () _____

Work Phone: () _____

Email: _____

Parent / Guardian Information:

Name: _____

Relationship to Member: _____

Lives in Same Household as Member? ☐ Yes ☐ No

Cell Phone: () _____

Work Phone: () _____

Email: _____

Emergency Contacts & Authorized for Pick Up (Other Than Parent / Guardian & Must be Someone Living in Close Proximity):

Name: _____ Phone: () _____ Relationship to Member _____

Name: _____ Phone: () _____ Relationship to Member _____

Name: _____ Phone: () _____ Relationship to Member _____

Name: _____ Phone: () _____ Relationship to Member _____

Medical Information: Please check if any of the following may apply:

☐ ADD/ADHD ☐ Asthma ☐ Allergies ☐ Autism ☐ IEP ☐ Diabetes ☐ Food Allergy: _____

Other medical or health issues: (Please explain) _____

*Medication is the responsibility of the parent/s and family physician. Parents are urged, with the advice of your child's physician to work out a schedule of administering medicine at home, outside of the club hours. Club staff is First-Aid and CPR certified but is not qualified to administer medication to your child.

Please indicate any behavioral issues or physical/mental limitations that staff may need to know: _____

This institution is an equal opportunity provider

Conditions of Membership	
Please read and initial:	Initials
I understand the Club has adopted an attendance policy that prohibits members from coming and going as they please. I understand that once a child has entered the premises, they will not be able to leave until a parent/guardian/adult arrives to retrieve them. I understand that the Club is not a licensed day care facility and that the staff will not physically restrain children from leaving. It is your responsibility to ensure that your child knows when and with whom they are to leave the premises.	
I understand that parents must come into the Club to sign out their children. Members may not wait outside. When picking up members, parents must check in at the front desk so a staff member can call for your child. Parents are not allowed in program areas without checking in with the front desk staff. At the Ingold Unit parents must enter the club through the Ivy Street entrance.	
I understand that my child cannot be left at the Boys & Girls Club any earlier than the Club's established hours of operation and my child must be picked up at or before closing time. Late pick ups will result in late fees or removal from the program.	
I understand that membership is a privilege. I understand that my child is required to follow the rules, as outlined in the Parent/Member Handbook, at all times. Failure to comply with Clubhouse rules and staff direction may result in suspension or cancellation of membership without refund. I understand it is my responsibility to read the Parent/Member Handbook, become familiar with its contents, and explain the rules to my child.	
I understand that the Boys & Girls Club has a ZERO TOLERANCE policy concerning any form of physical or verbal "bullying" or harassment by members, their parents, or other family members . These actions may result in an immediate suspension and/or removal from the program.	
I understand that the Boys & Girls Club is not responsible for lost, stolen, or damaged items brought to the Club. Cell phones, electronic devices, and valuables of any kind are not recommended.	
I understand that all member's accounts must be kept current. Failure to pay fees of any kind on time may result in termination of services. There are no refunds issued.	
I give my permission to the Boys & Girls Clubs of North County, and the Fallbrook Union Elementary School District, and/or Fallbrook High School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release may be revoked at any time by contacting the Boys & Girls Clubs of North County in writing.	
I give my permission to the Boys & Girls Clubs of North County to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. I also understand that the Boys & Girls Clubs of North County may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. All information provided to BGCA will be kept confidential.	
I give my permission for my child to access the internet at the Boys & Girls Clubs. Misuse of the internet, computer network, computers or equipment may lead to revocation of the user's internet access and possible discipline, including suspension, expulsion, and/or criminal prosecution. I grant permission for my child to access the internet. While computer use is supervised, I understand that some material is objectionable on the internet, and I accept responsibility for guidance of internet use.	
I give my permission for my child to be transported by the Boys & Girls Clubs of North County. I hereby give permission for my child to participate in routinely scheduled activities that occur off-site at nearby facilities. I understand that transportation will be provided in the Club van, or bus, or that my child will be accompanied by a staff when walking. I understand that Club staff will supervise all activities. For any special events or field trips, you will receive a separate permission slip including costs associated with the trip.	
I give my permission for my child to participate in BGCA programs, such as Smart Moves (a prevention program educating members about tobacco, alcohol, drugs, and maturation), Smart Girls, and Healthy Habits (a nutrition education program). More detailed information about these programs is available upon request.	
I give my permission for my child to occasionally view movies shown at the Boys & Girls Club. Movies will either be "G" or "PG" rated. Movies that are rated PG-13 may be shown to our members in grades 7 and above.	
I give my permission for my child's picture, moving pictures, or any other graphic depiction or likeness to be used by the Boys & Girls Clubs of North County, Boys & Girls Clubs of America, and their affiliates in publicity materials.	
I give my permission for my child to sign him/herself out of the Boys & Girls Club and leave the property.	

I hereby give my permission for my child to become a member of Boys & Girls Clubs of North County. I understand that the Club and its property are not responsible for personal injury or loss of property. I hereby release the Boys & Girls Clubs of North County, its Directors, Officers and Employees from any and all liability for such injury or loss whether arising out of the negligence of the club or occurring on club property. I give my permission to the Boys & Girls Clubs of North County to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.

I have read the complete application and handbook, and I understand the rules and the conditions of membership of Boys & Girls Clubs of North County. By signing below I agree to these policies and conditions and request that my child be admitted into the Club as a member.

Parent's Name

Parent's Signature

Date

I agree to follow the rules of the Boys & Girls Clubs of North County.

Child's Name

Child's Signature

Date



BOYS & GIRLS CLUBS
OF NORTH COUNTY

Acknowledgement of Risks and Waiver of Liability Relating to
Coronavirus/COVID-19

I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 ("COVID-19") was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention ("CDC") has stated that **"the best way to prevent illness is to avoid being exposed to the virus."**

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>.

I am aware of the contagious nature of COVID-19 have voluntarily chosen to allow my child(ren) to participate in programs operated by the Boys & Girls Clubs of North County (BGCNC).

I acknowledge that BGCNC employees come into contact with multiple individuals, and might become exposed to COVID-19. I also acknowledge that although BGCNC takes precautions to reduce the likelihood of transmission of COVID-19 by its employees, BGCNC cannot guarantee that my child(ren) will not become infected with COVID-19.

I knowingly acknowledge that by allowing my child(ren) to participate in BGCNC's programs, I am exposing my child(ren) and myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 may result from the actions, negligence, and failure to act of myself and others, including, but not limited to, BGCNC employees, and other program participants and parents.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind of nature, that I may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in any BGCNC programs. On my own behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge the BGCNC, its employees, agents and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that release includes any Claims based on negligence, action or inaction of any of BGCNC, its employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any BGCNC program.

Child(ren) Name

Date

Parent/Guardian Printed Name

Parent/Guardian Signature