



Boys & Girls Clubs of Garden Grove
EMERGENCY CARD

- Office Only
[ ] ASES
[ ] FB
[ ] Drop-In

Member Information (please print)

Member's Name \_\_\_\_\_ Age \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
Birth date \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Information

With whom does the member live with? [ ] Both Parents [ ] Mother [ ] Father [ ] Guardian [ ] Other \_\_\_\_\_
Name \_\_\_\_\_ Relationship \_\_\_\_\_ DL# \_\_\_\_\_
Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_
Address \_\_\_\_\_ Home # \_\_\_\_\_
Name \_\_\_\_\_ Relationship \_\_\_\_\_ DL# \_\_\_\_\_
Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_
Address \_\_\_\_\_ Home # \_\_\_\_\_

Medical Information

My child has medical insurance [ ] Yes [ ] No If NO, would you like help obtaining Health Insurance for your child? [ ] Yes [ ] No
Physician or Health Plan \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_
Any Health Conditions? [ ] No [ ] Yes, Explain \_\_\_\_\_
Please list any allergies \_\_\_\_\_

Emergency Contact (other than parent)

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_
Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_
Out of State Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_
Out of State Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Are there any restraining orders or court orders we should be aware of? [ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

Parental Consent

My child may take walking trips within a one (1) mile radius of the Club when chaperoned. [ ] Yes [ ] No
My child's photo may be taken for publicity purposes. [ ] Yes [ ] No
My child may participate in assessment activities used to evaluate program effectiveness [ ] Yes [ ] No
I consent to allow GGUSD and BGCGG to exchange confidential health and educational information and records regarding my child. [ ] Yes [ ] No

I HEREBY CONSENT TO MY CHILD'S MEMBERSHIP IN THE BOYS & GIRLS CLUBS OF GARDEN GROVE. I RELEASE THE CLUB, GARDEN GROVE UNIFIED SCHOOL DISTRICT AND ITS AGENTS FROM ALL LIABILITY. THE BOYS & GIRLS CLUBS OF GARDEN GROVE 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 also understand that should the Director determine that my child cannot adjust to the Boys & Girls Clubs of Garden Grove Programs and follow behavior policies established by the clubs, I will be notified and my child's membership may be cancelled.

The Boys & Girls Clubs of Garden Grove and Garden Grove Unified School District will not be held liable should any child leave the premises without permission. Please contact your Coordinator/Director for more information.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

IMPORTANT: PLEASE MAKE SURE WE HAVE COMPLETE, CURRENT INFORMATION.