



|                              |  |
|------------------------------|--|
| <b>BGC STAFF USE ONLY</b>    |  |
| Date Received                | ___/___/___ Staff Initials _____   |
| Payment Received             | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Scholarship                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Military <input type="checkbox"/> ELO PVSD <input type="checkbox"/> ELO UPSC |
| Fee Charged                  | _____  |
| Membership #                 | _____  |
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal Date Entered ___/___/___  |

## 2023 – 2024 MEMBERSHIP APPLICATION

### MEMBER INFORMATION (REQUIRED)

|                             |     |               |       |   |  |
|-----------------------------|-----|---------------|-------|---|--|
| Last Name                   |     | First Name    |       | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Date of Birth               | Age | School Name   | Grade | Teacher:  |  |
| Address                     |     | City          |       | Zip Code  |  |
| Phone Number                |     | Email Address |       |   |  |
| Guardian #1 Full Name       |     | Relation      |       | Phone Numbers (Home/Work/Cell)                                |  |
| Guardian #2 Full Name       |     | Relation      |       | Phone Numbers (Home/Work/Cell)                                |  |
| Emergency Contact Full Name |     | Relation      |       | Phone Numbers (Home/Work/Cell)                                |  |
| Emergency Contact Full Name |     | Relation      |       | Phone Numbers (Home/Work/Cell)                                |  |

### MEDICAL INFORMATION (REQUIRED)

|                          |                       |                         |
|--------------------------|-----------------------|-------------------------|
| Name of Preferred Doctor | Doctor's Phone Number | Insurance Policy Number |
|--------------------------|-----------------------|-------------------------|

Do you receive Medi-Cal?  Yes  No    If Yes, Gold Coast Health Plan  Yes  No  
 List any medical problems, allergies and/or current medications:

### EMPLOYER INFORMATION (REQUIRED)

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Parent/Guardian 1 Work-Company Name | Parent/Guardian 2 Work-Company Name |
|-------------------------------------|-------------------------------------|

Do you think the company you work for would be interested in donating goods, services or dollars to help one of our programs?  
 Yes  No

**If yes, please provide the following information:**

|              |                            |              |
|--------------|----------------------------|--------------|
| Company Name | Contact & Title at Company | Phone Number |
|--------------|----------------------------|--------------|

**My company will accept request for (check all that apply)**

Discounts    Funding/Grants    Products/Services    Volunteer Days    Other

### VOLUNTEER OPPORTUNITIES

Are you interested in being a volunteer?  Yes  No **If yes, please include availability and volunteer interest below:**

|  |
|--|
|  |
|--|

**FOR THE PURPOSES OF GRANTS AND SURVEYS, PLEASE FILL IN THE FOLLOWING INFORMATION.  
THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED WITH ANY OTHER AGENCY:**

|  |  |                        |
|--|--|------------------------|
| Household Size _____   | Subsidized Housing Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |                        |
| Does the child qualify for Free or Reduced Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                        |
| Single Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | Current Head of Household: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both |                        |
| Military Family? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | Lives on Military Base? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | Military Branch: _____ |
| <b>Please Indicate member's race:</b>  |  |                        |
| <input type="checkbox"/> White   | <input type="checkbox"/> American Indian/Alaskan Native  |                        |
| <input type="checkbox"/> Hispanic or Latino  | <input type="checkbox"/> Bi-Racial or Multi-Racial   |                        |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> American Indian/Alaskan Native and White  |                        |
| <input type="checkbox"/> Middle Eastern or North African   | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander  |                        |
| <input type="checkbox"/> Black/African American  | <input type="checkbox"/> Other   |                        |

**HOUSEHOLD INCOME**

**Please indicate your household size and annual income:**

| Household Size             | 30% Median                              | 50% Median                                   | 80% Median                                    | > 80% Median                               |
|----------------------------|---|--|---|--|
| <input type="checkbox"/> 1 | <input type="checkbox"/> \$0 - \$27,900 | <input type="checkbox"/> \$27,901 - \$46,500 | <input type="checkbox"/> \$46,501 - \$74,400  | <input type="checkbox"/> \$74,401 or more  |
| <input type="checkbox"/> 2 | <input type="checkbox"/> \$0 - \$31,900 | <input type="checkbox"/> \$31,901 - \$53,150 | <input type="checkbox"/> \$53,151 - \$85,000  | <input type="checkbox"/> \$85,001 or more  |
| <input type="checkbox"/> 3 | <input type="checkbox"/> \$0 - \$35,900 | <input type="checkbox"/> \$35,901 - \$59,800 | <input type="checkbox"/> \$59,801 - \$95,650  | <input type="checkbox"/> \$95,651 or more  |
| <input type="checkbox"/> 4 | <input type="checkbox"/> \$0 - \$39,850 | <input type="checkbox"/> \$39,851 - \$66,400 | <input type="checkbox"/> \$66,401 - \$106,250 | <input type="checkbox"/> \$106,250 or more |
| <input type="checkbox"/> 5 | <input type="checkbox"/> \$0 - \$43,050 | <input type="checkbox"/> \$43,051 - \$71,750 | <input type="checkbox"/> \$71,751 - \$114,750 | <input type="checkbox"/> \$114,751 or more |
| <input type="checkbox"/> 6 | <input type="checkbox"/> \$0 - \$46,250 | <input type="checkbox"/> \$46,251 - \$77,050 | <input type="checkbox"/> \$77,051 - \$123,250 | <input type="checkbox"/> \$123,250 or more |
| <input type="checkbox"/> 7 | <input type="checkbox"/> \$0 - \$49,450 | <input type="checkbox"/> \$49,451 - \$82,350 | <input type="checkbox"/> \$82,351 - \$131,750 | <input type="checkbox"/> \$131,751 or more |
| <input type="checkbox"/> 8 | <input type="checkbox"/> \$0 - \$52,650 | <input type="checkbox"/> \$52,651 - \$87,650 | <input type="checkbox"/> \$87,651 - \$140,250 | <input type="checkbox"/> \$140,250 or more |

\*2023 VENTURA COUNTY INCOME LIMITS

**ANNUAL MEMBERSHIP FEE**

The mission of the Boys & Girls Club of Camarillo is to enable all youth, especially those who need us most, to reach their full potential as productive, caring, and responsible citizens. Our fees are low so no family / child ever has to choose between Club membership or everyday essentials and no child is ever denied membership due to inability to pay. **Community support keeps our fees low, would you be willing to sponsor another child's \$100 membership?**

Yes  No  
 \$100  Other Amount: \_\_\_\_\_

**PARENT/GUARDIAN ACKNOWLEDGMENT**

I am the parent / legal guardian of the child listed on this application for membership to the Boys & Girls Club of Camarillo. I understand that my child can enter and leave the Boys & Girls Clubs of Camarillo (referred to as the Club) AT WILL, and that the Club is not a Licensed Day Care Facility and cannot give my child constant exclusion attention. I further understand that it is my responsibility to give my child instructions to stay and participate in Club activities. The Club provides staff in all areas of Club activities. I hereby give my permission for my child to participate in Club Programs. In consideration of this permission, I understand, hereby for and on behalf of said child, our heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which I may hereafter have against the Club and/or its assigns for any and all injuries or damages which may be sustained or suffered by said child in connection with or entry in an/or arising out of traveling to, participating in, or returning from said activity or event. In the event of an injury to my child and I cannot be contacted, I hereby give permission to a representative of the Boys & Girls Clubs of Camarillo to authorize the medical doctor or hospital to administer any and all medical treatment to my child. I hereby give permission for my child to be used in public relations materials if the opportunity arises. I understand that membership to the Club is a privilege and if my child is not able to abide by all safety rules, the membership can be suspended for designated periods of times or revoked permanently. All fees to the Club will be forfeited during the suspension period and/or at the moment of membership revocation.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MEMBERSHIP ACKNOWLEDGEMENT** I wish to become a member of the Boys & Girls Clubs of Camarillo. I agree to obey the rules, be careful to prevent damage to the Club and the equipment, and most importantly to have fun. I also know if I am suspended from the Club for failure to obey rules, I understand that no dues will be returned to me. **CLUB MEMBER SIGNATURE:** \_\_\_\_\_