



BOYS & GIRLS CLUB OF THE HARBOR AREA

MEMBERSHIP APPLICATION

Member #1 _____
Member #2 _____
Member #3 _____
Receipt # _____

Eastbluff Irvine Lou Yantorn Westside

Applicant #1 _____ Age _____ Birth Date _____

Grade _____ School _____ Female Male New Member / Renewal

Applicant #2 _____ Age _____ Birth Date _____

Grade _____ School _____ Female Male New Member / Renewal

Applicant #3 _____ Age _____ Birth Date _____

Grade _____ School _____ Female Male New Member / Renewal

Father/Mother/Guardian #1 _____ Email _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer _____ Job Title _____ Work Phone _____

Father/Mother/Guardian #2 _____ Email _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer _____ Job Title _____ Work Phone _____

Emergency Contact Person _____ Phone Number _____

Family Doctor _____ Phone Number _____

Is applicant covered by health insurance? ____ Yes ____ No Provider Name _____

Policy Number _____

Is he/she on special medication or limited activity? ____ Yes ____ No If yes, please explain _____

I am willing to sponsor ____ child(ren)'s membership for one year at \$50 per child.

Waiver of participation and release of liability:

As a condition of participation in the program, I waive any and all claims against the Boys and Girls Club of the Harbor Area, its affiliates and/or agents for injury or damage that may be sustained as a direct or indirect result of my child's participation in activities. I also promise to hold the Boys and Girls Club of the Harbor Area, its affiliates and/or agents harmless and indemnify them for any damage, expenses or judgments that may occur as a direct or indirect result of such participation. He/she is physically fit and has no injuries or disabilities, which would affect his/her participation in the activities of the said program. I give my consent to his/her being administered any emergency medical treatment by a physician or hospital in case of an accident or illness.

Authorization for photo release

I understand that a picture(s) may be taken of my child(ren). I hereby assign and authorize the Boys and Girls Club of the Harbor Area the right (all rights) in and to such pictures. I also authorize the Boys and Girls Club of the Harbor Area, without limitation, the right to reproduce, copy, exhibit, publish (broadcast) or distribute any such picture, and waive any rights or claims I may have against the Boys and Girls Club of the Harbor Area and/or any affiliates, subsidiaries, or assignees except as outlined in this contract.

By signing below, I am acknowledging that I have read and understand the policies, general information, Liability Waver, and Photo Release outlined above. I acknowledge that the membership fee is non-refundable.

Parent/Guardian Signature _____ Date _____

Office Use Only: After School ____ Basketball ____ Flag Football ____ Hockey ____ Kindergarten ____ SAT ____ Summer ____ Transportation ____

The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary. The Boys & Girls Club of the Harbor Area relies on outside funding to sustain and develop programs offered to its members. Thank you for helping us provide a "Positive Place for Kids."

● **Ethnicity/Race** (Check only ONE)

- Black/African American
- Native American/Alaskan Eskimo
- Hispanic/Latino
- Caucasian/White
- Middle Eastern
- Asian
- Other (specify) _____

● **Primary Language** (Check only ONE)

- Arabic
- Armenian
- Cambodian
- Cantonese
- Chinese
- English
- Farsi
- Japanese
- Korean
- Mandarin
- Spanish
- Tagalog
- Vietnamese
- Other (specify) _____

● **Family Income Level** (Check only ONE)

- Under \$9,999
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 - \$89,999
- \$90,000 - \$99,999
- More than \$100,000

● **Parent Education Level**

(Single parent/guardian check only ONE; all others check TWO)

- Not a high school graduate
- High school graduate
- Some college
- College graduate
- Graduate School

● **Household Size**

(Including all adults and children living in the home)

_____ people

● **Does anyone in your household receive the following:** (Check all that apply)

- Free or Reduced Price Lunch at school
- S.S.I. (Supplemental Security Income)
- Medi-Cal
- CalWORKs
- Food Stamps
- Other, please list _____

● **Are you, or anyone in your household, learning English as a second language?**

- Yes No

● **How did you hear about the Boys & Girls Club?** (Please be specific)



BOYS & GIRLS CLUB OF THE HARBOR AREA

Sports League Application

Please check all that apply:

- Winter Basketball
- Summer Basketball
- Fall Roller Hockey
- Spring Roller Hockey
- Fall Flag Football
- Spring Flag Football

Name: _____ Age: ___ Date of Birth: _____ M ___ F ___

Address: _____ Phone: _____

City: _____ State: CA ZIP: _____ School: _____ Grade: ___

Mother: _____ Home: () _____ Cell: () _____

Occupation _____ Business Name _____

Father: _____ Home: () _____ Cell: () _____

Occupation _____ Business Name _____

Emergency Contact: _____ Phone: () _____

Name of Health Insurance: _____ Policy # _____

E-Mail Address: _____

Check the best way to communicate league information; ___ Home phone ___ Cell phone ___ E-mail

Athletic Experience: Beginner ___ Intermediate ___ Advanced ___

Has your child played here in the past? Yes ___ No ___

How were you referred? Returning Player ___ Website ___ BGC Flyer ___ School Flyer ___ Other ___

Parent Special Requests _____

(While not all requests can be honored, we will make every effort to comply with the request)

Are you interested in volunteering? Yes ___ No ___

How would you like to help? **Coaching** ___ **Asst Coaching** ___ **Scorekeeping** ___ **Fundraising** ___

Wavier of participation and release of liability:

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By signing below, I am acknowledging that I have read and understand the policies, general information, Liability Wavier, and Photo Release outlined above.

Parents Signature _____ Date ___/___/___

League Fees \$ _____ + Membership Fee \$50.00 (if applicable) = Total \$ _____

For league information, please visit our website: www.harborareabgc.com

OR

E-mail the Athletic Director: harlan@harborareabgc.com

Paid: Cash ___ Check # _____ Amount _____ Receipt # _____ Received by: _____ Date: _____