

# Boys & Girls Club of the Hatchie River Region

## 2016 Summer Youth Program Registration Form

Dates: June 6<sup>th</sup> to July 22<sup>th</sup>. Summer Club Hours: 9am to 6:00pm early drop-off 8am for an additional fee. \$200 for entire 7 weeks, \$30 per week, \$7 per day drop-in cost based upon availability. 3 meals provided daily. If your **child receives free lunch the summer fee is \$35** for the entire 7 weeks, if your **child receives reduced lunch the summer fee is \$50** for the entire 7 weeks. It will be ½ price for the 2<sup>nd</sup> child with the same parent or guardian and any additional children for that parent or guardian will be free (documentation will be required).

**You must pay something at Sign-Up to secure your child's spot.**

Children Ages 6 to 18 (if still in H.S.). Location: 412C Alston Circle, Covington, TN.

**FOR SAFETY REASONS ALL YOUTH MUST WEAR GYM SHOES TO THE CLUB EVERYDAY.**

### PARTICIPANT INFORMATION

My child(ren) will attend:  7 weeks  per week for \_\_\_ weeks  per day based on availability

1. Student Name: \_\_\_\_\_ DOB \_\_\_-\_\_\_-\_\_\_ Age \_\_\_ Race \_\_\_ M \_\_\_ F \_\_\_

2. Student Name: \_\_\_\_\_ DOB \_\_\_-\_\_\_-\_\_\_ Age \_\_\_ Race \_\_\_ M \_\_\_ F \_\_\_

3. Student Name: \_\_\_\_\_ DOB \_\_\_-\_\_\_-\_\_\_ Age \_\_\_ Race \_\_\_ M \_\_\_ F \_\_\_

4. Student Name: \_\_\_\_\_ DOB \_\_\_-\_\_\_-\_\_\_ Age \_\_\_ Race \_\_\_ M \_\_\_ F \_\_\_

5. Student Name: \_\_\_\_\_ DOB \_\_\_-\_\_\_-\_\_\_ Age \_\_\_ Race \_\_\_ M \_\_\_ F \_\_\_

6. Student Name: \_\_\_\_\_ DOB \_\_\_-\_\_\_-\_\_\_ Age \_\_\_ Race \_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Does the student(s) receive:  Free Lunch  Reduced Lunch  Neither Free or Reduced Lunch

### FOR USE BY STAFF ONLY:

Free or reduced lunch proof provided  Free or reduced lunch no proof provided

Total Fees Paid \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone number \_\_\_\_\_ Work number \_\_\_\_\_ Cell number \_\_\_\_\_

### 1.HEALTH INFORMATION : Child's Name (If more than one child listed)

The information you provide here will be held in the strictest confidence. It will be kept on file or carried by the program staff when your child travels outside the Club.

Child's Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Allergies:**  Yes  No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

Does your child have any allergic reactions to sunscreen?  Yes  No

May we serve your child food and beverages:  Yes  No

### **Medical, Physical, or Emotional Conditions (including Disabilities):**

If your child does have any conditions, please provide information to assist us in providing the best experience for your child.



Data Sharing

I understand that the Boys & Girls Club of the Hatchie River Region may share information about the minor child listed on this application with Boys & Girls Clubs 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 district, and other information collected by Boys & Girls Club of the Hatchie River Region, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous

I understand that the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club which may be arranged by using Tipton County Schools transportation if eligible.

Guest Speakers/Organizations & Programs

From time to time we will invite guest speakers and organizations to the Club. We may also partner with other agencies and churches as part of our character and leadership development program as well as our healthy living program. Some of the information provided may be faith-based in nature.

- I give my child(ren) permission to participate in activities at the Club that may contain faith-based content.
- I do not give my child(ren) permission to participate in activities at the Club that contains faith-based content.

**Safe Passage Policy**

For members under the age of 12, a parent, guardian or other authorized adult (e.g. family member, babysitter) must retrieve the member from the Club. Members age 12 and older may leave the club unescorted with written permission from parent or guardian and a signed release of liability. Members 12 and older may also escort other members of their household from the club. However, no member, regardless of age, will be allowed to return to the Club once they leave the premises for the day.

Parents/guardians/authorized adults are asked to enter and exit through the main door to drop off or pick up children. Staff will not respond to phone calls requesting a member to be dismissed unescorted.

The above notwithstanding, the Club will not physically restrain a member that insists on leaving the club, nor block the facility's exits. Therefore it is each parent's responsibility to discuss the Club's Safe Passage policy with his or her child and ensure that he or she complies. The Club will not accept responsibility for members that leave the Club unsupervised and in breach of this policy. Nevertheless, the Club reserves the right to discipline members that leave unescorted without written permission, up to and including suspension and termination of membership. Again, safety is our primary concern. Therefore, please discuss this policy with your child to help foster an even safer environment for all our members.

**Authorization to Leave Premises Unescorted:**

- My child(ren) is/are 12 years or older and has my permission to check him/herself out of the Club.
- My child(ren) is/are 12 years or older but does not have my permission to check him/herself out of the Club.

Children younger than 12 years old may leave the Club with a relative so long as the relative is 12 years or older.

- My child(ren) is/are younger than 12 years old, but has my permission to leave the club with \_\_\_\_\_
- Age: \_\_\_\_\_ Relationship:  Brother  Sister  Cousin  Aunt/Uncle  Grandparent  Other \_\_\_\_\_

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**INDIVIDUAL CONTRACT**

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named below, and shall hold harmless, indemnify, and defend the Boys & Girls Club of the Hatchie River Region (BGCHRR) and the officers, employees, volunteers and agents of them from and against any and all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. I also release the BGCHRR of liability for any claims that may arise out of activity. BGCHRR also reserves the right to remove participants from the program if they present a threat to the children or themselves. I hereby grant permission to BGCHRR to take my child(ren)'s photo while participating in the activities to use for publicity. One parent/guardian must sign for all minors.

I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date

- 1. Student Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- 2. Student Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- 3. Student Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- 4. Student Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- 5. Student Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- 6. Student Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. HEALTH INFORMATION: Child's Name (for additional children if needed)**

The information you provide here will be held in the strictest confidence. It will be kept on file or carried by the program staff when your child travels outside the Club.

Child's Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Allergies:**       Yes     No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

Does your child have any allergic reactions to sunscreen?  Yes     No

May we serve your child food and beverages:     Yes     No

**Medical, Physical, or Emotional Conditions (including Disabilities):**

If your child does have any conditions, please provide information to assist us in providing the best experience for your child.

**Medications (including Inhalers):**       Yes     No

If your child must take medication while at our program, please note here. All medications must be in their original containers and be appropriately labeled. Please do not give your child medication to bring to the program; medications must be received the parent or guardian and held by the program.

Is your child up-to-date on all state-required immunizations?       Yes     No

**INSURANCE INFORMATION**

Is the participant covered by family medial/hospital insurance?     Yes     No

Carrier or Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**3. HEALTH INFORMATION: Child's Name (for additional children if needed)**

The information you provide here will be held in the strictest confidence. It will be kept on file or carried by the program staff when your child travels outside the Club.

Child's Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Allergies:**       Yes     No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

Does your child have any allergic reactions to sunscreen?  Yes  No

May we serve your child food and beverages:  Yes  No

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**INSURANCE INFORMATION**

Is the participant covered by family medial/hospital insurance?  Yes  No

Carrier or Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**4. HEALTH INFORMATION: Child's Name (for additional children if needed)**

The information you provide here will be held in the strictest confidence. It will be kept on file or carried by the program staff when your child travels outside the Club.

Child's Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Allergies:**  Yes  No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

Does your child have any allergic reactions to sunscreen?  Yes  No

May we serve your child food and beverages:  Yes  No

**Medical, Physical, or Emotional Conditions (including Disabilities):**

If your child does have any conditions, please provide information to assist us in providing the best experience for your child.

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Is your child up-to-date on all state-required immunizations?  Yes  No

**INSURANCE INFORMATION**

Is the participant covered by family medial/hospital insurance?  Yes  No

Carrier or Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

# GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB**  
OF THE HATCHIE RIVER  
REGION

## Parent/Guardian Field Trip & Transportation Permission Form

\_\_\_\_\_ has my permission to be transported in a vehicle away from the Boys & Girls Club of the Hatchie River Region (BGCHRR) during the \_\_\_\_\_ Summer Program \_\_\_\_\_ as part of a BGCHRR offsite activity. As stated in the BGCHRR membership application that I signed, I hereby release, waive, acquit and forever discharge the Boys & Girls Club of the Hatchie River Region, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from participation in activities of said organizations either at or away from the Club. If I have any questions or concerns I will make sure I address these issues with the Boys & Girls Club staff.

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Best Contact Number