

# Membership Application



**BOYS & GIRLS CLUBS**  
of Tracy  
Administrative Offices

753 W. Lowell Avenue  
Tracy, CA 95376  
209.832.2582

www.bgctracy.org

**MEMBERSHIP LOCATIONS:**

- Central
- Jacobson
- McKinley
- Monte Vista
- North
- Southwest Park
- Villalovoz

Today's Date \_\_\_/\_\_\_/20\_\_

You are registering for an ASES/ELOP funded B&G Club. Priority enrollment will be given to "unduplicated students" who qualify for one of the following three priorities:

1. English Language Learner
2. Free and Reduced Lunch
3. Foster Care

Once these spots are secured, we will open up the remaining spots to ALL students based on a first-come; first served basis.

**MEMBER INFORMATION**

First Name \_\_\_\_\_ Middle Initial \_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Non-binary\_\_\_ Age \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ School \_\_\_\_\_ Current Grade \_\_\_\_\_

Race/Ethnicity: African American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Am. Indian or Alaskan \_\_\_ Pacific Islander \_\_\_ Multi-racial \_\_\_ Unknown \_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_ Preferred Hospital/Clinic \_\_\_\_\_

Child's medical disability/disorder/concerns/allergies/list of medication(s) child is taking: \_\_\_\_\_

\_\_\_ IEP \_\_\_ Physical \_\_\_ Mental \_\_\_ Emotional \_\_\_ Other (Explain) \_\_\_\_\_

Child is a: \_\_\_ NEW Member \_\_\_ RETURNING Member

**PRIMARY PARENT(S)/GUARDIAN INFORMATION (Lives with child)**

1. First (Head of Household/Financial Supporter) \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work City \_\_\_\_\_ Work Phone \_\_\_\_\_

2. First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work City \_\_\_\_\_ Work Phone \_\_\_\_\_

**CHILD LIVES WITH:** \_\_\_ Both Parents/Guardians \_\_\_ Single Parent/Guardian \_\_\_ Foster Care \_\_\_ Family Shelter

**OTHER PARENT/GUARDIAN/EMERGENCY CONTACT**

First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work City \_\_\_\_\_ Work Phone \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT (Other than above)**

First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work City \_\_\_\_\_ Work Phone \_\_\_\_\_

**FAMILY INFORMATION:**

Members in household (circle) 2 3 4 5 6 7 8+

**Parent/Guardian member of US Military: YES NO**

**My child qualifies for free or reduced lunch: YES NO**

\*Financial assistance available

Annual Household Income (Circle One)

Under \$9,999 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999 \$40,000-\$49,999 \$50,000-\$59,999 \$60,000-\$69,999 \$70,000+

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Parent/Guardian Agreement-Please initial each line

\_\_\_ I give my permission to the Boys & Girls Clubs of Tracy and Tracy Unified School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, Boys & Girls Clubs and in life. This release is valid for one year and may be revoked at any time by contacting TUSD and BGCT in writing.

\_\_\_ I give permission for my child to be photographed, videotaped and/or interviewed for the use of Boys & Girls Clubs of America and/or Boys & Girls Clubs of Tracy and their sponsors in promotional materials including internet/website. I consent to such uses and hereby waive any rights of compensation.

\_\_\_ I give my child consent to have my child treated by Club personnel/physician/EMT or have hospitals administer emergency medical treatment in case of sudden illness or injury while participating in a BGCT program or activity.

\_\_\_ I agree to indemnify and hold harmless Boys & Girls Clubs of Tracy, Tracy Unified School District and their officers, employees, volunteers and any other community organization for any injury or loss of property which may be suffered by my child(ren) arising out of or in any way connected with programs or activities related to the Club.

\_\_\_ Boys & Girls Clubs of Tracy will not be responsible for any lost or stolen property that is brought to any Club or Club function. We strongly encourage you not to bring them.

\_\_\_ It is imperative that your child is picked up by closing time. Please arrange for your child to be picked up if he/she does not walk home. For any child that remains in the Club after closing hours, they may be at risk of losing their membership privileges. Members left longer than ONE hour of close, will be considered abandoned and the proper authorities will be notified and a \$1/minute fee may be imposed on any late pickups.

\_\_\_ Boys & Girls Clubs of Tracy refers to Tracy Unified School District student guidelines. These guidelines can be found in the STUDENT HANDBOOK and the BGCT Handbook which has been distributed at registration of your student at their respective school.

\_\_\_ Minimum attendance requirements-Elementary school members must attend Club five days per week and Middle school members must attend three days per week to meet grant requirements. If a member attends less than the requirement, their membership may be revoked without refund. Members are required to check-in immediately following school dismissal unless a time stamped note from teacher/school staff is issued.

\_\_\_ All members must have a current application on file for the unit they attend. Check in and out is required for all members that are on campus during Club hours. Members are required to carry

\_\_\_ The CDE code 8483 requires that afterschool programs have established policies for reasonable early release of pupils. The program minimally stays open until 6:00pm and operates 15 hours a week. Students may be released early from the program based upon the following conditions:

Attending a parallel program; family or community emergencies; medical, dental or other professional health related appointments; weather or other conditions that impact member safety, or member accidents that occur during program time. Whatever the case may be, the member, parent or staff will record the date and time of the early release departure of the member through the tracking system and/or on the sign-out sheet.

\_\_\_ I give my permission for my child to become a member of Boys & Girls Clubs of Tracy. I understand that the Club is not responsible for the time or manner in which my child may arrive or leave the Club, and Boys & Girls Clubs of Tracy and its property/partners are not responsible for personal injury or loss of property. Due to grant requirements, my child will attend the required days per week and will follow all policies and procedures, including TUSD Student Handbook requirements. I understand any violations of policies and procedures, the membership may be revoked without refund. I agree to the terms and conditions described above and by signing this membership, acknowledge that I have read and accept the policies of Boys & Girls Clubs of Tracy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**FOR OFFICE USE ONLY**

Membership Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount of Cash: \$ \_\_\_\_\_ Staff Initial \_\_\_\_\_

Total Amount of Check: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Staff Initial \_\_\_\_\_

Total Amount of CC charge \$ \_\_\_\_\_ Staff Initial \_\_\_\_\_

Unit Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_