



# Membership Information Form

Boys & Girls Clubs of Oceanside  
401 Country Club Lane  
Oceanside, CA 92054  
Phone: (760) 433-8920

Confidentiality: Any confidential information is for our records and for the funding our Organization receives. The answers you provide will be kept confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks (\*)

## Member Information (Please Print)

First Name\*

Middle Name\*

Last Name\*

Nick Name

Birth Date\*

Membership Type\*

Gender\*

Ethnicity\*

School\*

Grade\*

On A 504 Plan: yes no

IEP/Special Ed: yes no

Client of SD Regional Center  Yes  No

Household Type\*

Family Setting:

## Member Medical Information

Medications:

Medical Problems/Allergies:

Disabilities:

## Primary Parent/Guardian Information\*

First Name (Printed)

Last Name (Printed)

Relationship to Member

Address:\*

Phone\*

Phone Type

City

State

Zip Code

Employer

E-mail Address

<b>Military Branch:</b>	<b>Status</b>	<b>Start/End Dates</b>
		/

<b>Additional Parent/Guardian Information*</b>		
<b>First Name (Printed)</b>	<b>Last Name (Printed)</b>	<b>Relationship to Member</b>

<b>Address:*</b>	<b>Phone*</b>	<b>Phone Type</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Employer</b>	<b>E-mail Address</b>

<b>Military Branch:</b>	<b>Status</b>	<b>Start/End Dates</b>
		/

<b>Household Income:</b>	
<input type="checkbox"/> \$0-\$5000	<input type="checkbox"/> \$50,001 - \$55,000
<input type="checkbox"/> \$5,001 - \$10,000	<input type="checkbox"/> \$55,001 - \$60,000
<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$60,001 - \$65,000
<input type="checkbox"/> 15,001 - \$20,000	<input type="checkbox"/> \$65,001 - \$70,000
<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$70,001 - \$75,000
<input type="checkbox"/> \$25,001 - \$30,000	<input type="checkbox"/> \$75,001 - \$80,000
<input type="checkbox"/> \$30,001 - \$35,000	<input type="checkbox"/> \$80,001 - \$85,000
<input type="checkbox"/> \$35,001 - \$40,000	<input type="checkbox"/> \$85,001 - \$90,000
<input type="checkbox"/> \$40,001 - \$45,000	<input type="checkbox"/> Annual Income
<input type="checkbox"/> \$45,001 - \$50,000	

<b>Referring Organization:</b>	
<input type="checkbox"/> BGO Website	<input type="checkbox"/> North County Kids Mag.
<input type="checkbox"/> Club Flyer	<input type="checkbox"/> Osider Magazine
<input type="checkbox"/> Facebook	<input type="checkbox"/> Peachjar
<input type="checkbox"/> Friend/Family Member	<input type="checkbox"/> Pizza Box
<input type="checkbox"/> GOOGLE +	<input type="checkbox"/> Twitter
<input type="checkbox"/> Instagram	<input type="checkbox"/> YELP
<input type="checkbox"/> Newspaper -UT	Other: _____

**Additional People Authorized to Pick - Up Member**

<b>1. First Name (printed)</b>	<b>2. First Name (printed)</b>	<b>3. First Name (printed)</b>
<b>1. Last Name (printed)</b>	<b>2. Last Name (printed)</b>	<b>3. Last Name (printed)</b>
<b>Phone</b>	<b>Phone</b>	<b>Phone</b>
<b>Relationship to Member</b>	<b>Relationship to Member</b>	<b>Relationship to Member</b>

## RELEASE & HOLD HARMLESS AGREEMENT

I, do hereby give my son/daughter permission to attend and participate in activities sponsored by the Boys & Girls Clubs of Oceanside (BGCO). I hereby release the Boys & Girls Clubs of Oceanside, its employees, associates and contributors from any liability, and injury, loss or damage incurred by my son/daughter while participating. I hereby hold harmless and release the Boys & Girls Clubs of Oceanside from any lawsuits, claims, action, damages, judgments and fees arising out of any personal injury including death or and death of injury which results or increases by any action taken to medically treat my child. I hereby authorize medical emergency treatment for my son/daughter by licensed professional in the event of an accident and release the Boys & Girls Clubs of Oceanside from any liability resulting from this treatment. I give consent to and authorize the use and reproduction of any photographs, likeness and or any other audio-visual material taken of my child for promotional material, fundraising events, and sponsored programs of for any other use for the benefit of the program.

Initial \_\_\_\_\_

I release the BGCO as After School Educational and Safety Program providers from any liability, any injury loss or liability incurred by my child while participating. I authorize medical emergency treatment for my child by licensed professional in the event of an accident and release the program from any liability resulting from this treatment.

Initials \_\_\_\_\_

I give consent to BGCO to use my child's picture or likeness for publication.

Initials \_\_\_\_\_

I give my permission for my child to be transported in the BGCO van/bus for local Oceanside activities.

Initials \_\_\_\_\_

I agree that I have received a copy of the BGCO "Parent Handbook" and agree that I and my child will adhere to all BGCO policies and expectations outlined therein.

Initials \_\_\_\_\_

I understand that either parent/guardian listed on this application may be contacted regarding the member and their account with BGCO.

Initials \_\_\_\_\_

## Virtual Program Waiver\*

I give my permission for BGCO to contact my child using phone calls, zoom, google hangouts or alternate methods for virtual instruction.

Initials \_\_\_\_\_

## COVID-19 Acknowledgement Waiver\*

I am aware of the contagious nature of COVID-19 and voluntarily chose to allow my child(ren) to participate in programs operated by the Boys & Girls Clubs of Oceanside (BGCO).

I acknowledge that BGCO employees come into contact with multiple individuals, and might become exposed to COVID-19. I also acknowledge that although BGCO takes precautions to reduce the likelihood of transmission of COVID-19 by its employees, BGCO cannot guarantee that my child(ren) will not become infected with COVID-19.

I knowingly acknowledge that by allowing my child(ren) to participate in BGCO's programs, I am exposing my child(ren) and myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 may result from the actions, negligence, and failure to act of myself and others, including, but not limited to, BGCO employees, and other program participants and parents.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind of nature, that I may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in any BGCO programs. On my own behalf, and on behalf of my child(ren), I hereby release and hold harmless the BGCO, its employees, agents and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that release includes any Claims based on negligence, action or inaction of any of BGCO, its employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any BGCO program.

Initial \_\_\_\_\_

Parent/Guardian Signature

Member Signature

Date