



**SCHOOL YEAR MEMBERSHIP APPLICATION 2025-2026**  
*Program Fees are due the 1<sup>st</sup> of each month. Please note a \$25.00 late fee will apply per child if paid after the 5<sup>th</sup>*

**Club Location: (CVUSD)**  
 Anderson Club- Los Cerritos campus (805) 493-2917  
 Johnston Club- Colina campus (805) 449-1309  
 Morton Club- Sequoia Campus (805) 375-5635  
 Notter Club- Redwood Campus (805) 371-4045  
**Club Location: (LVUSD)**  
 Catlin Club- Lindero Canyon campus (818) 735-9518

**Programs:**  
 Before & After School (Includes Lunch Club)       10 Day Passes  
 Before School Only       One Hour Club (Johnston & Notter Only)  
 Transportation       Tuesday AM Club (Johnston & Notter Only)  
 Lunch Club Only       After School (Includes Lunch Club, Catlin Only)  
 Non-School Day

**MEMBER INFORMATION**

Member Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Gender \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School \_\_\_\_\_ Grade as of 8/1/25 \_\_\_\_\_ Age \_\_\_\_\_  
 Other Family Members Attending/Attended Club \_\_\_\_\_

**MOTHER/GUARDIAN INFORMATION** . . . . .  Check if this is the Member's primary residence. Authorized to pick up  NO  YES

Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ E-Mail \_\_\_\_\_

**FATHER/GUARDIAN INFORMATION** . . . . .  Check if this is the Member's primary residence. Authorized to pick up  NO  YES

Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ E-Mail \_\_\_\_\_

**EMERGENCY CONTACT:** (Need Contact Info for people not listed above)

Emergency Contact \_\_\_\_\_ Relationship to Member \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Authorized to pick up  NO  YES  
 Emergency Contact \_\_\_\_\_ Relationship to Member \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Authorized to pick up  NO  YES

**MEDICAL INFORMATION**

Name of Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy and Certificate # \_\_\_\_\_  
 Has your child ever had the following  EAR INFECTIONS  ASTHMA  CONVULSIONS  MEASLES  CHICKEN POX  MUMPS  HAY FEVER   
 DIABETES  HEARING AIDS  CONTACT LENSES  BEHAVIORAL PROBLEMS?  
 Has your child had an allergic reaction to:  INSECT STING/BITES  POISON OAK OR IVY  FOOD IF SO, PLEASE LIST: \_\_\_\_\_  
 Is your child current with all immunizations?  YES  NO  
 Has your child had any operations, serious injuries, diseases, or problems with physical activity that may limit him/her?  NO  YES  
 Please Explain: \_\_\_\_\_  
 Does your child need to take medication during Club hours?  NO  YES  
 MEDICATION(S): \_\_\_\_\_  
 Is there anything you would like us to know about your child?  
 \_\_\_\_\_

**ALL MEDICINE MUST BE CLEARLY LABELED IN ITS ORIGINAL CONTAINER AND GIVEN TO THE CLUB DIRECTOR, ALONG WITH WRITTEN AUTHORIZATION TO ADMINISTER MEDICATION.**

**PARENT/GUARDIAN AUTHORIZATION FOR THE BOYS & GIRLS CLUBS OF GREATER CONEJO VALLEY (BGC/GCV)**

- Video surveillance is in use in and around the Club Facility, on Club property, and on Club Transportation.
- I agree to defend, indemnify and hold harmless the BGC/GCV, Conejo Valley Unified School District, Las Virgenes Unified School District and their officers, employees and agents against any and all loss, liability charges, expense (including attorney fees) and costs of whatsoever character which may arise by reason of participation in any program.
- I give permission for the release and exchange of confidential information from the Conejo Valley Unified School District or Las Virgenes Unified School District in order to provide programs and coordinate services for my child. I understand that my records are protected under federal confidentiality regulation and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- I understand that the Boys & Girls Club of Greater Conejo Valley is not responsible for any staff outside of club duties.
- I understand the BGC/GCV COVID guidelines are subject to change and the BGC/GCV aligns with the CDC Government Agency and the CA State requirements.
- I understand the **BGC/GCV Parent Handbook** is available on our website at [www.bgcconejo.org](http://www.bgcconejo.org) and that it is my responsibility to read this Parent Handbook, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it.

**Membership Application Waiver section**

In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary  
Yes No

I give permission for my child to be transported to and from program areas, on field trips, and in the case of an emergency Yes No  
 I expect my child to stay at the Club until picked up: Yes No

**Member Behavior Waiver**

BGC/GCV reserves the right to dismiss a Camper whose conduct is dangerous, illegal, or in the judgment of the Camp Director, detrimental to the camp and/or to other Campers. Any unused tuition will not be refunded. Yes No

**Photo Waiver**

I understand the BGC/GCV retains the right to use photographs, slides, or video-taped material of my child taken during activities for promotional purposes and waives all rights for compensation. Yes No

If your child is feeling sick, you agree to pick them up within 60 minutes of notification. 60-Minute Illness Pickup Waiver Yes No

**\*\* More information is available in our Parent Handbook at [www.bgcconejo.org](http://www.bgcconejo.org)**

Print Name of Parent/Guardian _____	Date: _____
Signature of Parent/Guardian _____	Best Contact Number: _____

PLEASE VISIT OUR WEBSITE, [www.bgcconejo.org](http://www.bgcconejo.org), to learn about activities and events at our Clubs and if you.

**"Change a life and sponsor another deserving child for a month or for Summer Camp! Visit our [website](http://www.bgcconejo.org) to donate, call Resource Development at (818) 706-0905, or email [resourcedevelopmentandmarketing@bgcconejo.org](mailto:resourcedevelopmentandmarketing@bgcconejo.org)"**

**CONFIDENTIAL HOUSEHOLD INFORMATION**

Please note, this is for statistical and fundraising purposes Only

<b>ETHNICITY:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	<b>ANNUAL HOUSEHOLD INCOME:</b> <input type="checkbox"/> \$10,000 or below <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> \$60,001 +	<b>DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>ASSISTANCE PROGRAMS:</b> _____ <b>MILITARY:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Head of Household:</b> _____ <b>NUMBER OF ADULTS IN THE HOUSEHOLD:</b> _____ <b>NUMBER OF YOUTH IN THE HOUSEHOLD:</b> _____
---	--	--

Financial Assistance is available on a case-by-case basis. Please complete a confidential 'Request for Financial Assistance.' Documentation required: Total income of household members, previous year's tax returns, and proof of most recent form of income.