

FOR OFFICE USE ONLY

Membership #: _____ Group Name: _____ Arrival Bus #: _____ Dismissal Bus #: _____
Membership Amount: \$ _____ Frequency: _____
Applied for Scholarship: Yes No Scholarship Approved: Yes No If Yes, Amount Awarded: \$ _____



BOYS & GIRLS CLUB
OF COLLIER COUNTY

Application for Membership
SUMMER CAMP

NOTICE: Application does not guarantee admission. Fees are non-refundable.

Has your child ever attended a BGCCC Program? Yes No

Which location are you applying for: Naples or Immokalee? _____

How did you hear about us? ___ Friend/Family ___ Social Media ___ Magazine ___ Radio ___ Event

Child's Full Name:		Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
School ID/Lunch Number:		Last School Attended:	Last Grade Completed:
Race: Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Indian/Alaskan Native <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		Ethnicity: Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/>	
Primary Language: English <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Other: _____ Receives ELL services at school: Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Languages: English <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Other: _____	
This information is for planning purposes and does not determine membership eligibility or status.			
Reason for Joining Club: <input type="checkbox"/> Social Recreation <input type="checkbox"/> Academic Support <input type="checkbox"/> Sports <input type="checkbox"/> College & Career Exploration <input type="checkbox"/> Special Interest Activities: <i>Check all</i> ___ Music ___ Dance ___ Culinary ___ Theater ___ Art ___ Ping Pong ___ Technology			
Specific Learning/Behavior Concerns: EH <input type="checkbox"/> SLD <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> ODD <input type="checkbox"/> Other: _____ Supports Received: Please include copy of plan. IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Counseling Services <input type="checkbox"/> Other: _____ Interested in receiving information regarding free counseling services? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Child's Social Security Number, if available:		Receives free or reduced lunches at school: No <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Cost Lunch <input type="checkbox"/>	
CHILD'S MEDICAL INFORMATION			
Name of Child's Physician/Medical Care Provider:		Phone:	Fax:
Permission to contact Doctor/Hospital in case of a medical emergency: Yes <input type="checkbox"/> No <input type="checkbox"/>		Child's Medical Insurance Provider:	Policy Number: Group Number:
Medications: If Yes, please list. Yes <input type="checkbox"/> No <input type="checkbox"/>		Allergies: If Yes, please list. Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Medical Information: <input type="checkbox"/> Asthma <input type="checkbox"/> Physical Disability <input type="checkbox"/> Diabetes Other _____
Medical or Dietary Information Necessary in an Emergency Situation: If Yes, please list. Yes <input type="checkbox"/> No <input type="checkbox"/>			



PARENT/GUARDIAN INFORMATION

PARENT INFORMATION IS REQUIRED ON BOTH PARENTS.

Do you have a COURT ORDER stating visitation or custody arrangements of parent/guardian? Yes No
*Regulations require a COURT ORDER to be ONFILE at the facility should there be any restrictions regarding visitation or custody.

Primary Parent or Guardian:		Home Phone:	Cell Phone:	Permission for Text Communications: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	City:	State:	Zip:	Email (REQUIRED):
Employer/School:		Employer/School Phone (include ext.):		Fax Number:
Employer/School Address:		City:	State:	Zip:
Secondary Parent or Guardian:		Home Phone:	Cell Phone:	Permission for Text Communications: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	City:	State:	Zip:	Email:

HOUSEHOLD INFORMATION

This information is for planning purposes and does not determine membership eligibility or status.

The Club Member lives with: Check all Mom Dad Step Mom Step Dad Grandparent Guardian Other _____

Single Parent: Yes No **Parent in Military?** Yes If yes, list branch: _____ No

Number of people living in household: _____ **Annual Household Income:** \$ _____

Current Head of Household: Male <input type="checkbox"/> Female <input type="checkbox"/>	Number of members in household age 18 or younger: _____
Anyone in household handicapped: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of members in household age 65 or older: _____

EMERGENCY CONTACT & PICK-UP INFORMATION

Person(s) to Whom the Child May Be Released/Emergency Contact Information
Besides Parents/Guardians Listed Above

Name	Phone	Emergency Contact	Pick-up Authorization	Relation to Child
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

MEMBERS 16 & OLDER ONLY

PERMISSION TO WALK, DRIVE A CAR, OR RIDE A BIKE HOME

_____ I give permission for my child to check out each day. The Boys & Girls Club is not responsible for him/her after they leave the program. Once the child checks out, he/she may not check back in.

(Please Check One) Walk Ride a Bike Drive a Car

_____ I further give permission for my teen child to check out their younger siblings: Yes No

_____ I **DO NOT** give permission for my child to check him/herself out.

LATE PICKUP:

The Boys & Girls Club Summer Camp closes promptly each day at 6:00pm. Pickup after the posted closing time is considered late. For any child remaining after closing time, a late fee of \$1.00 per minute, per family, will be charged. The late fee must be paid in full before the child may return to the program. There will be no exception to this policy. We will notify the appropriate authorities for any child remaining 30 minutes after close of business. As the Parent/Guardian, I agree that I am responsible for picking up special notices and flyers each day which will alert me to any changes in scheduling. If someone else is picking up my child(ren), I agree that they are responsible for picking up notices and flyers. I understand that if I am frequently late, my child's membership may be revoked without refund.



TRANSPORTATION/FIELD TRIP AUTHORIZATION

I hereby give my permission for my child to participate in the activities and programs of the Boys & Girls Club that necessitate transportation in vehicles. I understand that often local day trips will be unannounced. Out of town trips will be posted in advance. I understand that all trips will be under the supervision of the Boys & Girls Club Staff. I will not hold the Boys & Girls Club responsible in case of an accident. Notice of all trips will always be available at the administrative office.

Parent/Guardian Signature: _____ Date: _____

SWIMMING AUTHORIZATION

I hereby give my permission and full consent for my child to participate in swimming activities at local beaches and at local pools as conducted by the Boys & Girls Club. I hereby fully release, and shall in the future release, the Boys & Girls Club of Collier County and its Directors, Instructors, Officers and Staff, from any cause of action, claim or liability for damages or expenses, including but not limited to any claims for personal injuries resulting or arising out of any swimming activity or related activities.

Parent/Guardian Signature: _____ Date: _____

BOYS & GIRLS CLUB RIGHT TO REFUSE PICK UP OF CHILD

I understand the Boys & Girls Club may refuse to allow my child to be transported home by anyone (including myself) that they feel may have their driving ability impaired due to drugs or alcohol or other circumstances. I understand that this is for safety reasons only and that the Boys & Girls Club will contact another authorized individual included on this application to pick up my child. I further agree that any late fees incurred because of the situation will be my responsibility.

Parent/Guardian Signature: _____ Date: _____

COMPUTER USE AUTHORIZATION

I hereby give my permission for my child to participate in the activities and programs of the Boys & Girls Club that use the internet. I understand that all computer use will be under the supervision of the Boys & Girls Club Staff. I understand my child may only go to internet sites that are pre-approved by the Boys & Girls Club Staff. ***Any inappropriate use of the computer will result in suspension and may result in my child's membership to be revoked.***

Parent/Guardian Signature: _____ Date: _____

EXCHANGE OF INFORMATION WITH SCHOOLS

I give permission to the Boys & Girls Club of Collier County and the Collier County School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations to do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Collier County School District or the Boys & Girls Club of Collier County in writing.

Parent/Guardian Signature: _____ Date: _____

SURVEYS & QUESTIONNAIRES AUTHORIZATION

I, the parent/guardian of the minor child listed in this application, give permission for the Boys & Girls Club of Collier County to Survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes Survey or other survey instruments.

Parent/Guardian Signature: _____ Date: _____

BOYS & GIRLS CLUB OF AMERICA

I give permission to the Boys & Girls Club of Collier County to share information about the minor child listed on this application with the Boys & Girls Club of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Parent/Guardian Signature: _____ Date: _____

YOUTH RELATIONS DEPUTY COUNSEL

Youth Relationship Deputies are on site on certain days supporting programs and assisting youth in any manner possible. At times a Youth Relationship Deputy may be asked to assist in counseling a member along with Boys & Girls Club staff.

Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO RELEASE

I understand that from time to time, the Boys & Girls Club will have publicity photos/videos taken during programming for use in local media, brochures and on their website. I give permission for my child to be included in all photo opportunities.

Parent/Guardian Signature: _____ Date: _____



MENTORING PARENT/GUARDIAN CONSENT FORM

To provide better services for our Club members, the Boys & Girls Club of Collier County will be offering children the opportunity to participate in an onsite Mentoring Program. Mentors are adults from within the Boys & Girls Club staff or volunteers from the community who would like to spend extra time with members to help them in various ways such as with school work, issues regarding relationships with teachers and friends and to get to know each member and their personal goals and interests. The purpose of this form is to give permission for your child to participate in this Mentoring Program.

I, the parent or legal guardian of _____, hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the staff and community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to meet with my child on a regular basis on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility or to contact them in any way outside of the Boys & Girls Club of Collier County such as phone calls, emails or internet contact.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Volunteer & Community Partnership Director permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

Parent/Guardian Name (Print Clearly)

Parent/Guardian Signature

Childs Name (Print Clearly)

Date

BUS / VAN POLICY

While at the Club, we expect your child to be on their best behavior while in our busses or vans and adhere to school bus policy. Members must sit down, talk quietly and follow the driver’s directions. Failure to do so may result in suspension from the bus which will be given at the driver or staff’s discretion. Should a member receive a suspension, that member will lose the right to ride the bus for a period of time; to the Club, from the Club and on field trips. Parents will be informed accordingly.

Bus / Van Rules and Expectations:

1. Backpacks should be taken off before sitting in a seat.
2. Members must walk to and from the bus.
3. Members must keep all hands and legs to themselves and out of the aisles.
4. Remain seated at all times; do not stand up until driver dismisses you.
5. Use indoor voices when on the bus; foul language will not be tolerated.
6. Eating and drinking is not permitted on the bus.
7. Keep all body parts inside the bus; not out the window (this includes garbage).
8. Crawling under / over bus seats for any reason is dangerous and prohibited.
9. Parents will be responsible for all cost of repairs and damages that may occur.

Consequences for not following these Rules:

- 1st offense: Member to speak with staff – contract sent to parents for signature
 2nd offense: Driver/BGC staff issue an incident report – parent notified of next step
 3rd offense: automatic one (1) day suspension from bus
 4th offense: automatic three (3) day suspension from bus
 5th + offenses: permanent removal from bus

The following situations will result in automatic suspension from bus and Club:

1. Physical threat or harm to other members and / or driver
2. Fighting, smoking, drugs or inappropriate touching while on bus
3. Damage to property
4. Constant disobedience
5. Bullying

Boys & Girls Club of Collier County’s #1 priority is the safety of all members. Please speak with your child(ren) in regards to the seriousness of appropriate bus behavior.

Parent/Guardian Name (Print Clearly)

Parent/Guardian Signature

Childs Name (Print Clearly)

Date



Distance-Based Learning Parent/Guardian Letter For use with Zoom and Remote Programming

In an effort to continuously serve members, Boys & Girls Club of Collier County is providing virtual Club experiences through which Club staff will facilitate program activities through online platforms, including Zoom. Boys & Girls Club of Collier County will use online platforms for members, parents/guardians and/or staff to use for communication and programming.

This letter seeks consent for your child to utilize Zoom and other platforms for distance-based Club program purposes. Zoom provides an opportunity to deliver video and chat-based educational experiences to members via any device. Zoom collects information about its users and has its own privacy terms and conditions to which members must adhere. Zoom’s privacy terms and conditions can be viewed at: <http://zoom.us/terms> and <http://zoom.us/privacy>.

In order to participate in virtual-based Club experiences, your child will need to have a computer, mobile phone, or tablet device with access to the internet. School district provided computers will work.

To register for Zoom go to www.zoom.com. You will need to provide some data, including your email address and first and last name. Zoom is free of charge.

We will use Zoom for the following anticipated program activities:

- Mentoring & Group Learning Activities
- Homework Help & Video Conferencing
- Media sharing (for example, uploading images of artwork or other projects)

In addition to Zoom, other learning platforms may occasionally be used. These include Facebook, YouTube, Kahoot, Padlet, and others.

Our commitment to keeping the young people we serve safe is always our number one priority. Boys & Girls Club of Collier County will actively monitor member activity on our virtual platforms and will make every effort to protect member information. Further, all activities online must comply with Boys & Girls Club of Collier County’s safety policies, including the Code of Conduct, Acceptable Use Policy, Internet Safety Policy, and Prohibition of 1:1 Contact Policy.

If you have any questions, please feel free to contact us at Virtual@bgccc.com and someone will be back in touch. Thank you for signing up your child for the Virtual Clubhouse! We are excited to see him/her soon!

Parent/Guardian Permission

I, _____, parent/guardian of _____
Print parent/guardian name *Print Child’s name*

give permission for him/her to participate in distance-based online Club experiences at Boys & Girls Club of Collier County.

Parent/Guardian’s Email Address _____

Parent/Guardian’s Signature _____ Date _____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Boys & Girls Club of Collier County Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Boys & Girls Club of Collier County activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Boys & Girls Club of Collier County participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Boys & Girls Club of Collier County participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in** Boys & Girls Club of Collier County programs or accessing Boys & Girls Club of Collier County facilities **could increase the risk of contracting COVID-19.** Boys & Girls Club of Collier County in no way warrants that COVID-19 infection will not occur through participation in Boys & Girls Club of Collier County programs or accessing Boys & Girls Club of Collier County facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Boys & Girls Club of Collier County, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** Boys & Girls Club of Collier County, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Boys & Girls Club of Collier County on account of past or future personal injury, property damage, death or accident of any kind, arising out of or in any way related to the past or future use of Boys & Girls Club of Collier County facilities/equipment or participation in Boys & Girls Club of Collier County programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.



Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue, continued

In consideration of the named minor’s participation in Boys & Girls Club of Collier County, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor’s past or future Boys & Girls Club of Collier County participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Boys & Girls Club of Collier County participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any past or future loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Boys & Girls Club of Collier County and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in Boys & Girls Club of Collier County.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Parent/Guardian Name (Print Clearly)

Parent/Guardian Signature

Childs Name (Print Clearly)

Date

<u>FOR OFFICE USE ONLY</u>		
MTS Updated: _____	Member Card Created : _____	Rosters Updated: _____
<i>This application was reviewed for completion by:</i> _____		
<i>Review Date:</i> _____		