

Membership Information Form



**BOYS & GIRLS CLUBS
of National City**

KidTrax ID <input type="text"/>	Member ID <input type="text"/>	Data Entry Rec'd: <input type="text"/>
Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	Active <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Entered: <input type="text"/>
Comment: <input type="text"/>		ID Issued: <input type="text"/>
		Membership Dates
		Service: <input type="text"/>
		Termination: <input type="text"/>
		Initial: <input type="text"/>
		Renewal: <input type="text"/>

(Please Print)

First Name: (Child's) <input type="text"/>	Middle Name: (Child's) <input type="text"/>	Last Name: (Child's) <input type="text"/>
Name of Person Child Lives With: <input type="text"/>	Home Phone Number: <input type="text"/>	Emergency Contact: <input type="text"/>
Home Address: <input type="text"/>		Emergency Phone & Extension: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Postal Code: <input type="text"/>
		Email Address: <input type="text"/>

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: <input type="text"/>	Age: <input type="text"/>	Ethnicity: <input type="text"/>
School: <input type="text"/>	Grade: <input type="text"/>		
Family Totals- Sisters: <input type="text"/>		Brothers: <input type="text"/>	Household: <input type="text"/>
Lives With: <input type="text"/>		<input type="text"/>	
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: <input type="text"/>	Name of Unit: <input type="text"/>	

Parent/Guardian

Father's First Name: <input type="text"/>	Father's Last Name: <input type="text"/>	Father's Work Phone & Ext: <input type="text"/>
Father's Employer: <input type="text"/>	Father's Occupation: <input type="text"/>	
Mother's First Name: <input type="text"/>	Mother's Last Name: <input type="text"/>	Mother's Work Phone & Ext: <input type="text"/>
Mother's Employer: <input type="text"/>	Mother's Occupation: <input type="text"/>	
Guardian's First Name: <input type="text"/>	Guardian's Last Name: <input type="text"/>	Guardian's Work Phone & Ext: <input type="text"/>
Guardian's Employer: <input type="text"/>	Guardian's Occupation: <input type="text"/>	

Medical/Emergency

Medical Problems/Allergies & does your child need special accommodations:		Medications:
Physician:	Physician Phone:	
Preferred Hospital or Clinic:	Hospital Phone:	
Insurance Company:	Insurance Policy Number:	

I have read the completed application, understand the rules and conditions under which the Boys & Girls Clubs of National City operates and that it is not a licensed child care agency as defined by Section 8300 of the California Education Code. I have explained them to my child and request that my son/daughter be admitted into membership. I understand the "open door policy" which allows children of all ages to come and go, as they desire for all club programs. I will discuss with my child that he/she will remain at the club until the time we agree upon. It is expressly understood and agreed that the Boys & Girls Clubs of National City shall not be responsible or legally liable for any losses of personal property, or for any bodily injuries or the results therefore, incurred and suffered by my child on any property of the Boys & Girls Clubs of National City, unless loss or injury results directly from negligence of willful act of any employee of Boys & Girls Clubs of National City acting within the scope of their employment. I further give my consent for any photographs in which my child may appear to be used in anyway for publicity/publications by the Boys & Girls Clubs of National City. I have received a copy of the rules. Please detach and keep with you for future reference.

Parent or Guardian Signature

Child's Signature

Date: Month _____ Day _____ Year _____

How did you here about the Boys & Girls Clubs of National City? _____