



**BOYS & GIRLS CLUBS**  
OF LA HABRA

# 20\_\_\_\_ Membership Application

Annual Fee  
\$20.00  
Per Calendar Year  
**July 1 - June 30**

<b>OFFICE USE ONLY</b>	Club No.	_____
	Exp. Date	6/30/20____
	Receipt No.	_____
	Staff Name	_____
	New____ / Renew____	
	Card____ / Input____	
	Extended Day Check Box	<input type="checkbox"/>
OJP Outreach check box	<input type="checkbox"/>	

**Please Print Clearly**

NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ SEX (M/F) \_\_\_\_\_

PARENT/GUARDIAN	PARENT/GUARDIAN	WORK
NAME: _____	WORK PLACE: _____	PHONE #: (____) _____

PARENT/GUARDIAN	PARENT/GUARDIAN
CELL: (____) _____	E-MAIL ADDRESS: _____

PARENT/GUARDIAN	PARENT/GUARDIAN	WORK
NAME: _____	WORK PLACE: _____	PHONE #: (____) _____

PARENT/GUARDIAN	PARENT/GUARDIAN
CELL: (____) _____	E-MAIL ADDRESS: _____

EMERGENCY	RELATIONSHIP	EMERGENCY
CONTACT: _____	TO CHILD: _____	PHONE #: (____) _____

IS ANYONE IN THE HOUSEHOLD ACTIVE MILITARY OR A VETERAN: YES  NO

DOES YOUR CHILD HAVE ANY HEALTH OR DISABILITY PROBLEMS: YES  NO  IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

Parents, please check box indicating that you agree and understand the following

Staff, please check box indicating that you have reviewed following with parent

I hereby give permission for my child to become a member of the Boys & Girls Clubs of La Habra and to take place in the various athletic, cultural, and social activities at the Club. I understand my child's membership standing is based on his/her ability to obey the rules of the club, its officials and staff members. Membership may be suspended or cancelled at any time for misbehavior. The Club has my permission to use photos of my child and to seek medical attention in an emergency. **I will take the responsibility to ensure that all phone numbers and membership information is kept current.**

The Boys & Girls Clubs of La Habra has an "Open Door" Policy. If you want your child to remain inside the Club during open hours you must instruct him/her to do so, as we are not responsible for them outside our facilities.

\_\_\_\_\_  
Parent's Name (Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date