



MEMBERSHIP APPLICATION
2009/10 ASES School Year Program
San Lorenzo Unified School District

MEMBERS INFORMATION

Name:		
Date of birth: Age:	Home Phone:	
Current address:		
City:	ZIP Code:	
School Name: Grade:	Childs Ethnicity:	Child lives with:

MOTHER/GUARDIAN INFORMATION

Mother's Name:		
Employer Name:		
Work Phone:	E-mail:	Cell Phone:
Family Annual Income:		

FATHER/GUARDIAN INFORMATION

Father's Name:		
Employer Name:		
Work Phone:	E-mail:	Cell Phone:

MEDICAL INFORMATION

Name of Heath Insurance Carrier:		
Physician's Name:		Phone:
Medical Problems/Allergies:	Medications Being Taken <u>- BGCSL can not administer medications:</u>	

WHO IS AUTHORIZED TO PICK UP YOUR CHILD(REN) OTHER THEN PARENT/GUARDIAN

Name:	Phone:	Name:	Phone:
Name:	Phone:	Name:	Phone:

SIGNATURES

PLEASE READ AND SIGN BEFORE SUBMITTING

I have read AND completed the application, received and signed the Parent/Guardian consent & agreement, understand the rules of the San Leandro Boys & Girls Club and request that my son/daughter be admitted into membership. I have explained the rules to my child and agree that the San Leandro Boys & Girls Club will not be responsible or liable for any accident involving my son/daughter while on the Club premises or while engaged in any of its activities away from the club. I give my consent for photographs by the San Leandro Boys & Girls Club which my son/daughter may appear.

Signature of Parent/Guardian:	Date:
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