

Member Registration Form

- New Member
 Renewing Member



BOYS & GIRLS CLUBS
OF SONOMA VALLEY

*****OFFICE USE ONLY*****

Maxwell Clubhouse
 El Verano University ASES
 Flowery Stars ASES
 Sassarini Sharp ASES
 Dunbar ASES
 Altimira ASES

Circle One:
 ASES ONLY
 PAID MEMEBER

Member Information (Child)

First Name		Middle Name		Last Name		Nickname		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Child's Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic			Birth Date ____/____/____			School _____
				Grade _____		K-5Teacher _____		
Home Address				City		State		
						Zip		
Mailing Address				City		State		
						Zip		
Home Phone () -								
E-Mail Address								

Mother/Guardian Information

Full Name		Cell Phone () -	
Employer		Occupation	

Father/Guardian Information

Full Name		Cell Phone () -	
Employer		Occupation	

Other Contacts (Separate from Parent): Only Those Listed Here Are Allowed to Pick Up Member (Photo ID Required)

Name	Relationship	Phone Number
1.		()
2.		()
3.		()
4.		()
5.		()

Member Health Information

Physician		Phone () -	
Insurance Company		Policy #	
Health Issues / Medications		Allergies	

Primary language spoken at home English Spanish Other (please specify) _____

Do you take part in the Migrant Education program? Yes No

Child Lives With (check one):

Both Parents (married) Both Parents (*divorced*) **Primary Residence:** Mother Father

Other Guardian: _____

The following information is necessary for our records and the funding our organization receives.
The answers you provide are completely confidential.

(circle one):

\$9,000 and below	\$9,001-\$12,000	\$12,001-\$15,000	\$15,001-\$19,000	\$19,001-\$23,000
\$23,001-\$28,000	\$28,001-\$32,700	\$32,701-\$37,500	\$37,501-\$42,000	\$42,001 and above

Number of people in household _____

Number of children under 18 _____

Single Parent? Yes No

Please Read Carefully

Yes No

I hereby give my permission for my child to be photographed, videotaped and/or interviewed for use by Boys & Girls Clubs of Sonoma Valley and Boys & Girls Clubs of America in promotional materials.

Yes No

I hereby give my permission for my child's grades and STAR test results to be released to Boys & Girls Clubs of Sonoma Valley only in conjunction with programs related to education and case management (ASES Program). I understand that the student test scores will NOT be shown or used outside of Boys & Girls Clubs of Sonoma Valley.

Yes No

When at the Maxwell Park Clubhouse, I hereby give my permission for my son/daughter to participate in routinely scheduled activities that occur *off-site* at nearby facilities.

I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in a Boys & Girls Clubs of Sonoma Valley program. It is understood that the cost thereof will be at my expense. To protect the safety of staff and our members and reduce liability, Boys & Girls Clubs of Sonoma Valley staff does not dispense or store medication of any kind for our members.

I hereby give my permission to my child to become a member of Boys & Girls Clubs of Sonoma Valley. I understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the Club, and that the Boys & Girls Clubs of Sonoma Valley and its property are not responsible for personal injury or loss of property

Attendance is contingent upon members following Clubhouse expectations and exhibiting positive behavior. Clubhouse staff reserves the right to suspend or terminate attendance and/or membership at any time if those guidelines are not followed.

Parent/Guardian Signature

Date

*****OFFICE USE ONLY*****

Form Received by _____

Membership Term Expires _____

Payment:

Cash Check # _____

Credit Card Amount Paid \$ _____

Receipt # _____

Scholarship

Amount Due \$ _____

Payment Contract \$ _____/mo

Visions ID# _____

_____ initial when entered in system

Additional Information:

- | | |
|---|---|
| <input type="checkbox"/> K-2 Basketball | <input type="checkbox"/> 3-8 Girls Volleyball |
| <input type="checkbox"/> 3-8 Basketball | <input type="checkbox"/> Flag Football |
| <input type="checkbox"/> T-Ball | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Coach Pitch | <input type="checkbox"/> ASES |

Notes: