

Parkside



**BOYS & GIRLS CLUB**  
OF FOND DU LAC

Pier

## 2021-22 School Year Membership Application

This section is for club use only

Scholarship Due: \_\_\_\_\_ Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Initials: \_\_\_\_\_ Comet: \_\_\_\_\_

### Member Information #1:

First Name  Last Name  Birth Date  Gender

School  2021-22 Grade

Medical Conditions (asthma, seizures, allergies, etc)

Please mark if your child has a care plan at school

List Medications Your Child Takes

Child Lives With:

- Both Parents
- Mom Only
- Dad Only
- Joint Custody
- Guardian(s)

Ethnicity:

- American Indian
- African American
- Asian
- Caucasian
- Hispanic/Latino
- Multi-Racial

### Member Information #2:

First Name  Last Name  Birth Date  Gender

School  2021-22 Grade

Medical Conditions (asthma, seizures, allergies, etc)

Please mark if your child has a care plan at school

List Medications Your Child Takes

Child Lives With:

- Both Parents
- Mom Only
- Dad Only
- Joint Custody
- Guardian(s)

Ethnicity:

- American Indian
- African American
- Asian
- Caucasian
- Hispanic/Latino
- Multi-Racial

### Member Information #3:

First Name  Last Name  Birth Date  Gender

School  2021-22 Grade

Medical Conditions (asthma, seizures, allergies, etc)

Please mark if your child has a care plan at school

List Medications Your Child Takes

Child Lives With:

- Both Parents
- Mom Only
- Dad Only
- Joint Custody
- Guardian(s)

Ethnicity:

- American Indian
- African American
- Asian
- Caucasian
- Hispanic/Latino
- Multi-Racial

**General Information**

**Membership Fee:** \$20.00 per semester

1st Semester Fee-Covers membership from September – January; 2nd Semester Fee- Covers membership from February-May

\*\*Consistent attendance in academic programming may waive the 2nd semester fee.

Do your child(ren) qualify for Free/Reduced lunch:  Yes  No

If you are in need of financial assistance please list your Yearly Household Income

**Parent/Guardian #1**  Active in Armed Forces  Please add me to your text message communications

First Name  Last Name  Email Address

Cell Phone  Work Phone  Employer

Address

**Parent/Guardian #2**  Active in Armed Forces  Please add me to your text message communications

First Name  Last Name  Email Address

Cell Phone  Work Phone  Employer

**Behavior Policy & Expectations**

I have read and understand the Boys & Girls Club of Fond du Lac’s PBIS Expectations and Behavior Policy. I understand that all members are expected to follow these policies at all times when they are part of Boys & Girls Club activities. I also understand that failure to follow these policies will result in specific consequences for members that could result in temporary or permanent suspension from the program without a refund of membership fees.

**Medical Emergency**

In the event of an emergency I understand that every attempt will be made to contact me. If I cannot be reached I hereby give my permission to the physician selected by the Boys & Girls Club staff member to secure proper treatment for my child

**Arrival and Departure Policy**

I understand that it is my responsibility to be sure that my child understands their arrival and departure procedure to and from the Club. I understand that staff will make every effort to inform me if my child leaves the site, but that the Club is not responsible for my child once they have left the building. I understand that if my child is not picked up on time when the club is closed, I will be charged a fee. I also understand that if my child is not picked up within 15 minutes of closing time, the Club is mandated to contact the police.

**Media/Photo Permission**

I do give my permission to have my child appear in any media coverage for the Boys & Girls Club of Fond du Lac.

Check here if you do NOT give permission.

**Travel Policy**

I authorize BGCDFL to transport my child by foot, bus or van within the local city during normal Club operating hours.

**Program Participation**

I understand that enrollment in the School Year program requires participation in academic enrichment activities and academic support

**School District**

I give permission to the BGCDFL and the Fond du Lac School District to exchange information regarding my child. The purpose of this exchange is to help both organizations do a better job of helping the student be successful in school, in the Club, and in life.

I hereby certify that I have read and do understand the above information:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Emergency Contacts and Pick Up Form

Child's Name  2021-22 Grade

My children can walk home after: \_\_\_\_\_

Child's Name  2021-22 Grade

Pick up Password: \_\_\_\_\_

Child's Name  2021-22 Grade

Parent/Guardian #1 First Name

Cell/Home Phone

Work Phone

Parent/Guardian #2 First Name

Cell/Home Phone

Work Phone

Please list 2 individuals that are not parents/guardians that can be contacted in a case of emergency

Non Parent/Guardian Contact #1

First and Last Name

Cell/Home Phone

Relationship to the Child

Non Parent/Guardian Contact #2

First and Last Name

Cell/Home Phone

Relationship to the Child

Please list any other individuals that are allowed to pick up. (First and Last Name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Pick-Up Policy

I understand that if my child is not picked up on time when the club is closed, I will be charged a fee. I also understand that if my child is not picked up within 15 minutes of closing time, the Club is mandated to contact the police.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

What days will your child be attending the Afterschool Program?

Monday  Tuesday  Wednesday  Thursday  Friday

All of them

## FOR PARENTS/GUARDIANS

### Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Boys & Girls Clubs of Fond du Lac put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Club could increase** your risk and your child(ren)'s risk of contracting COVID-19.

Please check all boxes below signifying you understand what they are stating.

- Social distancing will be used during the program and my child must follow all new policies while in attendance.
- My child will not bring unnecessary items into the program. This includes toys, electronics, purses, food etc. Teen Center youth are allowed to carry cell phones.
- If I bring my child, it is because everyone in our home is healthy and symptom free, with no known exposure to COVID-19. If anyone in my home is diagnosed with COVID-19 I will inform BGC staff immediately.
- I understand that if my child is at an increased risk of severe illness I need to communicate with program staff immediately to see if they can safely serve my child.
- If my child shows signs of illness during care, I, or another authorized person, will pick up my child within 30 minutes.
- I understand this situation is fluid and subject to change per state, other local authority, and program needs.
- I understand failure to follow these new safety guidelines may result in termination of my child's membership.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

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Signature of Parent/Guardian

Date

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Name of Parent/Guardian

Name of Club Participant(s)