

Boys & Girls Clubs of North San Mateo County
MEMBERSHIP APPLICATION *(All memberships expire on August 31st)*

SUNSET RIDGE—PACIFICA JUDO CLUB

Mailing Address: Mark Davis
19 Amberwood Circle
South San Francisco, CA 94080
650-583-4542

Class Schedule Every Monday & Wednesday from 7:00 PM to 8:10 PM

First Name: _____ Middle Initial: _____ Last: _____

Nickname: _____ Email: _____

Address: _____ Years at this location: _____

City: _____ State: CA Zip: _____

Telephone: _____ Date of Birth: DD/MM/YYYY Child's SSN: _____

New Member Renewal Club Member since: _____ Alumni Parent(s) Yes No

Reason(s) for joining: Fun Learning Sports Other: _____

School Information:

Current School: _____ Current Grade: _____ GPA: _____

Current Teacher: _____

Medical Information:

Doctor's Name: _____ **Doctor's Phone:** _____

Permission for Doctor/Hospital: Yes No

Insurance Carrier:

Policy #: _____ Group #: _____

Date Health Info received: _____

Serious Health Problems: Yes No

Date Medical Info Received: _____

Physical:

Gender: Male Female Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Ethnicity: African-American Asian Hispanic Multi-Racial Native-American White

Other _____

Annual Boys & Girls Club Membership Fee: \$10.00 _____ **Pacifica Judo Club Monthly Fee: \$10.00** _____

Household:

Please note: This information is optional, however, the compilation of this data may assist us in obtaining additional funding. Your individual information will be kept confidential.

Gross \$0-\$5,000 \$30,001-\$35,000 \$60,001-65,000

Annual 5,001-10,000 35,001-40,000 65,001-70,000

Household 10,001-15,000 40,001-45,000 70,001-75,000

Income 15,001-20,000 45,001-50,000 75,001-80,000

Do you live with your Mom Step Mom Dad Step Dad Grandparent(s) Other

Is there a Member of the Household: 65 years or older Yes No

Handicaped Yes No

Head of Household: Female Male Current single parent Yes No

Number in household: Brothers: _____ Ages: _____ Sisters: _____ Ages: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address Home: _____

Address Work: _____

Home Phone: _____ Work Phone: _____

Email: _____ This person is authorized to pick up my child Yes No

Name: _____ Relationship: _____

Address Home: _____

Address Work: _____

Home Phone: _____ Work Phone: _____

Email: _____ This person is authorized to pick up my child Yes No

Disclaimer:

We hereby understand that the Boys & Girls Club has an Open Door Policy and all children are free to come and go as they please. Parents who wish their children to remain at the facility during hours of operation must instruct them to do so. I also understand that we cannot drop off or leave our children earlier than the established hours of operation. Children left at the Club after closing time become the parent's responsibility and they should make arrangements for the child's pick up. We hereby approve our child's application and will notify the Club of any changes in addresses and telephone numbers listed on this application. We understand further that the annual membership is not refundable. We give our consent for his/her being given emergency treatment by a physician or hospital in case of an accident and to his/her taking part in various athletic, cultural and social activities of the Club. We give our consent for photographs in which my son/ daughter may appear, to be used in any way the Boys & Girls Club may care to use them. The boys & Girls Clubs of North San Mateo County is not responsible or liable in any way in the event of harm or injury occurring to the child. It is agreed that the parent or guardian will not hold Boys & Girls Clubs of North San Mateo County responsible for the welfare or whereabouts of the child. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Clubs of North San Mateo County's Legal fees.

Parent/Guardian Signature: _____ Child's signature: _____

FOR OFFICE USE ONLY

Membership #: _____ Entry Date: _____ Expiration Date: _____

Status: _____ Processed by: _____