

# Member Registration Form

- New Member  
 Renewing Member



**BOYS & GIRLS CLUBS**  
OF SONOMA VALLEY

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

- Maxwell Clubhouse  
 Springs Village  
 El Verano University ASES  
 Flowery Stars ASES  
 Sassarini Sharp ASES

| <b>Member Information</b>  |   |   |                |
|--|---|---|----------------|
| First Name   | Middle Name   | Last Name   | Nickname       |
| Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female  | Child's Ethnicity<br><input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other<br><input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American<br><input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic | Birth Date ____/____/____<br>School _____<br>Grade _____ K-5Teacher _____ |                |
| Home Address   |   | City  | State      Zip |
| Mailing Address  |   | City  | State      Zip |
| Home Phone<br>(      )      -  |   | Cell Phone<br>(      )      -   |                |
| E-Mail Address   |   |   |                |
| <b>Father/Guardian Information</b>   |   |   |                |
| Full Name  |   | Work Phone<br>(      )      -   |                |
| Employer   |   | Occupation  |                |
| <b>Mother/Guardian Information</b>   |   |   |                |
| Full Name  |   | Work Phone<br>(      )      -   |                |
| Employer   |   | Occupation  |                |
| <b>Other Contacts: Only Those Listed Here Are Allowed to Pick Up Member (Photo ID Required)</b>  |   |   |                |
| Name   | Relationship  | Phone Number  |                |
| 1.   |   | (      )  |                |
| 2.   |   | (      )  |                |
| 3.   |   | (      )  |                |
| 4.   |   | (      )  |                |
| 5.   |   | (      )  |                |
| 6.   |   | (      )  |                |
| <b>Member Health Information</b>   |   |   |                |
| Physician  |   | Phone<br>(      )      -  |                |
| Insurance Company  |   | Policy #  |                |
| Health Issues / Medications  |   | Preferred Hospital  |                |
| Primary language spoken at home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify) _____  |   |   |                |
| Do you take part in the Migrant Education program? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |                |
| Child Lives With (check one)::<br><input type="checkbox"/> Both Parents (married) <input type="checkbox"/> Both Parents (divorced) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Guardian: _____  |   |   |                |
| <b>Are you interested in volunteering for any of the following</b><br><input type="checkbox"/> Sweetheart Auction <input type="checkbox"/> Hit the Road Jack! <input type="checkbox"/> Grand Marshall's Dinner <input type="checkbox"/> Fashion Show <input type="checkbox"/> Harvest Wine Auction <input type="checkbox"/> Charles Schwab Cup |   |   |                |

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

I hereby give my permission for my son/daughter to participate in routinely scheduled activities that occur *off-site* at nearby facilities; i.e., park, swimming pool, library and other youth agencies. I understand that transportation will be provided in the club van, or that my child will be accompanied with a staff when walking or using public transportation. I understand that club staff will supervise all activities. For certain special events or field trips, you will receive a separate permission slip.

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 & Reviewed by \_\_\_\_\_

Membership Term Expires \_\_\_\_\_

**Payment:**

Cash                       Check # \_\_\_\_\_

Credit Card      Amount Paid \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

**Scholarship**

Full    Partial \$ \_\_\_\_\_

Vision Service Plan

Visions ID# \_\_\_\_\_

\_\_\_\_ initial when entered in system

**Additional Information:**

K-2 Basketball       3-8 Girls Volleyball

3-8 Basketball       Vineyard Workers Services

Coach Pitch       Flag Football

T-Ball                       Plaza Comunitaria

Notes: