

School Year Membership  
includes winter break,  
spring break & most school  
closure days!



BOYS & GIRLS CLUB  
OF MALIBU

TEEN CENTER APPLICATION  
\$90 Annual Membership

Please PRINT clearly; 1 form per child

Date: \_\_\_\_\_

**Child's Information:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

I wish to become a member of the Boys & Girls Club of Malibu. I promise to follow all the rules. I understand that my Boys & Girls Club membership is a privilege, and that I need to respect myself, others, and Staff at the Club.

**Member's Signature:** \_\_\_\_\_ **Member Phone#** \_\_\_\_\_

\*Required Info – phone # is for emergency purposes and/or programs communication.

**PRIMARY PARENT CONTACT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**SECONDARY PARENT CONTACT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**EMERGENCY CONTACT #1**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**EMERGENCY CONTACT #2**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

Child's Pediatrician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Is your child currently taking any medication(s)? If so, please list: The Boys & Girls Club is NOT allowed, by policy, to dispense, administer, store and/or oversee medication of any kind, including all non-prescription medications \_\_\_\_\_

Please answer following questions completely. Put N/A if any of the below are not applicable:

Significant: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food restrictions (Please note our Clubhouses are nut free zones, however special diets cannot always be accommodated in our daily snack). \_\_\_\_\_

Please describe any behavioral difficulties that your child has (hitting, biting, self-injurious behaviors, etc.) Please be specific. (Withholding information can hinder our ability to handle crisis or challenging situations). \_\_\_\_\_

List any activities in which your child is not allowed to participate: \_\_\_\_\_

What are your child's interests/hobbies? \_\_\_\_\_

\*Required information

For more information please contact Violet Miehle, Teen Center Director  
[violetmiehle@bgcmalibu.org](mailto:violetmiehle@bgcmalibu.org) or 310-457-2582

**IMPORTANT: MUST BE COMPLETED – PARENT AUTHORIZATION**

This health history is correct to my knowledge, and the person herein described has permission to engage in all prescribed Club activities except as noted by the examining physician and me. I hereby give my permission to the physician selected by the BOYS & GIRLS CLUB officials to order x-rays, routine test and treatment for the health of my child, and in the event, I cannot be reached in an emergency. I hereby give permission to the physician selected by the Boys & Girls Club officials to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named above. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. Also, for good and valuable consideration, I hereby consent to authorize the reproduction, publication and use by the Boys & Girls Club of Malibu and Boys & Girls Club of America, and successors and assigns, for advertising, commercial, or other purposes, of any photograph, picture, or likeness of my child. HOLD HARMLESS CAUSE; I further agree that the Boys & Girls Club of Malibu, its Board of Directors, Officials, Agents and Staff are hereby relieved of all liability in the event of accident or injury to the said minor. Further, I acknowledge that membership fees are non-refundable.

**I have read and will comply with all requirements outlined in this application.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WELLNESS CENTER CLAUSE**

The BGCM, in partnership with SMMUSD, facilitates Wellness Center programming and services such as groups, individual and family counseling. Prevention and intervention services are available upon consent of parents/guardians.

**Initial Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERSONAL INFORMATION (FOR BOYS & GIRLS CLUB MALIBU STATISTICAL PURPOSES ONLY):**

<b>Gender:</b>	<b>Child lives with:</b>	<b>Brothers ages:</b>	<b>Sisters ages:</b>	<b>Ethnicity:</b>
Male: _____	Both Parents: _____	_____	_____	African American: _____
Female: _____	Joint Custody: _____	_____	_____	Asian Pacific: _____
	Mother: _____	_____	_____	Latino/a: _____
	Father: _____	_____	_____	White: _____
	Grandparents: _____	_____	_____	Native American: _____
	Other: _____	_____	_____	Other: _____

**Stay Up to Date with The Club & Follow BGCM on Social!**



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Website: [www.bgcmalibu.org](http://www.bgcmalibu.org)

For updates on Club news & events, subscribe to BGCM E-Newsletter [Here](#)

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**OFFICE USE ONLY:**

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Membership #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Input By: \_\_\_\_\_