



# SOUTHERN INDIAN HEALTH COUNCIL, INC.

4058 Willows Road Alpine, CA 91901  
phone (619) 445-1188 fax (619) 659-3144  
www.SIHC.org



**BOYS & GIRLS CLUB**  
OF KUMEYAAY NATION  
WELLNESS

## Membership Application

### INSTRUCTIONS

1. This form should be legibly printed in black or blue ink.
2. All questions must be answered. Please do not use abbreviations when completing this application.
3. Current copies of the below listed items must be submitted with this application:
  - Birth Certificate
  - Tribal Verification, *if applicable*
4. Membership fee, *if applicable* (please note this excludes the Summer Program Fee).
5. There are \_\_\_\_ separate sheets included with this application, *if applicable*.

Note: Submit completed application to Boys and Girls Club of Kumeyaay Nation Wellness through 1) fax: (619) 478-2844 or 2) drop off at any SIHC location

### I. IDENTIFYING INFORMATION

Last Name:		First Name:		Middle Name:	
Physical Address:			City:		
			State:		Zip:
Mailing Address (P.O. Box):			City:		
			State:		Zip:
Primary Contact Number: (____) ____ - ____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		Secondary Contact Number: (____) ____ - ____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		E-mail Address:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: ____/____/____		Age:	
I am currently attending school at:		I am currently in grade:	My current GPA is:		My current teacher is:
Anticipated high school graduation year:		The lunch I receive is: <input type="checkbox"/> free <input type="checkbox"/> reduced <input type="checkbox"/> neither		I am not currently in school and not a high school graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____					

### II. PICK-UP INFORMATION

Name #1					
Last Name:		First Name:		Relationship:	
Primary Contact Number: (____) ____ - ____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other			Secondary Contact Number: (____) ____ - ____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		
Name #2					
Last Name:		First Name:		Relationship:	
Primary Contact Number: (____) ____ - ____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other			Secondary Contact Number: (____) ____ - ____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		
Name #3					
Last Name:		First Name:		Relationship:	

Primary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other	Secondary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other
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**III. CONTACT INFORMATION**

Parent/Guardian #1		
Last Name:	First Name:	Relationship:
Physical Address:		City:
		State:      Zip:
Primary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		Secondary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other

Parent/Guardian #2		
Last Name:	First Name:	Relationship:
Physical Address:		City:
		State:      Zip:
Primary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		Secondary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other

Primary Contact		
Last Name:	First Name:	Relationship:
Physical Address:		City:
		State:      Zip:
Primary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		Secondary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other

Emergency Contact #1		
Last Name:	First Name:	Relationship:
Primary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		Secondary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other

Emergency Contact #2		
Last Name:	First Name:	Relationship:
Primary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		Secondary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other

**IV. MEDICAL INFORMATION**

Clinic Name:	Physician Name:	Physician Number:
Does this Applicant have any serious health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____		Does this Applicant have any health problems or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____

_____	_____
Does this Applicant currently take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain: _____	

V. GENERAL INFORMATION	
Can Applicant swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Applicant participate in all Club activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____
Number of youth in household: _____	List Club Members who live in the same house with this Member: 1. _____ 2. _____ 3. _____ 4. _____
Does Applicant belong to other youth groups? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List groups: 1. _____ 2. _____ 3. _____	

VI. AGREEMENT/PERMISSION/RELEASE		
This section must be completed by the parent/guardian completing the application. Below each selected response, please initial.		
1.	Give my permission for my child to become a member of Boys & Girls Clubs of Kumeyaay Nation Wellness (the Club) and understand that the Club is not responsible for lost or stolen items.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	I voluntarily submit my child for registration as a member at the Club. Activities at the Club may include, but are not limited to swim and other sports/recreational activities, which at my discretion I choose allow my child to participate in.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Give permission to the Club to seek <u>emergency medical treatment</u> for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Give permission, in case of accident of injury, that emergency first aid be given and that warranted treatment by a doctor or hospital be permitted. The Club is not responsible for the cost of treatment for personal injury; nor is the Club liable for any personal injury or loss of property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Understand that the Club is NOT, nor does it claim to be, a licensed day care center. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in-facility, the Club is not responsible for Club members' whereabouts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Allow my child to be transported to and from any Club activities, special events or emergencies. The Club must have this Application for permission signed by the parent(s)/guardian(s) before the participant is allowed to travel with the Club during any outings during the Program. This form <u>only</u> gives permission for youth to travel with the Club. A parent's signature must be on a sign-up sheet for <u>each field trip</u> before the participant will be allowed to attend that field trip or outing. A participant may only attend field trips open to their age group. Some field trips may have limited capacity; these sign-ups will be on a first come, first served basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Give permission for my child's <u>picture, moving pictures, or any other graphic depiction or likeness</u> , to be used by the Club and its activities. Use of name, photograph and identity in connection with advertising and/or promotion. I hereby irrevocably consent to and authorize the unrestricted use by the Club, Southern Indian Health Council, Inc. and their subsidiaries, affiliates and advertising agencies ("Companies") of my child's name, photographs, works of art and identity in various BGC website and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the Companies, in connection with advertising and promotion of the Companies and/or their products in any media, form or material selected by the Companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletters and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, media producers and customers from, any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which	<input type="checkbox"/> Yes <input type="checkbox"/> No

	would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury and libel.	
8.	Give permission for the Club to <u>survey</u> my child about their Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's (BGCA) National Outcomes Survey or other survey instruments. I give my permission to the Club to share information about the minor child listed on this application with BGCA to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by the Club, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Give my permission to the Club and the school attended by my child to exchange information regarding the 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, in the Club and in life. The Club will maintain all member files in a confidential manner. Pertinent information (i.e. all academic information, report card information or tutorial information) may be shared professionally with appropriate staff or the school the child attends. <u>This release may be revoked at any time by contacting _____ School District and the Club in writing.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Give permission to the Club to provide referrals to programs within SIHC, including, but not limited to: dental, medical, mental health, and other programs as necessary to provide my child services to support positive health, growth, and lifestyles.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Understand that as a member of the Club, my child will have access to the Internet. While precautions are being taken, it is possible that my child may access inappropriate sites. The Club will have rules and consequences in place for such behavior; however the Club will not be responsible for the consequences of such access.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	I understand that attending Parent Orientation is mandatory and I agree to adhere to and abide by the policies of the Club as stated in the Parent Orientation Handbook. I also agree to further review Club policies with my child, assuming responsibility for their appropriate behavior while in attendance at the Club.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Member and Parent/Guardian Pledge and Acknowledgements**

The parent/guardian of the minor child listed on this Member Application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Southern Indian Health Council, Inc., the Boys & Girls Club of Kumeeyaay Nation Wellness and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I will hold harmless the Club from any claim by me or my child or any entity on behalf of myself or my child arising out of my child's participation in the program, including all event and program participation and any accidents or misfortunes while in route to, or returning from any Boys & Girls Club outings during the After School/Summer Program, Field Trips, and Special Events. I further state that I am of lawful age and legally competent to sign this pledge and acknowledgement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read, understand, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the program.

_____	_____	___/___/___
Parent Guardian Name	Signature	Date
_____	_____	___/___/___
Club Member Name	Signature	Date

<b>Program Use Only:</b>			
<input type="checkbox"/> Application Received	___/___/___	_____	_____
		Name	Signature
<input type="checkbox"/> Reviewed by Program Director	___/___/___	_____	_____
		Name	Signature
<input type="checkbox"/> Applicant Contacted	___/___/___	_____	_____
		Name	Signature
Amount Paid \$_____	Membership Fee \$_____	Original Membership Date: ___/___/___	
Membership # _____	Membership Card Issued ___/___/___	Issued By: _____	