

# After School Club Registration

## *No After School Transportation provided*



**BOYS & GIRLS CLUB**  
OF MOORPARK & SIMI VALLEY

*\*Annual Club Membership required*

*IMPORTANT- PLEASE READ! Limited enrollment-first come first serve. All program participants are required to be signed out by a designated Parent/Guardian. Sign in/out sheets are maintained for all program participants in the after school program. (\*\*Prices subject to change)*

**Simi Valley Clubhouse: 2850 Lemon Drive, Simi Valley, CA 93063**

**\$125 per month—Monthly/Grades 1 and up**

*(\*Non-school days/holidays not included - Fee is a flat fee - additional fee of \$30/ day applies)*

Child's Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ / \_\_\_\_\_

Special Instr.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

I hereby give my son/daughter/charge, permission to participate in this Boys & Girls Club's activity. In the event of an emergency, and I cannot be reached, I give my permission to the Boys & Girls Club of Moorpark & Simi Valley, and/or its agents to obtain whatever medical assistance is necessary at my expense.

I, \_\_\_\_\_ being parent, guardian or other person entitled to legal custody of, \_\_\_\_\_, a minor child, do hereby authorize the Boys & Girls Club of Moorpark & Simi Valley, into whose care I have entrusted said minor child to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor child under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provision of the Medicine Practice Act, or to consent to an X-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Parent or Guardian SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Office Use\***

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Name of School: \_\_\_\_\_

School Year: \_\_\_\_/\_\_\_\_

\*Office Use\*

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Year: \_\_\_\_/\_\_\_\_