



Household Demographics						
Child's Race/Ethnicity:	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> White, non-Hispanic	<input type="checkbox"/> Other				
Child lives with (check all that apply):	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Sister	<input type="checkbox"/> Brother	Is this child currently in foster care?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Stepparent(s)			
	<input type="checkbox"/> Other:					
Current head of household	<input type="checkbox"/> Male	Is the head of household currently a single parent?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number of people living in household:		
	<input type="checkbox"/> Female					
Annual Household Income						
<input type="checkbox"/> \$0 - \$15,650	<input type="checkbox"/> \$15,651 - \$17,600	<input type="checkbox"/> \$17,601 - \$19,550	<input type="checkbox"/> \$19,551 - \$21,150	<input type="checkbox"/> \$21,151 - \$22,700		
<input type="checkbox"/> \$22,701 - \$24,250	<input type="checkbox"/> \$24,251 - \$25,850	<input type="checkbox"/> \$25,851 - \$26,100	<input type="checkbox"/> \$26,101 - \$29,350	<input type="checkbox"/> \$29,351 - \$32,600		
<input type="checkbox"/> \$32,601 - \$35,250	<input type="checkbox"/> \$35,251 - \$37,850	<input type="checkbox"/> \$37,851 - \$40,450	<input type="checkbox"/> \$40,451 - \$43,050	<input type="checkbox"/> \$43,051 - \$45,420		
<input type="checkbox"/> \$45,421 - \$48,540	<input type="checkbox"/> \$48,541 - \$51,660	<input type="checkbox"/> \$51,661 - \$ 52, 150	<input type="checkbox"/> \$52,151 - \$56,350	<input type="checkbox"/> \$56,351 - \$60,500		
<input type="checkbox"/> \$60,501 - \$64,700	<input type="checkbox"/> \$64,701 - \$68,850	<input type="checkbox"/> \$68,851 - \$70,499	<input type="checkbox"/> \$70,500 - \$79,999	<input type="checkbox"/> \$80,000+		
Is there a member of the household in the military?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what military branch?	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> Army
				<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Navy	
				Military Status:		
				<input type="checkbox"/> Active Duty	<input type="checkbox"/> Reserve	
				<input type="checkbox"/> Discharged	<input type="checkbox"/> Retired	
				<input type="checkbox"/> National Guard		
Does your child have a parent who is currently incarcerated?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Has your child been involved with the juvenile justice system?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

**Note:** All medical information is strictly confidential. Providing the following information allows staff to better serve your child. Please make sure to provide accurate information regarding your child's medical needs.

Medical	Health/Behavioral/Emotional Conditions
Does your child have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ADD <input type="checkbox"/> Intellectual Disability
Insurance Carrier	<input type="checkbox"/> ADHD <input type="checkbox"/> Hearing Impaired
Insurance Policy#	<input type="checkbox"/> Anxiety <input type="checkbox"/> OCD
Physician Name	<input type="checkbox"/> Asperger's <input type="checkbox"/> ODD
Physician Phone #	<input type="checkbox"/> Autism <input type="checkbox"/> Other:
Preferred Hospital	<input type="checkbox"/> Conduct Disorder
Food Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:	
Serious Health Concerns <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:	
Medications <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:	

# BOYS & GIRLS CLUBS OF THE LONG BEACH PENINSULA

## DISCLAIMER, ASSUMPTION OF RISK AND WAIVER

PLEASE READ THIS DOCUMENT CAREFULLY AS YOUR SIGNATURE INDICATES THAT YOU HAVE AGREED TO SIGN AWAY RIGHTS.

In consideration of being permitted to enter the Boys & Girls Clubs of the Long Beach Peninsula (the “Club”) facilities for any purpose and to participate in any program, event, or activity affiliated with the Club, whether or not located on Club premises, I agree to the following:

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- (initial) **NOT CHILDCARE** I ACKNOWLEDGE THAT THE CLUB PROVIDES RECREATIONAL SERVICES ONLY; IT DOES NOT PROVIDE CHILD CARE SERVICES and its programs and activities should not be used for such purposes. I realize the Club has an open-door policy and that my child is free to come and go as he or she chooses. Parents or legal guardians who wish for their children to remain at the Club must instruct their children to do so.
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- (initial) **RELEASE** For myself and the child listed below, and anyone who claims by and through our stead, I FOREVER RELEASE AND PROMISE NOT TO SUE the Club, its Board of Directors, officials, agents, volunteers, employees, staff, members, managers, officers, associate agents, contractors, sponsors, vendors, exhibitors, and/or any other person or company in any way associated with the Club, to the maximum extent allowed by law, from any and all liability, claims, demands, damages, or any other legal responsibilities in any way related to the use of the Club or its facilities or participation in any Club programs, events, or activities. This release includes without limitation any and all claims, foreseeable and unforeseeable, relating to physical or other injury, death, or damage to property and any and all claims relating to negligence or negligent instruction, hiring, supervision, inspection or maintenance.
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- (initial) **INDEMNIFICATION** I FOREVER AGREE TO INDEMNIFY AND REIMBURSE THE CLUB for any damages or liabilities it may incur due to my presence or actions, or the presence or actions of the child listed below, members of my family or my household, or individuals I invite or for whom I am responsible upon or about the Club’s premises or in any way observing or using any facilities or equipment of the Club or participating in any program affiliated with the Club, whether on the Club’s premises or elsewhere, including but not limited to damages or liability resulting from the negligence of the Club, to the maximum extent allowed by law.
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- (initial) **ASSUMPTION OF RESPONSIBILITY/RISK** I FOREVER ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISK, KNOWN AND UNKNOWN, OF BODILY INJURY, DEATH, OR PROPERTY AND OTHER DAMAGE to me or to the child listed below, due to the negligence of the Club or any other cause – foreseeable or unforeseeable – to the maximum extent allowed by law, while in, about or upon the premises of the Club, while using the premises or any Club facilities or Club equipment, or while participating in any program affiliated with the Club, whether or not the injury occurs on the Club’s premises. I understand the risks inherent in the activities that the Club sponsors and assume all such risks, as well as all non-inherent risks, for myself and the child listed above.
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- (initial) **INSPECTION** I agree that participation in any program affiliated with the Club is an acknowledgement that I have inspected the premises, facilities, equipment and programs and that I find them to be safe for my observation, use, and participation and that I find them to be safe for the participating child listed below. I make this acknowledgement for myself, the child listed below, my personal representatives, heirs, assigns, and next of kin.
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- Initial **LICE CHECKS** I agree that Club staff may check my child’s head for lice at any time that is deemed necessary (severe itching, seeing bugs, etc.). If adult lice are found, I agree to follow the Club’s policy and keep my child home out of Club until they have been treated and adult lice are no longer present.
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- (initial) **DEFINITIONS** I understand that the phrases “participation in any program affiliated with the Club” and “participate in any program affiliated with the Club” as used in this Waiver include entry onto Club premises for any purpose (whether or not for the purpose of participating in an event affiliated with the Club), observation of any event affiliated with the Club, participation in any activity affiliated with the Club whether at the Club or at another location including mentoring, the use of any transportation provided by the Club, and the use of any Club facilities or equipment.
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(initial) **REGARDLESS OF LOCATION** I understand that the Club often takes participants off-site and that this Waiver applies to all fieldtrips, excursions, and any and all other off-site activities, regardless of where the Club's programs or activities take place and the location of the child. I agree that my child may accompany Boys & Girls Club staff and/or volunteers on short, local field trips by walking without formal notification.

\_\_\_\_\_  
(initial) **REPRESENTATION OF LEGAL GUARDIAN** I am the legal custodian and have guardianship rights with respect to the child on whose behalf this waiver is executed. I sign for said child under express authority.

## **BOYS & GIRLS CLUBS OF THE LONG BEACH PENINSULA DISCLAIMER, ASSUMPTION OF RISK AND WAIVER Cont.**

*PLEASE READ THIS DOCUMENT CAREFULLY AS YOUR SIGNATURE INDICATES THAT YOU HAVE AGREED TO SIGN AWAY RIGHTS.*

\_\_\_\_\_  
(initial) **INFORMATION SHARING** I give permission for the Boys & Girls Club to obtain pertinent information from/to schools, social service agencies, mental health providers and other related agencies concerning my child. I understand that this information will be used with discretion and as an aid in determining appropriate programs for my child and whether other service referrals are needed. I further grant permission for the information provided by myself, my child, the child's family and other agencies to be shared with discretion to volunteers working with my child. I understand that volunteers are asked to hold this information in confidence.

\_\_\_\_\_  
(initial) **LATE PICK UP** If I do not pick up my child by closing time, I agree to pay the applicable fee (\$1 per minute). Failure to pay may result in termination of current membership and/or failure of future membership privileges.

\_\_\_\_\_  
(initial) **MEMBERSHIP WITHDRAWAL** I agree to voluntarily withdraw my child from the Club if there are persistent disciplinary issues or other problems that cannot be resolved through reasonable efforts of the staff. I understand that the Boys & Girls Club staff reserves the right to ask for the immediate withdrawal of any member.

\_\_\_\_\_  
(initial) **MEDICATIONS** I understand that as noted in the Membership Handbook, Under NO circumstances are members allowed to carry any medications, prescriptions or over the counter drugs on their person while at the Club.

\_\_\_\_\_  
(initial) **MEMBER UPDATES** I confirm that the information I have provided the Boys & Girls Clubs of the Long Beach Peninsula is up-to-date including, but not limited to member information, parent/guardian contact information, emergency contacts, and medical information. I agree to make the Club aware of any changes in this information ASAP.

\_\_\_\_\_  
(initial) **MEDICAL CONSENT** If I or my child should suffer injury or illness, I grant permission for the Club to use its discretion to have me or my child transported to a medical facility for medical care and treatment, and I take full responsibility for this action. Further, I agree to be fully responsible for the cost of any such medical treatment.

<input type="checkbox"/> Yes  <input type="checkbox"/> No	<p><b>PHOTO/MEDIA RELEASE</b> I acknowledge that from time to time photos, recordings, or videos may be taken of Club members engaged in Club-related activities and used in Club promotional materials (such as Club newsletters and Club web pages) and educational materials or submitted to local newspapers, publications, and TV stations to promote the Club, recognize member achievement, and raise money. By signing below, I consent to the use of images or recordings of my child to be used for public relations, news articles, telecasts, education, marketing, research, inclusion on the Club's website, fundraising, or any other purpose by the Club. I release the Club, their officers, directors, and employees, and each and all persons involved, from any liability in connection with the taking, recording, or publication of photographs, slides, computer images, videotapes, or sound recordings of my child. Further, I waive all rights to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials. I also waive any right to inspect or approve any photo, video, or film taken by the Club, or the person or entity designated by it. Note: If you wish to rescind or amend this consent at any time, please contact the Club.</p>
_____ (initial)	

I intend that this Waiver be as broad and inclusive as permitted by law and that, if any portion of this Waiver should be deemed to be invalid, the remainder will continue in full legal force and effect. I also intend that this Waiver will remain in full legal force and effect forever, regardless of whether or not my participating child's, membership has expired.



**I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER** and have initialed the paragraphs above to indicate my understanding and acceptance. I further agree that no oral representations, statements or inducements apart from the foregoing Waiver have been made.

**BY SIGNING BELOW, I HAVE AGREED TO ALL OF THE WAIVER'S TERMS, INCLUDING THOSE TERMS CALLING FOR A SEPARATE INITIAL, REGARDLESS OF WHETHER I HAVE INITIALED WHERE INDICATED ABOVE.**

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Parent/Guardian's Full Printed Name

Parent/Guardian's Signature

Date