



Please **complete** the form and **print clearly**.

Youth Member Information:

New Member Returning Member (please fill out updated information below)

Last Name: _____ First Name: _____ Age: _____ Grade: _____

Birth Date: _____ / _____ / _____ Gender: Male Female School: _____
(Month) (Day) (Year)

Address: _____

City: _____ Zip Code: _____ Phone Number: (_____) _____

Ethnicity: African American Hispanic/Latino Caucasian
 Native American Pacific Islander Other: _____

For the 2016-2017 school year, will your child be on grade level? Yes No

Pre-existing medical conditions (i.e. allergies, seizures, etc.)? If yes, please comment: _____

Relatives that are WWBGC members? No Yes, please list: _____

Parent(s)/Guardian(s) E-mail Address (for Club & event info only): _____

Member Lives with: Father & Mother Father Only Mother Only Other _____

Mother/Guardian Information:

Name: _____

Permission to pick up child? Yes No

Place of employment: _____

Work phone #: (_____) _____

Cell Phone: (_____) _____

Father/Guardian Information:

Name: _____

Permission to pick up child? Yes No

Place of employment: _____

Work phone #: (_____) _____

Cell Phone: (_____) _____

Other Person Information:

Name: _____

Permission to pick up child? Yes No

Place of employment: _____

Work phone #: (_____) _____

Cell Phone: (_____) _____

Relationship to member: _____

Other Person Information:

Name: _____

Permission to pick up child? Yes No

Place of employment: _____

Work phone #: (_____) _____

Cell Phone: (_____) _____

Relationship to member: _____

WWBGC Office Only – Do Not Fill In

DATE: ____/____/____

MEMBERSHIP #: _____

STAFF INITIALS: _____

DATE ENTERED INTO VISION SYSTEM: ____/____/____

SHIRT SIZE _____

SHIRT COLOR _____

MEMBERSHIP \$ 125 _____

SCHOLARSHIP \$ _____

TRANSPORTATION \$ 50 _____

TOTAL PAID \$ _____



Acknowledgement and Consent: I understand the conditions under which the Roy W. Roberts, II Watts/Willowbrook Boys & Girls Club (aka the Club) operates and that it is not a day care facility. I understand the sign in sign out policy which requires the member to sign-in to the program and the parent/guardian to sign the member out. Professional supervision will be provided for children at the Club's facility only. I understand that no loitering is allowed outside the club entrance. For both internal and external use, I acknowledge that the Club may utilize photographs or videos of my child that may be taken during involvement in the Club's activities. I consent to such uses and hereby waive any rights of compensation. The Club offers educational programs such as SMART Moves. My child has permission to participate in classroom discussions which teach youth the dangers of drugs, alcohol, life skills/options and negative peer pressure.

Waiver of Liability & Disclaimer: In consideration of my child's membership, and any participation in the activities and special programs or events of the Club, on behalf of me and my child and any heirs or assigns of me or my child, waive, release, and agree to defend and hold harmless the Club, and its sponsors, staff members, board of directors, and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any Club-related event, activity, program, or property. I attest and verify that I have full knowledge of the risks involved in Club-related events, activities, programs, and properties and that I will, on behalf of my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of the Club.

Emergency Authorization: I, the undersigned, as the parent/guardian of my child, hereby authorize the staff of the Club, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel.

Request for Information: In order to help us with our education programs, we may request a copy of your child's report card from him/her or their school. Member information will remain strictly confidential and will only be used by the Club and its staff. Strict guidelines are in place to ensure confidentiality, and each party has received appropriate training. At no point will individual student data be publicly released. However, it is your right to deny this permission. Your signature on this application states that you give permission to allow the staff at the Club to obtain a copy of your child's report card and to advocate to counselors/administration.

Photo/Video Release: I hereby grant permission for the child named above to be a member of the Roy W. Roberts, II Watts/Willowbrook Boys & Girls Club. Furthermore, I agree that my child's participation in any events constitutes my permission to use my child's name, hometown, likeness, or any other identification, as well as any media (e.g. photos, videos, audio, projects, etc.) taken of or created by my child regarding his/her participation for advertising, publicity, instructional, or any other purposes, in any medium, at any time and without compensation. I also agree that I waive any right of prior review or approval by me or my child.

Refunds: I understand that if my child is expelled from the Roy W. Roberts, II Watts/Willowbrook Boys & Girls Club I will not receive a refund. I also understand that if I take my child out of the program for any reason not deemed acceptable to the Roy W. Roberts, II Watts/Willowbrook Boys & Girls Club I will not receive a refund.

***YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND ACCEPT THE POLICIES/CONDITIONS OF THE ROY W. ROBERTS, II WATTS/WILLOWBROOK BOYS & GIRLS CLUB AS DESCRIBED ABOVE.**

Parent/Guardian Consent:

Parent/Guardian Signature _____ Printed Name _____ Date _____

Member Consent: *I want to participate in the Roy W. Roberts, II Watts/Willowbrook Boys & Girls Club activities and its rules and regulations (you must show proof of age, if required).*

Youth Member Signature _____ Printed Name _____ Date _____

Do you have Health Insurance? Yes No

Physician's Name: _____ Physician's Phone #: _____

Name of Health Insurance Provider : _____ Policy #: _____

Child's current medication(s): _____ Known allergies: _____



CONSEQUENCES FOR BREAKING CLUB RULES

1. Chewing gum or seeds	1 st Offense: Verbal warning 2 nd Offense: Written Report/Clean up 3 rd Offense: 1-Day suspension/behavior contract
2. Eating or drinking in any area other than Social Rec.	1 st Offense: Verbal warning 2 nd Offense: Written Report/Clean up 3 rd Offense: 1-Day suspension/behavior contract
3. Running in any area other than the gym	1 st Offense: Verbal warning 2 nd Offense: Written Report/Clean up 3 rd Offense: 1-Day suspension/behavior contract
4. Rough playing	1 st Offense: Verbal warning 2 nd Offense: Written report/clean up 3 rd Offense: 1-Day suspension/behavior contact 4 th Offense: 1-Week suspension/ review behavior contract
5. Using inappropriate language	1 st Offense: Verbal warning 2 nd Offense: Written report/Clean up 3 rd Offense: 1-Day Suspension/Behavior Contract 4 th Offense: 1-Week suspension/Review behavior contract
6. Misuse, damaging equipment or property of the Club or other Members'	1 st Offense: Written report/Parent payment 2 nd Offense: 2-Day suspension/Parent payment/Behavior contract 3 rd Offense: 2-Week suspension/Parent payment/Review behavior contract
7. Not following instructions or directions	1 st Offense: Verbal warning/written report 2 nd Offense: 1-Day suspension/behavior contract 3 rd Offense: 1-Week suspension/review behavior contract
8. Fighting, bullying, or harassing another member	1 st Offense: 2-Day suspension/written report 2 nd Offense: 1-Week suspension/behavior contract 3 rd Offense: Expulsion
9. Stealing	1 st Offense: 1-Day suspension/written report 2 nd Offense: 1-Week suspension/behavior contract 3 rd Offense: Expulsion
10. Disrespecting staff	1 st Offense: 2-Day suspension/written report 2 nd Offense: 1-Week suspension/behavior contract 3 rd Offense: Expulsion

I have read and understand the rules and consequences for the Roy W. Roberts, II Watts/Willowbrook Boys & Girls Club and agree to observe and follow these rules during my participation at the Club.



 Youth Member Signature

 Printed Name

 Date



 Parent/Guardian Signature

 Printed Name

 Date



Community Service Block Grant (CSBG) funds are made available to eligible low income persons and families in need so that Los Angeles County community organizations can provide services.

Persons and/or families who receive services under CSBG funding must meet an income and residence requirement. The following questions and required documentation will help determine eligibility for CSBG services. Information received will be held confidential and used solely for the purpose of determining eligibility for CSBG services.

Agency Name: Watts/Willowbrook Boys & Girls Club

Participant Name: _____

Address: _____

Phone Number: _____ Residence Verification*: Eligible Ineligible

*Copies of residence verification must be provided (ex. Rental receipt, lease agreement, utility bill, etc.)

Income Verification

Type (ex. Employment, TANF, SSI, etc.)	Monthly Amount	Source of Verification** (ex. Paystubs, Notice of Action, etc.)
	\$	
	\$	
	\$	
Total	\$	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible

**Copies of income verification must be provided

Household Size (Including Club member

Family Members	Relationship to Club Member	Date of Birth	Age

Under penalty of perjury, I certify that the above reported information is correct and true to my knowledge and agree to provide the supporting documentation as required.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____