

SCHOOL YEAR MEMBERSHIP APPLICATION 2024-2025

Program Fees are due the 1st of each month. Please note a \$25.00 late fee will apply per child if paid after the 5th



BOYS & GIRLS CLUBS
OF GREATER CONEJO VALLEY

Club Location: (CVUSD)

- Anderson Club- Los Cerritos campus (805) 493-2917
- Johnston Club- Colina campus (805) 449-1309
- Morton Club- Sequoia Campus (805) 375-5635
- Notter Club- Redwood Campus (805) 371-4045

Club Location: (LVUSD)

- Catlin Club- Lindero Canyon campus (818) 735-9518
- Marley Club- A.E. Wright campus (747) 293-6555
- A.C. Stelle Club- A.C. Stelle campus (818) 225-8406
- Grossman Club- Chaparral campus (818) 224-3097
- Jefferson Club- Bay Laurel campus (818) 225-8660

Program Type:

CHILDS INFORMATION New Member Returning Member

Member Name (Last) _____ (First) _____ (Middle) _____ Member Gender _____

Date of Birth ____/____/____ School _____ New Member Returning Member

Grade as of 8/1/24 _____ Age _____ Other Family Members Attending/Attended Club _____

MOTHER/GUARDIAN INFORMATION Check if this is the Member's primary residence. Authorized to pick up NO YES

Name _____ Employer _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____ E-Mail _____

FATHER/GUARDIAN INFORMATION Check if this is the Member's primary residence. Authorized to pick up NO YES

Name _____ Employer _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____ E-Mail _____

EMERGENCY CONTACT: (Need Contact Info for people not listed above)

Emergency Contact _____ Relationship to Member _____ Phone Number _____
Authorized to pick up NO YES

Emergency Contact _____ Relationship to Member _____ Phone Number _____
Authorized to pick up NO YES

MEDICAL INFORMATION

Name of Doctor _____ Doctor's Phone Number _____

Health Insurance Company _____ Policy and Certificate # _____

Has your child ever had the following EAR INFECTIONS ASTHMA CONVULSIONS MEASLES CHICKEN POX MUMPS HAY FEVER
DIABETES HEARING AIDS CONTACT LENSES BEHAVIORAL PROBLEMS?

Has your child has an allergic reaction to: INSECT STING/BITES POISON OAK OR IVY FOOD IF SO, PLEASE LIST: _____

Is your child current with all immunizations? YES NO

Has your child had any operations, serious injuries, diseases or problems with physical activity that may limit him/her? NO YES

Please Explain: _____

Does your child need to take medication during club? NO YES MEDICATION(S): _____

Is there anything you would like us to know about your child. _____

ALL MEDICINE MUST BE CLEARLY LABELED IN ITS ORIGINAL CONTAINER AND GIVEN TO THE CLUB DIRECTOR, ALONG WITH A WRITTEN AUTHORIZATION TO ADMINISTER MEDICATION.

PLEASE VISIT OUR WEBSITE, www.bgcconejo.org, to learn about activities and events at our Clubs and if you.

"Change a life and sponsor another deserving child for a month or for Summer Camp! Visit our [website](http://www.bgcconejo.org) to donate, call Resource Development at (818) 706-0905, or email resourcedevelopmentandmarketing@bgcconejo.org"

Financial Assistance is available on a case-by-case basis. Please complete a confidential 'Request for Financial Assistance.' Documentation required: Total income of household members, previous year's tax returns, and proof of most recent form of income.

**CONFIDENTIAL
HOUSEHOLD
INFORMATION**

Please note this is for statistical and fundraising purposes only.

ETHNICITY: (Check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	ANNUAL HOUSEHOLD INCOME: <input type="checkbox"/> \$10,000 or below <input type="checkbox"/> \$90,001 - \$100,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$100,001 - \$150,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$150,001 - \$200,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$200,001+ <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$60,001 - \$70,000 <input type="checkbox"/> \$70,001 - \$80,000	DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH? <input type="checkbox"/> Yes <input type="checkbox"/> No ASSITANCE PROGRAMS: _____ MILITARY: <input type="checkbox"/> Yes <input type="checkbox"/> No Head of Household: _____ NUMBER OF ADULTS IN THE HOUSEHOLD: _____ NUMBER OF YOUTH IN THE HOUSEHOLD: _____
--	---	---

PARENT/GUARDIAN AUTHORIZATION FOR THE BOYS & GIRLS CLUBS OF GREATER CONEJO VALLEY (BGC/GCV)

- Video surveillance is in use in and around the Club Facility, on Club property, and on Club Transportation.
- I agree to defend, indemnify and hold harmless the BGC/GCV, Conejo Valley Unified School District, Las Virgenes Unified School District and their officers, employees and agents against any and all loss, liability charges, expense (including attorney fees) and costs of whatsoever character which may arise by reason of participation in any program.
- I give permission for the release and exchange of confidential information from the Conejo Valley Unified School District or Las Virgenes Unified School District in order to provide programs and coordinate services for my child. I understand that my records are protected under federal confidentiality regulation and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- I understand that the Boys & Girls Club of Greater Conejo Valley is not responsible for any staff outside of club duties.
- I understand the BGC/GCV covid guidelines are subject to change and the BGC/GCV aligns with the CDC Government Agency and the CA State requirements.
- I understand the **BGC/GCV Parent Handbook** is available on our website at www.bgcconejo.org and that it is my responsibility to read this Parent Handbook, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it.

Membership Application Waiver section

In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary

Yes No

I give permission for my child to be transported to and from program areas, on field trips, and in the case of an emergency Yes No

I expect my child to stay at the Club until picked up: Yes No

Member Behavior Waiver

BGC/GCV reserves the right to dismiss a Camper whose conduct is dangerous, illegal, or in the judgment of the Camp Director, detrimental to the camp and/or to other Campers. Any unused tuition will not be refunded. Yes No

Photo Waiver

I understand the BGC/GCV retains the right to use photographs, slides or video-taped material of my child taken during activities for promotional purposes and waives all rights for compensation. Yes No

If your child is feeling sick, you agree to pick them up within 60 minutes of notification. 60-Minute Illness Pickup Waiver Yes No

**** Fees are subject to change.**

Cancellations, withdrawals, and fee information are available in our Parent Handbook at www.bgcconejo.org

Print Name of Parent/Guardian _____	Date: _____
Signature of Parent/Guardian _____	Best Contact Number: _____

PLEASE VISIT OUR WEBSITE, www.bgcconejo.org, to learn about activities and events at our Clubs and if you.

"Change a life and sponsor another deserving child for a month or for Summer Camp! Visit our [website](http://www.bgcconejo.org) to donate, call Resource Development at (818) 706-0905, or email resourcedevelopmentandmarketing@bgcconejo.org"

Financial Assistance is available on a case-by-case basis. Please complete a confidential 'Request for Financial Assistance.' Documentation required: Total income of household members, previous year's tax returns, and proof of most recent form of income.