



BOYS & GIRLS CLUBS  
OF CONEJO & LAS VIRGENES, INC.

# MEMBERSHIP APPLICATION

Colina Site, (805) 449-1309

Mailing Address:  
1450 Hillcrest Drive  
Thousand Oaks, CA 91362

**Membership Fee \$25 per year**  
Monthly Program Fee\*: \$120 before school; \$150 afterschool or \$225 before and afterschool. Scholarships Available \*Fees subject to change with 60 days notice  
**Make checks payable to BGC**

## Member Information

Name \_\_\_\_\_  Male  Female  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_  New Member  Returning Member

Grade \_\_\_\_\_ Other Family Members Attending Club \_\_\_\_\_

**Member Lives With:**  Mother & Father  Mother only  Father only  Grandparents  
 Aunt only  Uncle only  Other (please specify) \_\_\_\_\_

## Member's Custodial Parents or Guardian Information

Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

## Other Parent or Guardian Information

Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Phone Number \_\_\_\_\_  home  cell  work

Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Phone Number \_\_\_\_\_  home  cell  work

## Medical Information

Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy & Certificate # \_\_\_\_\_

Medical Restrictions (allergies, necessary medications, sports restrictions, etc.)  
\_\_\_\_\_

**Parent/Guardian Agreement**

- I hereby give permission for my child to become a member and participate in activities of the Boys & Girls Clubs of Conejo & Las Virgenes
- I expect my child to stay at the club until picked up: yes no
- I expect my child to do homework: until completed just during power hour homework done at home my child can decide on a daily basis
- I permit the Club to use photographs or video of my child participating in Club activities and waive all rights for compensation
- In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary

**Authorization for Interagency Exchange of Confidential Information**

I give permission for the release and exchange of confidential information from the following sources in order to provide programs and coordinate services for my child: Conejo Valley Unified School District. 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 may withdraw this consent at anytime except to the extent that action has been taken in reliance on it. This release will be in effect as long as the child has a membership with the club.

**Member Agreement**

I wish to become a member of the Boys & Girls Clubs of Conejo and Las Virgenes. I promise to take care of my Club and its property, to allow no other person to have or use my membership card, and to be respectful of Club rules. If at anytime I am suspended or expelled from the Club, I will return my membership card.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**I would be interested in volunteering:**  Working with children  Coaching  Fund-raising  Helping in office  
 Special Events  Other \_\_\_\_\_

Periodically, the Boys & Girls Clubs of Conejo & Las Virgenes may show PG-13 movies. Please check this box if you do not want your child to view these movies.

**Confidential Information**  
(For Statistical Purposes Only)

<p><b>Ethnicity:</b></p> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Persian <input type="checkbox"/> Other _____
---

<p><b>Annual Household Income:</b></p> <input type="checkbox"/> \$10,000 or below <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> \$60,001 + <input type="checkbox"/> Declined
---

<p><b>Female Head of Household:</b></p> <input type="checkbox"/> yes <input type="checkbox"/> no <p><b>Public Assistance:</b></p> <input type="checkbox"/> yes <input type="checkbox"/> no
---

<b>Club Use Only</b>		
Location: _____	Club ID#: _____	
Entered by: _____	Date Entered: _____	
Date Membership Paid: _____	Amount Paid: _____	Receipt #: _____