THE CLUB

BOYS & GIRLS CLUB
of Malibu Teen Center

DATE:_____

MEMBERSHIP APPLICATION

$45 per Semester—$90 Annual Membership

Please PRINT clearly

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Age: _____ Birth Date: _____ Grade: _____ School: _____

I wish to become a member of the BOYS & GIRLS CLUB OF MALIBU TEEN CENTER. I promise to follow all the rules. I promise to respect my BOYS & GIRLS CLUB staff, fellow members, and facility. I promise to respect my BOYS & GIRLS CLUB MEMBERSHIP as a privilege, which can be lost if I abuse it.

Member Signature: _____

PRIMARY PARENT CONTACT:

Name:_____

Address: _____

_____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

PRIMARY PARENT CONTACT:

Name:_____

Address: _____

_____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

EMERGENCY CONTACT #1

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

EMERGENCY CONTACT #2

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

PLEASE CONTINUE FILLING FORM ON BACKSIDE

MFYF
Malibu Foundation for Youth and Families

HEALTH INFORMATION:

Do you have any physical or emotional limitations? No _____ Yes (explain)_____

Regular medication: _____ Allergies to medication: _____

IMPORTANT: MUST BE COMPLETE - PARENT AUTHORIZATION

This health history is correct to my knowledge, and the person herein described has permission to engage in all prescribed Club activities except as noted by the examining physician and me. I hereby give my permission to the physician selected by the BOYS AND GIRLS CLUB officials to order x-rays, routine test and treatment for the health of my child, and in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Boys and Girls Club officials to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named above. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. Also, for good and valuable consideration, I hereby consent to authorize the reproduction, publication and use by the Boys and Girls Club of Malibu and Boys and Girls Club of America, and successors and assigns, for advertising, commercial, or other purposes, of any photograph, picture, or likeness of my child. HOLD HARMLESS CAUSE; I further agree that the Boys and Girls Club of Malibu, its Board of Directors, Officials, Agents and Staff are hereby relieved of all liability in the event of accident or injury to the said minor.

I REALIZE THE CLUB HAS AN "OPEN DOOR POLICY" AND MY CHILD IS FREE TO COME AND GO AS HE/SHE CHOOSES. PARENTS WHO WISH FOR THEIR CHILDREN TO REMAIN AT THE CLUB MUST INSTRUCT THEIR CHILDREN TO DO SO.

I understand that the $45 SEMESTER MEMBERSHIP DUES are payable with this completed application. Please make checks payable to Boys & Girls Club of Malibu.

I have read and will comply with all requirements outlined in this application.

Parent's Signature: _ _____ DATE:_____

PERSONAL INFORMATION (FOR BOYS AND GIRLS CLUB STATISTICAL PURPOSES *ONLY*):

Gender:	**Who do you live with:**	**Brothers ages:**	**Sisters ages:**	**Ethnicity: (optional)**
Female: _____	Both Parents: _____	_____	_____	African American: _____
Male: _____	Joint Custody: _____	_____	_____	Asian Pacific: _____
	Mother: _____	_____	_____	Latino/a: _____
	Father: _____	_____	_____	White: _____
	Grandparents: ____	_____	_____	Native American: _____
		_____		
	Other: _____		_____	Other: _____

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OFFICE USE ONLY:

Check #:_____ Cash:_____ Scholarship:_____ Qualifies for RSLP: Y_____ N_____

Payment Plan:_____ "B" Safe Driving School_____

Membership #:_____ Exp. Date:_____ Received by:_____/Inputted by:_____