



BOYS & GIRLS CLUBS
OF THE NORTH VALLEY
www.bgcnv.org

Administrative Office:
601 Wall St. Chico, CA 95928
(530) 899-0335

MEMBERSHIP APPLICATION

\$10.00 fee that expires annually in December. Exact cash or credit card is required at orientation.

Please check the box of the site that you are applying for:

- Chico Clubhouse (6-12years): 601 Wall St. Chico, CA 95928 (530) 899-0335
- The CLUB Chico (13-17 years): 628 Wall St. Chico, CA 95928 (530) 879-5653
- The CLUB Oroville (13-17 years): 2959 Lower Wyandotte Road, Oroville, CA (530) 533-3067
- Paradise Ridge: 6241 Skyway Paradise, CA 95969 (530) 872-3662
 - Paradise Elementary Clubhouse (6-12 years): 588 Pearson Rd.
 - Ponderosa Elementary Clubhouse (6-12 years): 6593 Pentz Rd.
 - Pine Ridge School (6-14 years): 13878 Compton Dr.
 - Paradise Intermediate School (11-14): 5657 Recreation Dr.
 - The CLUB Paradise Ridge (13-17 years): 6241 Skyway Paradise, CA 95969 (530) 872-3662

This application must be completed on **both sides** in order to join the Boys & Girls Club. The information provided will be kept confidential and provided for the purposes of statistics and funding/grant requirements for the Club. Membership is available to young people ages 6-17. Proof of age is required for youth 6-8 years of age. **All members must attend orientation with legal parent/guardian prior to becoming a member.**

Mandatory Orientations are held as follows:

- Chico Clubhouse (Please schedule an Orientation date in advanced) & The CLUB Oroville: Wednesdays at 6pm
- The CLUB Chico: Wednesdays at 5pm
- Paradise Ridge = Paradise, Ponderosa & Pine Ridge Elementary: Wednesdays at 6pm (Please schedule an Orientation date in advanced)
- The CLUB Paradise Ridge: Wednesday at 6pm

TO BE COMPLETED BY LEGAL GUARDIAN ONLY

Renewal New Member

Member Information

Member Name: _____ Home Phone: _____
 Birth Date: _____ Age: _____ Male Female
 Mailing Address: _____ City: _____ Zip: _____
 Child's School: _____ Grade: _____ Internet Grade Pass Code & User Name: _____
 My child has an IEP (Individualized Education Plan) – Please attach a copy to help make your child's experience successful.

Insurance Company: _____ Policy Number: _____
 Preferred Physician/Phone: _____ Preferred Hospital/Phone: _____
Allergies/Disabilities/Medical Problems & Medications:

Head Of Household Information

Head of Household: _____ Relationship: _____ Email: _____
 Mailing Address: _____ City: _____ Zip: _____
 Employer: _____ Job Title: _____
 Work Phone: _____ Home Phone: _____ Cell Phone: _____

Other Parent/Guardian Information

Parent/Guardian Name: _____ Relationship: _____ Email: _____
 Mailing Address: _____ City: _____ Zip: _____
 Employer: _____ Job Title: _____
 Work Phone: _____ Home Phone: _____ Cell Phone: _____
 Is any Parent/Guardian of this child a member of the military? _____ / _____
 If yes, please specify the branch _____ / _____ Start Date: _____ / _____ End Date: _____ / _____

Emergency Contact Person Information

Emergency Contact Person: (other than above) _____
 Phone Number(s): _____ Relationship: _____

Other information that will enable our staff to enhance your child's experience at the Boys & Girls Clubs of the North Valley:

Annual Household Income:
 \$10,000 or below
 \$10,001-20,000
 \$20,001-\$30,000
 \$30,001-40,000
 \$40,001-50,000
 \$50,001-60,000
 \$60,000+
 Declined

Ethnicity:
 Caucasian (White)
 African American
 Hispanic
 Asian
 Native American
 Multi-Racial
 Other(Specify): _____

Member Lives With:
 50% Custody
 Mother Only
 Father Only
 Both Parents
 Foster Care
 Grandparents
 Aunt/Uncle
 Group Home
 Other(Specify): _____

Check Programs Used:
 TANF
 SSDI
 Day Care Voucher
 Food Stamps
 General Assistance
 School Lunch Program
 Veterans Compensation

Size of Family: _____

PARENTS/GUARDIAN AGREEMENT:

- I hereby give permission for my child to become a member and participate in activities of the Boys & Girls Clubs of the North Valley.
- I understand the Club is not responsible for the time or manner in which my child may arrive or leave the Club. The Club and its properties are not responsible for personal injury or loss of property.
- I permit the Club to use photographs or video of my child participating in Club activities and waive all rights for compensation.
- In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary.
- I have been given information at the orientation on the appropriate use of computers at the Club. I give consent for my child to use e-mail and the Internet while at the Club according to the rules outlined in the Orientation Manual.

AUTHORIZATION FOR INTERAGENCY EXCHANGE OF CONFIDENTIAL INFORMATION:

I give permission for the release and exchange of the confidential information within this membership application, and also the release and exchange of confidential information (i.e. STAR testing data, grades, other school related data, and all other confidential related data) from the following sources in order to provide programs and coordinate services for my child: (United States Tennis Association; Chico Unified School District; Oroville City Elementary School District; Oroville Union High School District; Paradise Unified School District; Juvenile Justice Crime Prevention Act 2000, Butte County Probation Department; Office of Justice Programs; Enloe Hospital, S.H. Cowell Foundation, Butte County Office of Education and Town of Paradise). 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 may withdraw this consent at anytime except to the extent that action has been taken in reliance on it. This release will be effect as long as the child has a membership with the Club.

 Parent or Guardian Initial

MEMBER AGREEMENT: I agree to take care of my Club and property. I will abide by the rules of the Club at all times. As a user of the BGCNV computer network, I agree to comply with the stated rules and to use the network in a constructive manner. If at anytime I am asked return my Club card, I understand no dues will be returned to me.

 Parent or Guardian Signature

 Member's Signature

 Date

*****OFFICE USE ONLY*****

INTAKE

Staff Initial: _____

ASES 21st Century Grant Probationary Teen

Birth Certificate Snack Form Report Card (new members only)

Orientation Date: _____ Date Paid: _____

Cash Scholarship Credit Card Receipt # _____

DATA ENTRY

Staff Initial: _____

Entered into DB: _____ Card Completed: _____

Meds include Doctor's Note w/completed paper work