



# ASSETs Registration Form

This program is made possible through a partnership between Garden Grove Unified School District and Boys & Girls Clubs of Garden Grove.



STUDENT NAME:					
Last Name		First Name		SIDN	Emergency Contact
Address		City	Zip Code		Emergency Phone Number
Sex: M F	Date of Birth: (mm/dd/yy)	Age	Grade	School	Health Conditions/Allergies
<p>It is my intention to enroll in the Boys &amp; Girls Clubs of Garden Grove (BGCGG) ASSETS program. I have read and agree to follow the policies set forth in the Member Expectation Contract. I understand that I must return the parent portion of this enrollment form within 5 days.</p> <p>Student Signature: _____ Print Name: _____ Date: _____</p>					

STUDENT NAME:					
Last Name		First Name		Middle Initial	
PARENT/GUARDIAN #1:					
Last Name		First Name		Middle Initial	
Address		Apartment #	City		Zip Code
E-mail Address		Date of Birth: (mm/dd/yy)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone Number ( )		Cell Phone Number ( )		Work Phone Number ( )	
Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Multi Racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Caucasian					
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Please indicate)					
Household Income : <input type="checkbox"/> \$0-\$24,999 <input type="checkbox"/> \$25,000-\$54,999 <input type="checkbox"/> \$55,000-\$89,999 <input type="checkbox"/> More than \$90,000 Household Size (circle one): 2 3 4 5 6 7 8 9 10					
Whom does the Member live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____					
Are there any restraining orders or court orders we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No * Copy of documents required					
I understand the policies of the ASSETs program are available at <a href="http://www.bgcgg.org">www.bgcgg.org</a> and agree to comply. <input type="checkbox"/> Yes <input type="checkbox"/> No					
How will your son/daughter be getting home: <input type="checkbox"/> Walk Home <input type="checkbox"/> Adult pick-up					

PARENT/GUARDIAN #2:					
Last Name		First Name		Middle Initial	
Address		Apartment #	City		Zip Code
Home Phone Number ( )		Cell Phone Number ( )		Work Phone Number ( )	

EMERGENCY CONTACTS:			
Last Name	First Name	Relationship	Telephone ( )
Last Name	First Name	Relationship	Telephone ( )

I hereby acknowledge and certify I am the legal parent/guardian of the child(ren) registering for Boys & Girls Clubs of Garden Grove (BGCGG). I understand the names listed above are approved to pick up my child(ren). BGCGG members will only release child(ren) to the names above with valid identification and MUST be 18 or older.

I hereby consent to my child's membership in the Boys & Girls Clubs of Garden Grove (BGCGG) and release the Club, Garden Grove Unified School District (GGUSD) and its agents from all liability. BGCGG has my permission to select a physician in case of emergency and treatment may be given should the parent or authorized physician be unavailable. I will assume full responsibility for all uninsured medical costs incurred in that situation.

I understand that should BGCGG determine that my child cannot follow the established behavior policies, I will be notified and my child's membership may be terminated. BGCGG and GGUSD will not be held liable should any child leave the premises without permission.

I understand and agree that photos or videos may be taken of my child(ren) and used for marketing and training purposes, and that it is my responsibility to inform BGCGG management if I do not wish for photos or videos of my child(ren) to be used.

In order to evaluate the effectiveness of our program, my child may participate in assessment activities. I also consent to allow Boys & Girls Clubs of Garden Grove, to exchange confidential educational and health information and records regarding my child with Boys & Girls Clubs of America, GGUSD, and all other funders. I have read, understand and agree to the above activity.

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b> Enrolled By: _____	Start Date: _____	End Date: _____
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