



Boys & Girls Club of Hackensack

170-B Sussex St.
Hackensack, NJ 07601

Email: sonia.verdade@bgcoflodi.org

GREAT FUTURES START HERE.



www.bgcoflodi.org

2019 Dream Camp

July 1st - August 23rd

8 Week Program ~ Choose Any or All Weeks 8:30 A.M. – 5:30 P.M.

The Dream Camp offers your child the chance to experience summer in a structured educational, recreational and fun filled environment, for as little as \$2.11 an hour. We will provide indoor activities such as arts and crafts that allow your child a chance to express creativity and learn while stimulating the imagination. Our air-conditioned gymnasium is fully equipped for a variety of games that will keep your child active during summer vacation. Our computer room gives members an opportunity to explore technology while playing games suitable for all age groups. Our game room is filled with active games for youth to participate in. There are weekly films and special events throughout the summer. There will be constant supervision by trained Youth Development Professionals and children will be grouped by age. Not only will your child have a summer filled with various character building experiences, but they will also have a chance to create lifelong memories.

AGE GROUPS:

JUNIORS – (5-7 YEARS OLD)

INTERMEDIATES (8-10 YEARS OLD)

SENIORS (11-13 YEARS OLD)

Free Breakfast & Lunch Program Available

Rates

Early Bird Special – March 18th – May 31st Just \$95 per week (minimum 4 weeks). You must register your child for a minimum of four weeks in order to receive the early bird special. If you do not meet the 4 week minimum, you will still be charged for the 4 weeks. There is no sibling discount for this early bird special, and the total must be paid in full at the beginning of each week. A \$25 deposit must be paid on each additional week you wish to attend. If you decide to reduce the number of weeks, you will be increased to the regular rate of \$140.

ONLY 40 OPENINGS AVAILABLE

WEEKLY SESSIONS OFFERED

WEEK #1 (4 days) 7/1/19-7/5/19 <u>Closed 7/4/19</u>	WEEK #2 7/8/19-7/12/19	WEEK #3 7/15/19-7/19/19	WEEK #4 7/22/19-7/26/19	WEEK #5 7/29/19-8/2/19
WEEK #6 8/5/19-8/9/19	WEEK #7 8/12/19-8/16/19	WEEK #8 8/19/19-8/23/19		

The first week of Dream Camp must be paid in full upon registration. A deposit of \$25.00 is required to reserve additional weeks. **Deposits are non-refundable.** The balance must be paid at the beginning of each week either by check or credit card. Your child must also pay a registration fee of \$35.00 annually.

The balance must be paid at the beginning of each week either by check, credit card or money order.

NO CASH ACCEPTED

E-CHILD CARE ACCEPTED

All fees and hours of operation are subject to change.

Camp Week Reservation Form

To register your child in the Summer Camp, check off the sessions you wish to reserve. The first week of registration must be paid in full at time of registration. A non-refundable deposit of \$25 (for each week) is required for each additional session reserved. The balance must be paid by the Wednesday of each preceding week. A \$35 club registration fee is required at the time of registration. No child can be dropped off any earlier than 8:15am, unless registered for our early drop-off program. Please check with our front desk for additional breakdowns. **Program ends at 5:30 sharp.** If child is not pick up on time, a \$10 per ½ hour late fee that will be assessed to your weekly tuition. In the event of a late pickup, a phone call must be made prior to 5:00pm. Program is closed Thursday , July 4, 2019.

Amount per Session \$ _____

(4 days)	Week 1	July 1 – July 5	_____
	Week 2	July 8 – July 12	_____
	Week 3	July 15 – July 19	_____
	Week 4	July 22 – July 26	_____
	Week 5	July 29 – August 2	_____
	Week 6	Aug 5– August 9	_____
	Week 7	August 12 – August 16	_____
	Week 8	August 19 – August 23	_____

Child's Name _____ Age _____ Sex _____

Parent Name Printed: _____

Parent/Guardian Signature _____ Date _____

Birth Certificate and Immunization is necessary for all ages

SUMMER CAMP

AGREEMENT & AUTHORIZATION

I have read and understand the following forms as they relate to the Boys & Girls Club of Hackensack's Summer Camp and agree to abide by them during my child's enrollment as stated in the program.

I agree to pay all fees as predetermined by the Boys & Girls Club of Hackensack in accordance with stipulated due dates. I understand that all late payments will be subject to 1 ½% interest fees. In the event of non-payment, I will be responsible for all attorney costs and understand that my child will be suspended from the Club until all fees are paid.

- Policy on Illness/communicable disease policy
- Information to parents
- Expulsion Policy
- Membership application
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Police on release of children
- Statement of good health form
- Policy of the use of Technology and Social Media
- Parental Notifications Method
- Payment policy

Child's Name _____

Parents Name _____ / Parent Signature _____

Date _____

GREAT FUTURES START **HERE.**



BOYS & GIRLS CLUB
OF HACKENSACK

Dear Parent,

In keeping with New Jersey's child care center-licensing requirements, we are obliged to provide you, the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things, your right to visit and observe our center at any time without having to secure prior permission, the center's obligations to be licensed and to comply with licensing standards, and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the state's Child Protective Services (CPS)

After you have read this statement, if you have any questions please feel free to contact Sonia Verdade at 201-880-7244 ext. 116.

Sincerely,

Joseph J. Licata, MPA
Chief Executive Officer

Please complete and return this portion to the center (please print)

Name of Child _____

Name of Parent (s) _____

I have read and received a copy of this information to parent's statement prepared by the Bureau of Licensing in the Division of Youth and Family Services

Signature _____ Date _____

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF HACKENSACK**

BOYS & GIRLS CLUB OF HACKENSACK PAYMENT POLICY

Please initial next to each statement

_____ Summer Camp is a FLAT FEE. NO CREDITS ARE ISSUED FOR DAYS OUT. NO EXCEPTIONS.

_____ Termination: In order to terminate your child(ren)'s attendance in our Camp, you must provide 7 days advance notice in writing. You will be charged for all days that fall within the 7 days notice. **Membership fees and deposits are nonrefundable.**

_____ Only full payments will be accepted.

_____ Any declined transactions in debit / credit card payments or bank accounts will result in paying all fees for such situations.

_____ In the event of non-payment, the member's parent/guardian will be responsible for all attorney costs and the child will be suspended from the Club until fees are paid in full.

_____ Cancellation of Debit / Credit Card or changing in bank accounts must be reported to our Front Desk so the information can be updated in our system. Notification of this must be made as soon as possible.

_____ Failure to follow proper E-Child Care procedures will result in termination from program and notification to the Office for Children (OFC).

_____ All OFC mandated co-payments must be paid weekly through the automatic payment system. In the event of non-payment, the member's parent / guardian will be responsible for all attorney costs and the child will be suspended from the Club until fees are paid in full.

I HAVE READ AND AGREE TO ALL THE TERMS LISTED ABOVE

Child's Name _____

Parent's Name _____

Parent's Signature _____

Date _____

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF HACKENSACK**

GUIDANCE & DISCIPLINE POLICY

Please initial next to each statement

_____ All members must check in at the Front Desk. No child will be allowed to leave the building without a parent or guardian signing them out and/or under the direct supervision of Club staff.

_____ In the event the Boys & Girls Club of Hackensack is forced to close due to dangerous weather conditions, there will be **no refunds** given for any Summer Camp tuition.

_____ The Boys & Girls Club of Hackensack follows a “zero tolerance” policy for the following actions: profanity, fighting, theft, damage to equipment and sexual harassment. These actions will result in suspension or permanent expulsion.

_____ Use of business phones is prohibited.

_____ All food and drinks must be consumed in a designated area; trash should be put in the waste barrels. Persistent offenders will face possible suspension. Food or drink in the gymnasium is strictly prohibited.

_____ Boys & Girls Club staff is not available to supervise youth either before or after announced Club hours.

_____ Personal items of value should be left at home. The Boys & Girls Club is not responsible for the loss or theft of personal items of youth attending the program.

_____ For precautionary reasons, the riding of skateboards is strictly prohibited on Boys & Girls club property, or bicycles on the walks or parking areas at the Boys & Girls Club of Hackensack. Lock bicycles in the bike rack.

_____ For safety reasons, Club members must remain in areas where staff members are present.

_____ Club members are not allowed in any office area unless directed by Club staff.

_____ Hats, caps, beanies, bandanas, or any head covering item cannot be worn while inside the Club unless for specific purposes (religion or health reasons).

_____ All camp members must treat staff, fellow members, guests and adults with respect. Youth should inform staff when others are mistreating them.

_____ Everyone should be careful when using all equipment.

_____ Youth and their parents will be held monetarily accountable for replacement / repair of damaged club equipment, property, or building.

_____ We will not and are not permitted to microwave or heat any food that you send your child(ren) with to camp.

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF HACKENSACK**
FIELD TRIP AUTHORIZATION FORM

Member Name _____

Membership Number _____

Our Club members attend various field trips throughout the Summer Camp. The Club wants to ensure that your child remains safe and active as possible and to do that, we need the following portion completed and returned.

This is to certify that _____ has permission to attend Boys & Girls Clubs of Lodi / Hackensack while participating in the Summer Camp. I understand that this includes all trips, whether on foot, bus or van. Emergency information is on file and staff will bring this information on all trips.

In further consideration of the benefits to be gained by our child, we covenant that we will never institute any action by law against the Boys & Girls Club of Lodi Inc., its agents, servants & employees, because of any injury or other loss or damage sustained by your child's participation. Furthermore, I hereby do authorize medical examination & treatment of my child by a qualified physician in any event of an accident & all efforts to contact the parent/guardian have been exhausted.

EMERGENCY CONTACT INFORMATION

First attempt will be made to contact the member's parents/guardians. Emergency contacts below must be able to pick up member in the event of an emergency.

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

(Note: Authorization will NOT be in effect until document is signed)

I acknowledge that the above stated in true and accurate and understand that should the above change, I am responsible for communicating that to the Boys & Girls Club of Hackensack. I also understand that I will be notified by trips through communication at the Front Desk

Parent Signature: _____ Date: _____

Date entered Comet: _____ Staff Member initials: _____

***THIS PAGE MUST BE SIGNED FOR YOUR CHILD TO LEAVE THE BUILDING FOR ANY REASON
I.E. OUTSIDE PLAY AND STAFF SUPERVISED TRIPS TO THE PARK.***

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF HACKENSACK**

PHOTO RELEASE FORM

Member Name _____

Membership Number _____

OFFICIAL RELEASE FORM FOR MEDIA / PROMOTION

I hereby give the Boys & Girls Clubs of Lodi/Hackensack permission to take photographs of my child or photographs in which my child may be involved with others for promoting the Club in photos, articles, videos, brochures, and / or flyers.

I hereby release and discharge the Club from all Claims out of use of the photos and / or videos

I have read the foregoing documents and fully understand its content.

Please check the box if you grant access or deny permission to use your child's image

() I deny permission to use my child's image in any media

() I give permission for my child's image to be used in print, video and digital media. I agree these images may be used by the Boys & Girls Clubs of Lodi / Hackensack for a variety of purposes, and these images may be used without further notifying me. I do understand that my child's last name will NOT be used in conjunction with any video or digital image

Parent/Guardian Name _____ Parent/Signature _____

Date entered Comet _____

Staff member Initials _____

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF HACKENSACK**

APPROVED PARENT / GUARDIAN PICKUP PROCEDURES

To **MAINTAIN A HIGH LEVEL OF SECURITY** we will be asking that all parents and adults that will be pick up up your child/children from the Summer Camp to provide a photo ID to pick up a child from our program. It is important that the Parent/Guardian provides a list of adults who can pick up a child. Anyone not on this list will NOT be allowed to pick up the child. Please complete the list below and provide the full names of those allowed to pick up your child including those you already listed on the membership application. All approved adults will be asked to sign out their child at the front desk or at a location designated by Club staff. Should you have any questions regarding this policy please feel free to speak with Sonia Verdade directly. **All approved guardians must be 18 years of age or older**

Child's Name _____ Membership Number _____

Approved Parent / Guardian to pick up child (please print) please include first & last name

1. Name: _____ Relationship _____ Contact Number _____ DOB: _____

2. Name: _____ Relationship _____ Contact Number _____ DOB: _____

3. Name: _____ Relationship _____ Contact Number _____ DOB: _____

4. Name: _____ Relationship _____ Contact Number _____ DOB: _____

5. Name: _____ Relationship _____ Contact Number _____ DOB: _____

6. Name: _____ Relationship _____ Contact Number _____ DOB: _____

(all fields must be completed)

ANY ADULT WHO COMES TO PICK UP YOUR CHILD AND NOT ON THIS LIST WILL NOT BE ABLE TO TAKE THE CHILD FROM THE FACILITY.

IN AN EMERGENCY, THE PRIMARY PARENT / GUARDIAN MUST CONTACT THE CLUB AND INFORM THEM OF SOMEONE NEW COMING TO PICK UP THEIR CHILD AND A PHOTO ID MUST BE PRESENT WHEN THE ADULT COMES TO PICK UP THE CHILD.

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF HACKENSACK**

Parental Release Form

I, the parent/guardian of the minor child listed in this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Hackensack 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 and any claim of damages resulting from use of facilities owned or controlled by the above organization or participation in activities of said organizations either at or away from the Club.

PLEASE INITIAL.

Surveys and Questionnaires

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

Technology

_____ As a member of the Boys & Girls Club of Hackensack, your child will have access to the internet. While precautions are being taken, it is possible that he/she may access inappropriate websites. The Boys & Girls Club will have rules and consequences at the Club for such behavior.

_____ I give my permission to the Boys & Girls Club of Hackensack to share information about the child listed in 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 a membership application form, information provided by the child's school or school district, and other information collected by Boys & Girls Club of Lodi, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Member's Name _____ Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF HACKENSACK**

STATEMENT OF GOOD HEALTH

Child's Name _____ Age _____

I understand that my child is in good health and has NO RESTRICTIONS placed upon him/her while participating in the Summer Adventure Club activities. Should there be any changes to my child's health I will notify the Boys & Girls Club in writing to inform them of the changes. I grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should a member become ill or injured while participating in activities at the Club, or at any times when neither parent is available to grant authorization for emergency treatment.

Parent Name _____ Parent Signature _____ Date _____

We are only able to administer life- saving medications such as EPI Pens, Asthma Pumps, and Nebulizers.

No over the counter medications or prescription medications can be administered.

My child takes the medication listed below on a regular basis and may need to take this medication while under the care of the Boys & Girls Club of Hackensack. I understand that I must submit in writing instructions for my child to take medication while at the Boys & Girls Club of Hackensack. Please be advised that the Club has the right to not allow children to take certain medications. There is also a form provided by the Office of Licensing that I must sign, and Club staff must complete upon each time my child takes any of the medication listed below.

1. _____ how often must medication be taken: _____
2. _____ how often must medication be taken: _____
3. _____ how often must medication be taken: _____

Does your child have Asthma? YES _____ NO _____

A COPY OF THE CHILD'S IMMUNIZATION RECORDS MUST ACCOMPANY THIS FORM. THIS IS MANDATED BY THE DEPARTMENT OF HEALTH.

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF HACKENSACK
MENTORING PROGRAM**

PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _____ hereby gives 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 community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

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 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 Mentoring Program Coordinator 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.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Please sign the permission form and return to the Boys & Girls Club Mentoring Program Coordinator by _____.

(Date) _____

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF HACKENSACK**

PLEASE INITIAL NEXT TO EACH STATEMENT.

Club Closing Policy – We reserve the right to close the club for other weather related or other emergencies. You will be notified as soon as a decision is made.

Program Absences – The Summer Camp is a flat weekly fee and must be paid in full each week by the designated date. We will not provide refunds for individual absences, vacations, or failure to attend the program regularly. Our program is based on holding a spot in our program for your child, we cannot operate our program if we continuously give credits for individual absences. When your child is going to be absent please make every attempt to call the Club and inform us. In order to terminate your child(ren)'s attendance in our Camp, you must provide 7 days advance notice in writing. You will be charged for all days that fall within the 7 days notice. **Membership fees and deposits are nonrefundable.**

Kids Café Program- The Boys & Girls Club of Hackensack has a long-standing relationship with the Community Food Bank of New Jersey; we will provide a nutritious breakfast at 8:30am and a nutritious lunch starting at 11:45am. State regulations clearly say that only breakfast & lunch can be served with this program. A menu will be provided for you each week, if your child does not like certain menu items please provide them with a lunch. Please avoid anything that needs to be heated up.

Parent Communication - In many instances the Club needs to contact parents for a variety of reasons, Club Closings, program updates, payment requests. We will be adding all parents to our automated calling list in Call-em-All. You can provide the contact numbers you wish to have entered on the Call-Em-All page in this packet. We will only be using this service for any automated calls.

Club Trips - Please remember when you register for the Summer Camp please sign the trip permission slip. When trip announcements take place, we will only refer to this permission slip for proof that your child can go. We will provide notice of trips for informational purposes only. No additional permission slips will be distributed.

Food Allergies- Please provide any & all allergies information when completing your application. If your child requires special medication or treatments, please speak with Sonia Verdade immediately.

Personal Belongings – The Boys & Girls Club of Hackensack is not responsible for lost or stolen personal belongings. Please refrain from allowing your child to bring anything of value to the Club, we cannot be held liable if items are lost or stolen. It is important to put your child's name on all personal items including clothes, so it will make it easier for Club Staff to return items to its owner.

Lost Clothing – Please make every attempt to notify us of any lost articles of clothing & materials. We do not keep lost bathing suits for more than 24 hours.

Lost & Found – All items will be kept in a bin located in the Program Office. Items will be cleared and donated every Friday at 6pm. Please make every attempt to search the Lost & Found.

By signing below, I have read & understand the Club policy page and agree to all the information that has been provided in this document.

Parent Name: _____ Date: _____

Parent Signature: _____ Date: _____

Member Name: _____

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF HACKENSACK**

E-CHILD CARE POLICIES & PROCEDURES

Boys & Girls Clubs of Lodi / Hackensack accepts all subsidy programs. It is important that parents follow these procedures to ensure timely swiping & quick payments.

- ✓ Parent swiping must be current at all times. If for any reason you cannot swipe daily. All swipes for that week must be completed by Friday of any week.
- ✓ Club staff will continuously monitor all swiping. You will be notified by Club staff if you are missing swipes.
- ✓ ***Failure to complete all swipes within the designated time period may result in OFC not paying us for that time period, therefore you will be billed at the full rate of our Summer Camp or After-School Program that we do not get paid for.***
- ✓ If swiping is not done consistently OFC will be notified. Please be advised that OFC constantly monitors all swiping. Staff at the OFC offices will contact you if you are missing swipes as well.
- ✓ All co-payments, surcharges, and bus fees must be paid on time and follow our automatic recurring payment methods.
- ✓ Co-payments are calculated by OFC not the Boys & Girls Clubs of Lodi / Hackensack. This amount is according to the parent's contract with the program. Co-payments must be paid every month as stated by the Office for Children, and Club policy.
- ✓ If your child is not in the portal, The Boys & Girls Clubs of Lodi / Hackensack must complete discrepancy forms (manual attendance). These forms must be signed by the parent every two weeks, please make every attempt to come to the Club and ask to sign this paperwork. Failure to sign these forms may result in a temporary suspension from the Club program.

Parent Name: _____ Date: _____

Parent Signature: _____ Date: _____

Member Name: _____

AUTHORIZATION & WAIVER OF LIABILITY:

I, the parent or guardian of the above-named member and beneficiary of the BOYS & GIRLS CLUBS OF LODI/HACKENSACK (THE CLUB), do hereby give approval for participation in any and all activities during the current membership year. I recognize and acknowledge that THE CLUB is a community non-profit organization established for charitable and educational purposes, of which I and my child/children are beneficiaries.

I assume all risks and hazards that may be a part of or incidental to participation in activities that THE CLUB sponsors. I hereby expressly waive, release and absolve THE CLUB of any and all liability and fault for any and all claims arising out of any injury to the participant arising out of his/her participation in activities conducted or sponsored by THE CLUB. Further, I agree to hold harmless and indemnify THE CLUB, its organizers, supervisors, and participants from any and all claims arising out of any injury to the participant.

I also grant permission to supervising personnel and other representatives of THE CLUB to authorize and obtain medical care from any licensed physician, hospital, medical clinic, or medical provider in the event that a participant becomes ill or injured while participating in CLUB activities away from home, or at any time when neither parent nor guardian is available to authorize emergency treatment.

GENERAL MEMBERS/TEEN MEMBERS/RECREATIONAL PARTICIPATIONS/YOUTH VOLUNTEERS

I understand that the BOYS & GIRLS CLUBS OF LODI/HACKENSACK conducts a licensed child care program organized for community charitable and educational purposes. I understand that my child, who is not a member of the licensed after school program or a participant in the licensed summer program, may freely come to and depart from THE CLUB facility, and that THE CLUB is not responsible for the time or manner in which my child may arrive at or leave from THE CLUB.

I also grant permission to supervising personnel and other representatives of THE CLUB to authorize and obtain medical care from any licensed physician, hospital, medical clinic, or medical provider in the event that a participant becomes ill or injured while participating in CLUB activities away from home, or at any time when neither parent nor guardian is available to authorize emergency treatment.

Member Name: _____

Parent Name: _____ Parent Signature: _____

Date: _____

GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB
OF HACKENSACK**

2019 PERMISSION SLIP

Your child will not be allowed to leave for snack or food.

Dismissal for Dream Camp is at 5:30 p.m.

I _____ hereby give my permission for my child to:

_____ walk home _____ not walk home *PLEASE CHECK ONE*

from the Boys & Girls Club of Hackensack on 170B Sussex Street, Hackensack N.J. I understand that my child will be responsible for walking home from the club. I assume all risks and hazards incidental to this participation and do hereby waive, release, absolve, indemnify and agree to hold harmless the Boys & Girls Clubs of Lodi/Hackensack the organizers, supervisors, staff and other participants from any claim arising out of an injury or other negative circumstance to the participant.

Parent / Guardian Signature: _____

Date: _____



Food Allergy Alert

Child's Name: _____

Child's Allergies

1. _____

2. _____

3. _____

Food Allergy Symptoms: red eyes, itchy nose, red face, swollen eyes (and/or lips, tongue, face), hives, rash, labored breathing, wheezing, itchy throat, cramps, vomiting, anaphylactic shock

Is your child on a special diet due to food allergies? _____

If so, what diet: _____

In the event of a severe food allergic reaction, call 911.

Guardian Contact Information:

Other Instructions:

*** Please provide medical documentation along with this form so that your child will not be served any food items that may cause an allergic reaction. Providing medical documentation will allow us to leave a part of the meal your child is allergic to off his or her plate. If medical documentation is not provided, your child could be served an item he or she may be allergic to.**