

FOR OFFICE USE ONLY

Group: _____ Arrival Bus#: _____ Dismissal Bus#: _____ Membership#: _____
 Discount/Scholarship: \$ _____ Membership Fee: \$ _____ Frequency: _____
 Date/Staff Initial at Completion: _____
 MTS/StopWatch Updated: _____ Rosters Updated: _____ Membership Card Issued: _____



Application for Membership
Program Year: 2023-2024
Session: Fall/Spring Summer

NOTICE: This application does not guarantee admission. Fees are non-refundable. Transportation services financed in part by the U.S. Department of Housing and Urban Development (HUD) and Collier County Community and Human Services Division.

Has your child ever attended a BGCCC Program? No ☐ Yes ☐

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

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

Child's Name:		Date of Birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Child's Social Security Number:		School:		Grade:	
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"/>		
For Program Planning Use Only. Will Not Affect Services Offered					
Does your child receive free or reduced lunch at school? Free Lunch <input type="checkbox"/> Reduced Cost <input type="checkbox"/> Neither <input type="checkbox"/>				Student ID/Lunch Number: _____	
Does your child have any specific behavior conditions? No <input type="checkbox"/> Yes, Include details below. (This does not restrict your child from enrolling) EH <input type="checkbox"/> SLD <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Other: _____					
Does your child receive any of the following supports: None <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Other: _____					
CHILD'S EMERGENCY/MEDICAL INFORMATION					
Name of Child's Physician/Medical Care Provider:		Phone:		Fax:	
Address:		City:		State: Zip:	
Permission to contact Doctor/Hospital in case of a medical emergency: No <input type="checkbox"/> Yes <input type="checkbox"/>		Does your Child have Medical Insurance? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Provider: _____		Policy Number: Group Number:	
Medications: If Yes, please list. No <input type="checkbox"/> Yes <input type="checkbox"/>		Allergies: If Yes, please list. No <input type="checkbox"/> Yes <input type="checkbox"/>		Other Medical Information: <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Disability <input type="checkbox"/> Diabetes <input type="checkbox"/> Other _____	
Medical or Dietary Information Necessary in an Emergency Situation: If Yes, please list. No <input type="checkbox"/> Yes <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? No ☐ Yes ☐

*Regulations require a COURT ORDER to be ON FILE at the facility should there be any restrictions regarding visitation or custody.

Primary Parent or Guardian:		Home Phone:	Cell Phone:	Permission for Text Communications: No <input type="checkbox"/> Yes <input type="checkbox"/>
Address:	City:	State:	Zip:	Email:
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: No <input type="checkbox"/> Yes <input type="checkbox"/>
Address:	City:	State:	Zip:	Email:

HOUSEHOLD INFORMATION

This section Must Be Completed and is used for our information only. This information confidential and does not determine membership status.

Reason for Joining Club: ☐ Social ☐ Academic Support ☐ Sports ☐ After School Care ☐ Full Day/Camp ☐ Other _____

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

Current Head of Household: Male ☐ Female ☐

Single Parent?: ☐ No ☐ Yes

Number of people living in household: _____

Parent in Military? ☐ No ☐ Yes If Yes, Branch: _____

Number in household age 18 or younger: _____

Anyone in household handicapped: ☐ No ☐ Yes

Number in household age 65 or older: _____

TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____

CHILD PICK-UP INFORMATION

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

Full Name	Phone	Emergency Contact?	Relation to Child
		No <input type="checkbox"/> Yes <input type="checkbox"/>	
		No <input type="checkbox"/> Yes <input type="checkbox"/>	
		No <input type="checkbox"/> Yes <input type="checkbox"/>	

PERMISSION TO WALK, DRIVE A CAR, OR RIDE A BIKE HOME Club Members 16 & Older ONLY

I give permission for my child to check in/out each day. The Boys & Girls Club is not responsible for him/her before arrival to the Club or after they leave the program. ☐ No ☐ Yes

If Yes, I give permission for my child to: ☐ Walk ☐ Ride a Bike ☐ Drive a Car ☐ Leave with Club Member _____

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

PARENT/GUARDIAN ACKNOWLEDGMENT OF PICKUP POLICY:

I understand The Boys & Girls Club of Collier County closes promptly at 7:00PM, and 6:00PM during Early Dismissal and Full Days. The 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, alcohol, or other circumstances. I understand that this is for safety reasons only and The Boys & Girls Club of Collier County will contact another authorized individual included on this application to pick up my child. I further agree that any late fees incurred will be my responsibility. Beginning at 1 minute past the 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. The Club 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 each day which will alert me to any changes in scheduling. I understand that if I am frequently late, my child's membership may be revoked without refund. **Parent/Guardian Initials :** _____



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 The 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 The Boys & Girls Club of Collier County activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with The 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 The Boys & Girls Club of Collier County participation and that said list in no way limits the operation of this Agreement.

Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my child's participation in The Boys & Girls Club of Collier County, I, Parent/Guardian of the minor named below, agree to release and on behalf of myself and the minor named below, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The 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 The 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 The Boys & Girls Club of Collier County facilities/equipment or participation in The 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.

In consideration of the named minor's participation in The 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 The 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 The 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.

Initial

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 Printed

Parent/Guardian Signature

Child's Name (Print Clearly)

Date



MENTORING PARENT/GUARDIAN CONSENT FORM

To enhance your Club Members' experience, The Boys & Girls Club of Collier County is introducing an on-site Mentoring Program that provides children with a valuable opportunity. Mentors, who are either Club Staff members or community volunteers, dedicate their time to assist Club Members in a variety of ways. They will help with school work, address concerns related to relationships with teachers and friends, and get to know each Club Member individually, understanding their personal goals and interests. By completing this form, you are granting permission for your child to take part in this beneficial Mentoring Program.

The Mentoring Program involves mentors, consisting of Club Staff and community volunteers and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will meet with my child on a regular basis on-site at The Club. Mentors may not contact Club Members in any way such as phone calls, emails or contact outside of The Boys & Girls Club of Collier County activities.

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.

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

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

- ☐ **I hereby give my permission** for my child to participate in the Mentoring Program at
The Boys & Girls Club of Collier County.
- ☐ I do not give my permission for my child to participate in the Mentoring Program at
The Boys & Girls Club of Collier County.

Parent/Guardian Name Printed

Parent/Guardian Signature

Child's Name (Print Clearly)

Date



Distance-Based Learning with Zoom and Remote Programming

Parents/Guardians,

In an effort to continuously serve Club Members, The Boys & Girls Club of Collier County may provide virtual Club experiences through which Club Staff will facilitate activities through online platforms, including Zoom. The Boys & Girls Club of Collier County will use online platforms for Club Members, Parents/Guardians and/or Club 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 Club Members via any device. Zoom collects information about its users and has its own privacy terms and conditions to which Club 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. The Boys & Girls Club of Collier County will actively monitor Club Member activity on our virtual platforms and will make every effort to protect Club Member information. Further, all activities online must comply with The 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 the Family Services & Membership Office.

Parent/Guardian Permission

☐ I **hereby give my permission** for my child to participate in distance-based online Club experiences at The Boys & Girls Club of Collier County.

Parent/Guardian's Email Address: _____

☐ I do not give my permission for my child to participate in distance-based online Club experiences at The Boys & Girls Club of Collier County.

Parent/Guardian Name Printed

Parent/Guardian Signature

Child's 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. Club 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 Club Member who receive a suspension lose the privilege of riding the bus for a period of time; to The Club, from The Club and on field trips. Parents/Guardians will be informed accordingly.

Bus / Van Rules and Expectations:

1. Backpacks should be taken off before sitting in a seat.
2. Club Members must walk to and from the bus.
3. Club 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: Verbal Warning – contract sent to Parents/Guardians for signature

2nd offense: Discipline Referral with Consequence

3rd offense: (1) day suspension from bus

4th offense: (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 Club Members and/or driver
2. Fighting, smoking, drugs or inappropriate touching while on bus
3. Damage to property
4. Constant disobedience
5. Bullying

The 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 Printed

Parent/Guardian Signature

Child's Name (Print Clearly)

Date



TRANSPORTATION/FIELD TRIP PERMISSION

I hereby give my permission for my child to participate in the activities and programs 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 Club Staff. I will not hold The Boys & Girls Club of Collier County responsible in case of an accident. Notice of all trips will always be available at the Family Services & Membership Office.

☐ No ☐ Yes

Parent/Guardian Initials : _____

SWIMMING PERMISSION

I hereby give my permission for my child to participate in swimming activities at local beaches and at local pools as conducted by The Boys & Girls Club of Collier County. 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.

☐ No ☐ Yes

Parent/Guardian Initials : _____

COMPUTER USE PERMISSION

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 Club Staff. I understand my child may only go to internet sites that are pre-approved by Club Staff. ***Any inappropriate use of the computer will result in suspension and may result in my child's membership to be revoked.***

☐ No ☐ Yes

Parent/Guardian Initials : _____

SCHOOL INFORMATION

I hereby give permission to The Boys & Girls Club of Collier County and Collier County Public Schools to exchange information regarding the minor child listed below. The purpose of the exchange is to help both organizations to do a better job supporting the Club Members' success in school, in The Club, and in life. This release is valid for one year and may be revoked at any time by contacting The Boys & Girls Club of Collier County in writing.

☐ No ☐ Yes

Parent/Guardian Initials : _____

PHOTO/VIDEO RELEASE

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

☐ No ☐ Yes

Parent/Guardian Initials : _____

SURVEYS & QUESTIONNAIRES

I hereby 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.

☐ No ☐ Yes

Parent/Guardian Initials : _____

BOYS & GIRLS CLUB OF AMERICA

I hereby give permission to The Boys & Girls Club of Collier County to share information about the minor child listed below 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.

☐ No ☐ Yes

Parent/Guardian Initials : _____

YOUTH RELATIONS DEPUTY COUNSEL

I understand Youth Relationship Deputies may be on-site supporting programs and assisting youth in any manner possible. At times a Youth Relationship Deputy may be asked to assist in counseling a Club Member along with Club Staff.

Parent/Guardian Initials: _____

Parent/Guardian Name Printed

Parent/Guardian Signature

Child's Name (Print Clearly)

Date



NOTICE OF ALTERNATIVE INSTRUCTORS

I understand for my child may be under the instruction of outside agencies such as Collier County Public Schools, The Immokalee Foundation, United Arts Council, and Parks & Recreation, among others. All instructors will have a Level II background clearance. I hereby give my permission for my child to receive instruction from such individuals. I further give permission for a reasonable exchange of information regarding my child to the outside agencies for reporting and planning purposes.

☐ No ☐ Yes

Parent/Guardian Initials : _____

MEDICAL EMERGENCY

In case of accidental injury, I **hereby give my permission** to the The Boys & Girls Club of Collier County to see that the necessary medical treatment is obtained in the event the Parent/Guardian is unable to be reached or is otherwise inaccessible. In this event, I authorize The Boys & Girls Club of Collier County to sign for and authorize the provision of emergency care. In case of accidental injury, I agree to assume financial responsibility for costs incurred. I have read the above statement and agree to these stipulations.

☐ No ☐ Yes

Parent/Guardian Initials : _____

NOTICE OF DISPENSING MEDICATION

I understand that there will be no nurse on staff during After-School Programs. The Boys & Girls Club of Collier County are unable to store, handle or dispense medication of any kind. Should my child require medication, I accept full responsibility for seeing that my child takes the proper amount at the proper time. I agree that The Boys & Girls Club of Collier County will accept no responsibility for the medication or for the dispensing of medicine.

Parent/Guardian Initials : _____

YOUTH RELATIONS DEPUTY COUNSEL

I understand Youth Relationship Deputies may be on-site supporting programs and assisting youth in any manner possible. At times a Youth Relationship Deputy may be asked to assist in counseling a Club Member along with Club Staff.

Parent/Guardian Initials : _____

ACADEMIC INFORMATION

I understand that staff of The Boys & Girls Club of Collier County will be monitoring my child's grades, test scores, and academic indicators provided in partnership by the Collier County public Schools. This information will be kept confidential and will be used to monitor individual and group progress from year to year as per Department of Education requirements.

Parent/Guardian Initials : _____

NOTICE ON ELECTRONICS/PERSONAL DEVICES

I understand that Club Members are not permitted to use any electronics and/or personal devices, including cell phones, while participating in The Boys & Girls Club of Collier County Programs. We recommend that all devices are turned off and put away during program. The Boys & Girls Club of Collier County is not responsible for lost or damaged items brought to program.

Parent/Guardian Initials : _____

NOTICE OF PREVENTION PROGRAMMING

I understand that prevention programming is available for my child during The Boys & Girls Club of Collier County Programs. The instructors for this program have my permission to discuss at a level appropriate to my child's grade and age, the following subject matters: alcohol and alcohol abuse, chemical abuse, human anatomy and/or health.

Parent/Guardian Initials : _____

RECEIPT OF BGCCC MEMBER & PARENT HANDBOOK

I have received a copy of The Boys & Girls Club of Collier County's Member & Parent Handbook, and reviewed its contents with my child. **Together, we accept** the policies in place, including but not limited to conduct and member participation.

Parent/Guardian Initials : _____

Parent/Guardian Name Printed

Parent/Guardian Signature

Child's Name (Print Clearly)

Date