



BOYS & GIRLS CLUB
OF FOND DU LAC

2021-22 Teen Center 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	2021-22 Grade	Child Lives With:	Ethnicity:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> American Indian
Medical Conditions (asthma, seizures, allergies, etc)		<input type="checkbox"/> Mom Only	<input type="checkbox"/> African American
<input type="text"/>		<input type="checkbox"/> Dad Only	<input type="checkbox"/> Asian
<input type="checkbox"/> Please mark if your child has a care plan at school		<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Caucasian
List Medications Your Child Takes		<input type="checkbox"/> Guardian(s)	<input type="checkbox"/> Hispanic/Latino
<input type="text"/>		<input type="checkbox"/> Multi-Racial	

Member Information #2:

First Name	Last Name	Birth Date	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	2021-22 Grade	Child Lives With:	Ethnicity:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> American Indian
Medical Conditions (asthma, seizures, allergies, etc)		<input type="checkbox"/> Mom Only	<input type="checkbox"/> African American
<input type="text"/>		<input type="checkbox"/> Dad Only	<input type="checkbox"/> Asian
<input type="checkbox"/> Please mark if your child has a care plan at school		<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Caucasian
List Medications Your Child Takes		<input type="checkbox"/> Guardian(s)	<input type="checkbox"/> Hispanic/Latino
<input type="text"/>		<input type="checkbox"/> Multi-Racial	

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

First Name	Last Name	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Work Phone	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		

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

First Name	Last Name	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Work Phone	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>

General Information

Membership Fee: \$40.00; Covers membership from September through May. *Due at Registration; Reduced rates available for qualifying members

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

Are you in need of financial assistance? YES NO Please share your annual income

Please list any factors that may affect your ability to pay program fees: _____

We have an open door policy where teens are allowed to leave the building once and return once unless you check here:

I DO NOT give my child permission to leave on their own. My child(ren) are allowed to walk home after _____pm.

My child has a YMCA membership and I give them permission to leave and go to the YMCA

Emergency Contacts: DO NOT LIST PARENTS/GUARDIANS

The following will be contacted if I cannot be reached. They are also authorized to pick up my child.

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

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

Open Door Policy

I understand that the BGCDFL has an open door policy. This means that my child is welcome at any time during open hours. I also understand that my child is able to leave the building and return to the building only one time. Once they have left the building a second time they will not be allowed to return I understand that the Boys & Girls Club is not responsible for my child once they leave the Club.

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.

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 the Boys & Girls Club of Fond du Lac to transport my child on field trips by bus or van within the local city during normal Club operating hours. No additional permission slip is required.

YMCA Policy

I understand that all usage of The Y facilities during program hours will be scheduled Boys & Girls Club program time and all members will be supervised as part of a Boys & Girls Club group. I understand that if my child has a Y membership they will need to check out of the Club and check in at the Y if they want to use it without being part of a Club program. I also understand that if my child is suspended from either organization they are not allowed to enter the other organization during their suspension.

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: _____

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.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Name of Club Participant(s)