



BOYS & GIRLS CLUB
OF PALM SPRINGS

new

male

returning

female

**Application for Membership
Pathfinder Boys & Girls Club
\$20 Annual Fee**

Child's Name: _____ Birthdate: ____ / ____ / ____ Age ____
Last First month day year

Parent Name(s): _____ Home Phone: _____

Work Phone: _____ Pager or Cell Phone: _____

Address: _____
Street City State Zip

Emergency Contact I: _____
(other than above) Name Relationship Phone

Emergency Contact II: _____
(other than above) Name Relationship Phone

School: _____ Grade: _____
(for summer, list school entering in fall)

I allow the above named minor to participate in all Boys & Girls Club activities and allow the Club to use photographs of my child for publicity purposes. I authorize the staff of the Club to seek necessary medical attention, including but not limited to x-rays, routine tests, and treatment for the health of my child, and in the event that I cannot be reached in an emergency, give my permission to the physician selected by the Club to hospitalize, secure treatment for, and to order injections, and/or anesthesia, and/or surgery for my child.

Disciplinary policy: Minor misbehavior is handled with a short time out from activities. More serious problems require suspension from the Club for a period of time dependent upon the severity of the offense.

Transportation: Bus service from school to the clubhouse is provided by Laidlaw Transit Co. at no additional cost provided: (1) Members obey all bus rules and driver instructions, and (2) members present their Boys & Girls Club ID card to the driver upon boarding. Neither the Club nor school can provide and will be not be responsible for transportation to the clubhouse in the event boarding is denied by Laidlaw Co.

No transportation to home is provided by the Boys & Girls Club. Approximately 15 minutes before closing, members will be made to call home to ensure they have a ride when the Club closes. **Late Policy: Members not picked up by 6:05 p.m. will be charged a late fee of \$5 + \$1 for each additional minute after 6:05 p.m. Those not picked up by 6:30 p.m. will be taken to the Palm Springs Police Station to wait for a parent/guardian.** I understand that the Club is not responsible for my child after the facility closes. The safety of my child and transportation to home are solely my responsibilities.

Membership fee policy: During the school year, fees are charged on a monthly basis regardless of days attended. Fees due the first week of each month. No refunds due to absences!

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Place of Employment: _____

Survey: The following data is voluntary and will be used for statistical compilation only.

1. Marital Status: Married Divorced Single Widowed

2. Race: Caucasian Hispanic Black Asian American Indian

3. Yearly Family Income: \$0-4,999 \$5,000-9,999 \$10,000-24,999 \$25,000-34,999 \$35,000 +

CITY OF PALM SPRINGS

EXHIBIT D

Beneficiary Qualification Statement

Project/Activity Title

Palm Springs Boys & Girls Club
Parking Lot Safety Improvements

Project Number

0009

Name/Address of Provider:

Palm Springs Boys & Girls Club
450 S Sunrise Way
Palm Springs, CA 92262-7641

BENEFICIARY QUALIFICATION STATEMENT

This statement must be completed and signed by each person or head of household (legal guardian) receiving benefits from the described project/activity. Please answer each of the following questions.

- How many persons are in your household? _____
For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or boarders cannot be included as household members.
- Circle your combined gross annual income (Riverside-San Bernardino, CA - 02/11/06)

MEDIAN INCOME LEVEL	NUMBER OF PERSONS IN YOUR HOUSEHOLD:							
	1	2	3	4	5	6	7	8
VERY LOW INCOME Below 50%	\$19,500	\$22,250	\$25,050	\$27,850	\$30,650	\$32,300	\$34,500	\$36,750
LOW INCOME 51 - 80%	\$31,700	\$35,650	\$40,100	\$44,550	\$48,100	\$51,700	\$55,250	\$58,800
MODERATE INCOME 120%	\$46,750	\$53,450	\$60,100	\$66,800	\$72,150	\$77,500	\$82,850	\$88,200

- What race/ethnicity do you identify yourself as; please note that this self-identification is voluntary in accordance with equal opportunity laws?
 White American Indian or Alaska Native AND White
 Black/African American Asian AND White
 Asian Black/African American AND White
 American Indian or Alaskan Native American Indian/Alaska Native AND Black/African American
 Native Hawaiian or Other Pacific Islander Other _____
 HISPANIC/LATINO ETHNICITY Yes No If yes, check one: Mexican/Chicano
 Puerto Rican
 Cuban
 Other _____
- Are you female Head of Household? YES NO
- Do you have a disability? YES NO If YES, please describe: _____

ACKNOWLEDGEMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME: _____ DATE: _____

ADDRESS: _____ PHONE NO: _____

SIGNATURE: _____

The information you provide on this form is confidential and is only utilized for Community Development Block Grant (CDBG) program purposes, a Federally-funded program, governmental reporting purposes to monitor compliance.