

SCHOOL YEAR MEMBERSHIP APPLICATION 2022-2023

Program Fees are due the 1st of each month. Please note a \$25.00 late fee will apply per child if paid after the 5th



BOYS & GIRLS CLUBS
OF GREATER CONEJO VALLEY

Club Location: (CVUSD)

- Anderson Club- Los Cerritos campus (805) 493-2917
- Johnston Club- Colina campus (805) 449-1309
- Morton Club- Sequoia Campus (805) 375-5635
- Notter Club- Redwood Campus (805) 371-4045

Club Location: (LVUSD)

- Catlin Club- Lindero Canyon campus (818) 735-9518
- Marley Club- A.E Wright campus (747) 293-6555
- A.C Stelle Club- A.C. Stelle campus (818) 225-8406
- Grossman Club- Chaparral campus (818) 224-3097
- Jefferson Club- Bay Laurel campus (818) 225-8660

CHILDS INFORMATION

- New Member Returning Member

Name (Last) _____ (First) _____ (Middle) _____

Male Female Other: _____ Date of Birth ____/____/____ School _____

Grade as of **9/1/22** _____ Age _____ Other Family Members Attending/Attended Club _____

MOTHER/GUARDIAN INFORMATION Check if this is the Member's primary residence.

Name _____ Employer _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

FATHER/GUARDIAN INFORMATION Check if this is the Member's primary residence.

Name _____ Employer _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

EMERGENCY CONTACT: (Need Contact Info for people not listed above)

#1 Emergency Contact _____

Relationship to Member _____ Phone Number _____

#2 Emergency Contact _____

Relationship to Member _____ Phone Number _____

MEDICAL INFORMATION

Name of Doctor _____ Doctor's Phone # _____

Health Insurance Company _____ Group/Policy # _____

Does your child have any allergies? NO YES; (Specify)

Does your child need to take medication while attending the Club? NO YES; MEDICATION(S) List:

Is your child current with all immunizations? YES NO

Has your child had any operations, serious injuries, diseases, or problems that may limit their physical activity? NO YES

Is there anything you would like us to know about your child? _____

ALL MEDICINE MUST BE CLEARLY LABELED IN ITS ORIGINAL CONTAINER AND GIVEN TO THE CLUB DIRECTOR, ALONG WITH A WRITTEN AUTHORIZATION TO ADMINISTER MEDICATION.

**CONFIDENTIAL
HOUSEHOLD
INFORMATION**

Please note, this is for statistical and fundraising purposes only.

<p>ETHNICITY: (Check all that apply)</p> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	<p>ANNUAL HOUSEHOLD INCOME:</p> <input type="checkbox"/> \$10,000 or below <input type="checkbox"/> \$90,001 - \$100,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$100,001 - \$150,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$150,001 - \$200,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$200,001+ <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$60,001 - \$70,000 <input type="checkbox"/> \$70,001 - \$80,000	<p>DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ASSITANCE PROGRAMS: _____</p> <p>MILITARY: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Head of Household: _____</p> <p>NUMBER OF ADULTS IN THE HOUSEHOLD: _____</p> <p>NUMBER OF YOUTH IN THE HOUSEHOLD: _____</p>
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FEES...REFUNDS...CANCELLATIONS...WITHDRAWALS

<p>Program Fees are due the 1st of each month. Please note a \$25.00 late fee will apply per child if paid after the 5th. Members will not be permitted to attend the Club if a balance remains on the account.</p>	<p>Refunds, Transfers and Cancellations: All payments are non-refundable. If cancellation of a session is due to a medical emergency, a physician's note is required, minus the \$25 Administration Fee. Any changes are subject to a \$25 Fee.</p>	<p>Withdrawals: If a member discontinues attending the Club program once it has started, there will be no refunds or credits. BGC/GCV reserves the right to dismiss a member whose conduct is dangerous, illegal, or in the judgment of the Club Director, detrimental to the Club and/or to other members. Any unused tuition will not be refunded. Any changes are subject to a \$25 Fee.</p>
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PARENT/GUARDIAN AUTHORIZATION FOR THE BOYS & GIRLS CLUBS OF GREATER CONEJO VALLEY (BGC/GCV)

- Video surveillance is in use in and around the Club facility, on Club property, and on Club Transportation.
- In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary.
- I hereby give permission for my child to become a member and participate in activities of the Boys & Girls Clubs of Greater Conejo Valley. My child promises to take care of their Club and its property and to follow Club rules, including appropriate use of technology and personal devices while at the Club.
- I expect my child to stay at the Club until picked up: (circle one) **Yes / No / Other:** _____
- I give permission for my child to be transported to and from program areas, on field trips, and in the case of an emergency.
- I give permission for my child to walk within a one-mile radius of the Clubhouse with a staff member for various Club activities.
- I understand BGC/GCV will periodically show movies rated PG-13 or lower and play T rated video games.
- I understand the BGC/GCV retains the right to use photographs, slides or video-taped material of my child taken during activities for promotional purposes and waive all rights for compensation.
- I understand the Club is not responsible for my child's personal belongings and will advise my child to leave valuables at home.
- I give permission for the release and exchange of confidential information from the Conejo Valley Unified School District or Las Virgenes Unified School District in order to provide programs and coordinate services for my child. I understand that my records are protected under federal confidentiality regulation and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- I agree to defend, indemnify and hold harmless the BGC/GCV, Conejo Valley Unified School District, Las Virgenes Unified School District and their officers, employees and agents against any and all loss, liability charges, expense (including attorney fees) and costs of whatsoever character which may arise by reason of participation in any program.
- Boys & Girls Clubs of Greater Conejo Valley has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.
- I understand there will be a **late fee of \$15.00 per member** for each 15-minute increment used after the club closes. The Police Department will be asked to watch your child if we have not heard from the parent/guardian after 1 hour of the club closing.
- I understand the **BGC/GCV Parent Handbook** is available on our website at www.bgcconejo.org and that it is my responsibility to read this Parent Handbook, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it.
- I understand that the Boys & Girls Club of Greater Conejo Valley is not responsible for any staff outside of club duties.
- I understand the BGC/GCV covid guidelines are subject to change and the BGC/GCV aligns with the CDC Government Agency and the CA State requirements.
- Anyone who develops symptoms will be isolated in a room separate from others and sent home.
- If your child is feeling sick, you agree to pick them up within 60 minutes of notification.
- Any member feeling sick will not be admitted to Club.
- Unused days will not be refunded or transferable.

Print Name of Parent/Guardian: _____ Best Contact Number: _____

Signature of Parent/Guardian _____ Date: _____

PLEASE VISIT OUR WEBSITE, www.bgcconejo.org to learn about activities and events at our Clubs and if you or someone you know would like to make an on-line donation to the Boys & Girls Clubs of Greater Conejo Valley.

Financial Assistance is available on a case-by-case basis. A confidential 'Request for Financial Assistance' is required to be completed. Requirements include: Total income of household members, previous year's tax returns, and most recent form of income. All Fees are due prior to your child attending any Boys & Girls Club Program.