



BOYS & GIRLS CLUBS
OF THE NORTH VALLEY
Chico • Paradise • Magalia • Oroville
Local Kids • Great Futures

MEMBERSHIP APPLICATION

\$40 fee that expires annually. Exact cash or credit card is required at orientation.

<input type="checkbox"/>	Renewal
<input type="checkbox"/>	New Member

BGCNV
Administrative
Offices
601 Wall Street
Chico, CA 95928
(530)899-0335
www.bgcnv.org

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

- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Chico Clubhouse (6-12 years): 601 Wall Street, Chico | (530) 899-0335 |
| <input type="checkbox"/> | Chico Teen Center (13-17 years): 628 Wall Street, Chico | (530) 879-5653 |
| <input type="checkbox"/> | Hamilton Elementary School (6-12 years): 277 Capay Ave., Hamilton City | (530) 899-0335 |
| <input type="checkbox"/> | Oroville Teen Center (13-17 years): 2959 Lower Wyandotte Road, Oroville | (530) 533-3067 |
| <input type="checkbox"/> | Paradise Elementary School (6-12 years): 588 Pearson Road, Paradise | (530) 872-1502 |
| <input type="checkbox"/> | Paradise Intermediate School (6-12 years): 5657 Recreation Drive, Paradise | (530) 877-7132 |
| <input type="checkbox"/> | Paradise Teen Center (13-17 years): 6241 Skyway, Paradise | (530) 872-3662 |
| <input type="checkbox"/> | Pine Ridge School (6-14 years): 13878 Compton Drive, Magalia | (530) 873-2437 |
| <input type="checkbox"/> | Ponderosa Elementary School (6-12 years): 6593 Pentz Road, Paradise | (530) 872-0562 |

This application must be completed on both sides by a *legal guardian* in order to join the Boys & Girls Club. The information provided will be kept confidential and will be used for statistics, funding, and grant requirements for the Club. Membership is available for young people ages 6-17.

MANDATORY ORIENTATIONS are held as follows:

Please schedule an orientation in advance.

-> **Wednesdays at 5pm:** Paradise Teen Center & Chico Teen Center

-> **By Appointment Only:** Chico Clubhouse, Hamilton Elementary, Oroville Teen Center, Paradise Elementary, Paradise Intermediate, Pine Ridge, and Ponderosa Elementary Schools

MEMBER INFO	Member Name _____	Home Phone _____
	Birth Date _____ Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Mailing Address _____	City _____ Zip Code _____
	Child's School _____ Grade _____	Aeries Login & Password _____
	<input type="checkbox"/> My child has an IEP (Individualized Education Plan) - Please attach a copy to help make your child's experience successful	

MEDICAL	Insurance Company _____	Policy Number _____
	Preferred Physician _____	Physician Phone _____
	Preferred Hospital _____	Hospital Phone _____
	Allergies, Disabilities, Medical Issues & Medications: _____	

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

OTHER GUARDIAN	Other Guardian Name _____	Relationship _____
	Mailing Address _____	City _____ Zip Code _____
	Employer _____	Job Title _____
	Cell Phone _____ Work Phone _____	Home Phone _____
	Email Address _____	

MILITARY INFORMATION

Is any parent/guardian of this child a member of the military? No Yes Branch _____

Name of Serviceperson _____ Start Date _____ End Date _____

EMERGENCY CONTACT INFORMATION

Contact Name(s) _____	Relationship _____
Phone Numbers _____	
Contact Name(s) _____	Relationship _____
Phone Numbers _____	

Please share any other information that will enable our staff to enhance your child's experience at the Club:

FAMILY INFORMATION

Member Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Declined or Other: _____	Annual Household Income <input type="checkbox"/> \$10,000 or below <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> \$60,001 and above <small>*MUST CHOOSE ONE CATEGORY ABOVE</small>	Programs Utilized (check all that apply) <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch Program <input type="checkbox"/> SSDI <input type="checkbox"/> TANF <input type="checkbox"/> Veterans Compensation	Members Lives With: <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparents <input type="checkbox"/> Group Home <input type="checkbox"/> Father Only <input type="checkbox"/> Father & Stepparent <input type="checkbox"/> Mother Only <input type="checkbox"/> Mother and Stepparent <input type="checkbox"/> Shared Custody <input type="checkbox"/> Declined/Other: _____
FAMILY SIZE _____	GUARDIAN AGREEMENT <small>**** Please initial in the boxes provided and sign at the bottom of white box.****</small>		

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 all information at the orientation on the appropriate use of computers at the Club. I give consent to my child to use e-mail and the internet while at the Club according to the rules outlined by Staff and the Orientation Manual.

AUTHORIZATION FOR INTERAGENCY EXCHANGE OF CONFIDENTIAL INFORMATION

I give permission for the release and exchange of confidential information within this membership application. I also give permission for 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: (Butte County Office of Education, Butte County Probation Office, Chico Police Department, Chico Stewardship Network, Chico Unified School District, Glenn County Office of Education, Hamilton Elementary School, Juvenile Justice Crime Prevention Act 2000, Office of Justice Programs, Oroville City Elementary School District, Oroville Police Department, Oroville Union High School District, Paradise Police Department, Paradise Unified School District, PIVOT Charter School, Town of Paradise, and Victor Treatment Center). I understand that my records are protected under federal confidentiality regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations. I may withdraw this consent at any time except to the extent that action has been taken in reliance on it. This release will be in effect as long as the child has membership at the Club.

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 to return my Club card, I understand no dues will be returned to me.

Date _____	Guardian Signature _____	Member Signature _____
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*****FOR OFFICE USE ONLY*****			
Staff Name _____ <input type="checkbox"/> ASES <input type="checkbox"/> Probationary Member Orientation Date _____ Renewal Date _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Scholarship Date Paid _____ Receipt # _____ Scholarship Application Received _____	INTAKE	DATA ENTRY	Staff Initial & Date File Made _____ Entered into DB _____ Card Completed _____ <input type="checkbox"/> Meds include doctor's note with completed paperwork