SUMMER 2023 ENROLLMENT FORM

(June 12, 2023 – August 11, 2023)

VARIETY BOYS & GIRLS

2530 Cincinnati Street, Los Angeles, CA 90033 323-269-3177



FOR STAFF USE ONLY Membership Cost: 50 Paid: Yes___ No____ Receipt Number___ Enrollment Date: _____ Child's tracking number: ____ Membership Site: Main__ PDS ___ Cash___ Money Order ___ Check__ BGS____ Renewal? Yes / No Staff_____

BOYS & GIRLS CLUB Any information requested on this form is used for recording purposes or required for funding. The answers you provide on this membership form will be kept CONFIDENTIAL. PARENT Information (Please Print) * denotes required information First Name* Middle Name Last Name* **Annual** Family Size: Home Address*: **Family** Less than \$12,000 Income * Gender (circle one) \$12,000 to \$17,000 Number of \$17,000 to \$25,000 brothers: Male **Female** \$26,000 to \$ 35,000 \$ 36,000 to\$60,000 Number of \$61,000 to \$80,000 sisters: \$81,000 and over *Telephone# *E-mail Address: Mobile Work **Employer:** Job Title: Military Branch: Start Date: **End Date:** Status: Spouse - Parents/Guardian Gender: Male Female *First Name: *Last Name: *Home Address: *Mobile Phone: E-mail Address: **Employer:** Job Title: Military Branch: Start Date: **End Date:** Status: **YOUTH Information** Middle Name First Name* Last Name* Birth date*: Male Female School Enrollment Information* Membership type: **Ethnicity**: African American WINTER/SPRING (Jan-May): ___ Native American Caucasian SUMMER (Jun-Aug):__X___ Hispanic Asian FALL (Sep-Dec):____ Grade: Age: Multiracial Other Home Address: Home Phone: General Assistance SSDI SSI Veterans Compensation Check All that apply*: TANF____ Food Stamps____ School Lunch (Free/Reduced) Medical Medicaid **Single Parent Home**

YOUTH Medical Information:				
Insurance Company:	Insurance Policy/Group Number:		Health Problems/Allergies:	
Medications:	Disabilities/Psychological Conditions:		Permission for Treatment by Doctor/Hospital:	
Physician:	Physician Phone:	Hospital:	Hospital Phone:	
Pick Up Information: (Two people authorized to pick up member)				
1. First Name	Last Name	Phone	e: Home Work	
Primary Emergency Contact Emergency	yContact Lives with member	Relations	ship to member	
2. First Name	Last Name		ne: Home Work	
Primary Emergency Contact Emergency	yContact Lives with member	Relations	ship to member	
* I have read the completed application, understand the rules of the Variety Boys & Girls Club and request that my son/daughter/ward be admitted into membership. * I have explained the rules to my son/daughter/ward and agree that the Variety Boys & Girls Clubs will not be responsible for any accident to the boy/girl while on the Variety Boys & Girls Clubs premises or while engaged in any of its activities away from the Variety Boys & Girls Club. * I give my consent for photographs or video taping in which my son/daughter/ward may appear, to be used in any way the Variety Boys & Girls Clubs may care to use them as long as it is consistent with the VBGC mission.				
Parent or Guardian Signature	Member's Signature	e	Date	

Note to Parent:

Member participation in Boys & Girls Clubs programs is likely to produce positive outcomes when members attend three times a week or more. Boys & Girls Clubs staff welcomes high levels of member participation in all programs as well as special programming.

Variety Boys & Girls Club

Code of Conduct

Play Fairly and Be Honest Bring Your Membership Card Everyday Be Respectful of Boys & Girls Club Staff Say Only Good Things About Others Resolve Disagreements in a Positive Way Be Respectful Of Other Members and Their Property Take Care of Your Boys & Girls Club Facility and Equipment Avoid Use of Improper Language Remove Hats Before Entering Building Applaud The Efforts of Others No Running Participate In Program Areas Open To Your Age Group Listen During Assemblies Dress Appropriately At All Times Smoking, Drugs, Alcohol and Other Drugs and Weapons Are Strictly Prohibited Stealing will not be Tolerated!

Please read The following and sign where indicated:

	ard) must be picked up no later than closing time or parent will be estand if no one answers he or she will be dropped off at the
	open door policy and cannot be responsible for my child (or ward) at all members are free to come and go from the Club at their
	ot refund membership, field trip or special program fees and that m t). I further understand that behavioral problems that cannot be d from VBGC without monetary refund.
personal property, for any bodily injuries, or the res property of the VBGC	BGC shall not be responsible or legally liable for any losses of sults thereof, incurred and suffered by the applicant on any s, or while engaged in any of the VBGC's activities away from the
	me of School) to release a copy of my <mark>child,</mark> y Boys & Girls Club. I understand the information obtained fron he progress of my child.
agreements: (1) always be respectful of others, (2) ne remember you are responsible for what you do onlin	y to use Club's computers is based upon clear guidelines and ever give out personal information over the computer, (3) always a, (4) always follow the computer lab supervisor's instructions, (5) online and (6) never visit 'off-limits' web sites. Failure to uphold mber's online privileges.
Signature of Parent/Guardian X	Date
Signature of Child X	Date