

Name: _____ Member Number: _____ Site Director: _____

Site: _____ Service Units: _____ Exp. Date: _____ Intake Date: _____ Parent Handbook [] yes

Boys & Girls Club of the Antelope Valley

Please **PRINT** and **Fill Out This Form COMPLETELY** Your input will help keep costs down for membership!

Birthday: _____ Age: _____ Grade: _____ Boy _____ Girl _____

Home Address: _____

Home Telephone: _____ Parent's Name(s) _____

Living With: _____ Mother _____ Father _____ Both _____ Grandparent _____ Other _____

Circle Number of Brothers & Sisters: 1 2 3 4 5 6 7 8 #Total Living in House _____

Father's Employer and Telephone # _____

Mother's Employer and Telephone # _____

Insurance Company _____ Policy# _____ None _____

Allergies, Medical Conditions & History _____

Emergency Contact Names & Telephone Numbers: _____

Circle One: Black White Hispanic Native American/Alaskan Asian/Pacific Islander Other

Income Verification Type: _____ Attached: [] yes Photo [] yes [] no

Current Monthly Family Income: \$ _____

Source of Income: (Please "X" all that apply) _____ No Income _____ S.S.I..

_____ Pensions Full Time Employed _____ Part-Time Employment _____ Social Security

_____ Unemployment Insurance _____ General Assistance _____ AFDC

_____ Food Stamps _____ Migrant Farm Work _____ Seasonal Farm Work

_____ Rent _____ Own _____ Homeless _____ Other

Check One: _____ **Walks Home** _____ **Gets Picked Up From Site**

Date entered into the CSBG System: _____

IMPORTANT INFORMATION--PLEASE READ COMPLETELY AND SIGN

The information requested below is used exclusively for the compliance of grants for the State of California and other grantors. Your personal information is completely and totally confidential and will not be shared with anyone. The information is used for statistical data and will help to **KEEP THE COSTS OF MEMBERSHIP FOR YOUR FAMILY DOWN**. Thank you for your help, if you have any questions, please ask your Program Director.

I do hereby give permission for my son/daughter to become a member of the Antelope Valley Boys & Girls Clubs. I understand this club has an open door policy and that the staff is not responsible for keeping my child at the club site. I accept that the staff may need to close the club and send my child home without prior notice. If my child does not comply with the club rules, he/she may be sent home at any time. The club and its personnel are not responsible for personal injury or loss of property.

OUTCOMES MEASUREMENT CONSENT:



I give permission to the Boys & Girls Clubs to survey, interview and track my child through Enrollee Personal Statement through the Tomorrow's Leaders program. I understand I can withdraw my permission at any time. I understand that the survey information will be kept confidential.

Parent/Guardian Signature _____ Date _____

FIELD TRIP PERMISSION:

My child has permission to attend field trips with the Antelope Valley Boys & Girls Club. I will accept full responsibility for my child and release from liability all agents of the Boys & Girls Club and other sponsoring organizations.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

I give my consent for my child to have their photo taken while engaged in any Boys & Girls Club activity. Furthermore, such photos may be utilized to promote Boys & Girls Club programs. I waive all monetary compensation.

Parent/Guardian Signature _____ Date _____

AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR:

I/We the undersigned, parents of _____ do hereby authorize the Boys & Girls Club as the agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under general or special supervision for any physician and surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of any general hospital, whether such a diagnosis or treatment is rendered at the office by said physician or at said hospital.

It is agreed that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent / Guardian Signature _____ Date: _____

Child Signature: _____ Date: _____



PARTICIPANT ENROLLMENT FORM
(To be filled out by child)

Did you have an existing relationship with the agency before enrolling in Tomorrow's Leaders? Yes No

How did you hear about Tomorrow's Leaders? _____

Do you have any special needs Tomorrow's Leaders Staff should know about?

What is the primary language spoken in your home? _____

Please explain why you would like to participate in Tomorrow's Leaders?

- Computers
- Homework Help
- To belong to a Club
- Other _____

What areas/skills would you like to improve while in Tomorrow's Leaders?

- English (reading & writing)
- Math
- English (comprehension)
- Social
- Computer
- Other _____

Traveling through cyberspace can be fun, but like any trip you take you have to "Be Prepared" for unforeseen things. So, read this before you go any further.

I will not give out personal information such as my address, telephone number, parents'/guardians' work address/telephone number, or the name and location of my school without my parents'/guardians' permission.

I will tell an adult right away if I come across any information that makes me feel uncomfortable.

I will never agree to get together with someone I 'meet' online without first checking with my parents/guardians. If my parents/guardians agree to the meeting, I will be sure that it is in a public place and bring my parent or guardian along.

I will never send a person my picture or anything else without first checking with my parents/guardians/

I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do I will tell my parents/guardians right away so that they can contact the online service.

I will talk with my parents/guardians so that we can set up rules for going online. We will decide upon the time of day that I can be online, the length of time I can be online, and appropriate areas for me to visit. I will not access other areas or break these rules without their permission.

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

Boys & Girls Club Member: _____ Date: _____

Parent/Guardian: _____ Date: _____

Welcome!



BOYS & GIRLS CLUB
of the ANTELOPE VALLEY

Welcome new club members and your families! The Boys & Girls Clubs of the Antelope Valley is the premier youth agency providing great programs and activities to all out local kids. As a Member of the Boys & Girls Clubs you will enjoy all the rights and privileges that come with membership, including our great Games room, our Computer Lab and a trained and professional staff that will help you with everything from homework to the latest tips in the hottest Play Station games.

We ask all our members and parents to sign all the membership and computer access forms at the back of this Parent Handbook. Please, if you receive any type of aid (food stamps, SSI, TANF, DPI, etc.) fill out the forms completely and talk to the staff about how we can make your child's membership not only fun but affordable for your family.

Also, be sure to check out all the nationally recognized programs we offer our members to help homework, technology skills, personal growth and community spirit. The Boys & Girls Club is considered by most kids to be their home away from home.

Our Mission: To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.

The Positive Place For Kids