



Membership Application

_____ Coachella 760-398-5287
 _____ Desert Hot Springs 760-329-8800
 _____ Indio 760-347-5712
 _____ La Quinta 760-564-5555
 _____ Mecca 760-396-2380

New _____ Renewal _____ ASES _____

Member Name: _____
 First Middle Last

DOB : _____

Gender: Male _____ Female _____ Ethnicity: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

School: _____ Grade: _____

School Address: _____

Current Teacher: _____ GPA: _____

Is your child able to swim: Yes _____ No _____

Primary Contact	Emergency Contacts: Primary
Name: _____	Name: _____
Employer: _____	Employer: _____
Employer City: _____	Employer City: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Secondary
Email: _____	Name _____
BGCA Alumni: Yes _____ No _____	Employer: _____
Active Military Yes _____ No _____	Employer City: _____
	Work Phone: _____
	Cell Phone: _____

Medical Information

Doctors Name _____ Insurance Provider _____

Doctors Phone _____ Group # _____

Permission for the Doctor/Hospital Yes _____ No _____ Medical Problems/Allergies _____

Does your family have Health &/or Accident Insurance Yes _____ No _____

Physical or Mental Limitations _____ Medications _____

Please be aware of the following **:

- Members are to be picked up by closing time.
- Members are to bring membership cards daily to enter the Club and participate in all activities.
- Replacement cards are \$1.00 each.
- Members are expected to follow all the Club rules.

Do you belong to other Groups:

Interests:

Boy Scouts _____

Girl Scouts _____

School Club _____

YMCA/YWCA _____

Church Group _____

Big Brothers/Big Sisters _____

Sports _____

Boys & Girls Club _____

Club Name _____

Other: _____

Drawing/Painting _____

Arts & Crafts _____

Dance _____

Music _____

Singing _____

Knitting/Crocheting _____

Clothes Design _____

Other _____

Board Games _____

Group Games _____

Writing _____

Reading _____

Fishing _____

Board/Inline Skating _____

Sports _____

Camping _____

Household:

Member lives with: Mom _____ Step Mom _____ Dad _____

Step Dad _____ Grandparent _____ Foster parent _____ Other _____

How many: Brothers _____ Sisters _____

Total Number in Household: _____ This includes the member

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

Is there a Disabled Member of the Household: Yes _____ No _____

Current Head of Household: Female _____ Male _____ Both _____

Current Single Parent: Yes _____ No _____

Access to Computer/Internet at home Yes _____ No _____

Annual Income Levels

0 - 5,000 _____ 5,001 -- 12,000 _____ 12,001 -- 22,000 _____

22,001 -- 32,000 _____ 32,001 -- 50,000 _____ 50,001 -- 70,000 _____

70,001 and up _____

Highest Education Level:

High School _____ College AA Degree _____ College Bachelor Degree _____

College Masters _____ College PhD _____ Other _____

CHECK ALL THAT APPLY

SSDI _____ FOOD STAMPS _____

SSI _____ GENERAL ASSISTANCE _____

TANF _____ SCHOOL LUNCH _____

DAY CARE VOUCHER _____ VET COMPENSATION _____

Disclaimer:

The Boys & Girls Clubs of Coachella Valley is not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold the Boys & Girls Clubs of Coachella Valley responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for the Boys & Girls Clubs of Coachella Valley's legal fees.

I give my consent for photographs, in which my son/daughter may appear to be used by the Boys & Girls Clubs of Coachella Valley.

Contact's Signature: _____ Member's Signature: _____

FOR OFFICE USE ONLY

Membership #: _____

Entry Date: _____ Expiration Date: _____ Status: _____

Type: _____ New/Renewal Member Processed by: _____