

GREAT FUTURES START **HERE.**



BOYS & GIRLS CLUBS
of Fitchburg and Leominster
Gardner ClubHouse

Registration Form: 2020-2021

For Office Use Only

ID #: _____

Date: _____

New Renew

(Please select a program):

REMOTE AFTER SCHOOL

Please PRINT all information and answer all questions. Applications must be completed in order to process.

MEMBER INFORMATION

First Name _____ Last Name _____ Birthdate ____/____/____

Street Address _____ Apt./Suite (if applicable) _____

City _____ State _____ Zip Code _____

Gender: Male Female

Racial Identity: American Indian or Alaska Native American Indian or Alaska Native & White

Asian Asian & White Black or African American Black or African American & White

Native Hawaiian or other Pacific Islander White Other-Multi Racial

Ethnicity: Hispanic or Latino Not Hispanic or Latino

School Lunch: Free Reduced Entire School is Free Not Eligible

Grade _____ School Name _____

MEDICAL INFORMATION

Food allergies:

- Peanuts
- Tree Nuts
- Dairy/Lactose
- Soy
- Gluten
- Seafood/Shellfish
- Eggs
- Other:

Environmental:

- Bee Stings
- Pollen
- Dust
- Mold
- Grass

Medicine Allergies:

- Penicillin
- Amoxicillin
- Aspirin
- Other:

Does the member use an inhaler?

Yes No

Does the member use an Epi-Pen?

Yes No

Does the member use insulin?

Yes No

Diagnosed Medical Conditions: Asthma Diabetes Hearing Impairment Visual Impairment

ADD/ADHD Autism Seizures Anxiety/Depression Other: _____

HEAD OF HOUSEHOLD INFORMATION

Role in Household: Parent Step-Parent Grandparent Guardian Foster Parent Other: _____

First Name _____ Last Name _____

Street Address _____ Apt./Suite (if applicable) _____

City _____ State _____ Zip Code _____

Mobile Phone _____ Other Phone _____

Email _____ Employer _____

HOUSEHOLD INFORMATION

This is confidential and used to help the Club secure funding.

2020 INCOME LIMITS FOR HUD PROGRAMS

The Boys & Girls Club of Fitchburg and Leominster receives federal HUD CDBG funding for our after-school services. Since your child is a participant in our Clubhouse, we are asking your cooperation in completing the information below. Please be assured that this information will remain confidential and will be used only to meet the record keeping requirements of the Boys & Girls Club and the U.S. Department of Housing and Urban Development. I authorize the agency to release information to other appropriate agencies after prior discussion of such action with me. I have been advised of and understand the purpose and use of the information requested. A voluntary donation is requested but is not required in order to receive services.

1 Person	<input type="checkbox"/>	Equal to or less than \$17,950	<input type="checkbox"/>	Equal to or less than \$29,900	<input type="checkbox"/>	Equal to or less than \$47,850	<input type="checkbox"/>	Over \$47,850
2 Person	<input type="checkbox"/>	Equal to or less than \$20,500	<input type="checkbox"/>	Equal to or less than \$34,200	<input type="checkbox"/>	Equal to or less than \$54,650	<input type="checkbox"/>	Over \$54,650
3 Person	<input type="checkbox"/>	Equal to or less than \$23,050	<input type="checkbox"/>	Equal to or less than \$38,450	<input type="checkbox"/>	Equal to or less than \$61,500	<input type="checkbox"/>	Over \$61,500
4 Person	<input type="checkbox"/>	Equal to or less than \$26,200	<input type="checkbox"/>	Equal to or less than \$42,700	<input type="checkbox"/>	Equal to or less than \$68,300	<input type="checkbox"/>	Over \$68,300
5 Person	<input type="checkbox"/>	Equal to or less than \$30,680	<input type="checkbox"/>	Equal to or less than \$46,150	<input type="checkbox"/>	Equal to or less than \$73,800	<input type="checkbox"/>	Over \$73,800
6 Person	<input type="checkbox"/>	Equal to or less than \$35,160	<input type="checkbox"/>	Equal to or less than \$49,550	<input type="checkbox"/>	Equal to or less than \$79,250	<input type="checkbox"/>	Over \$79,250
7 Person	<input type="checkbox"/>	Equal to or less than \$39,160	<input type="checkbox"/>	Equal to or less than \$52,950	<input type="checkbox"/>	Equal to or less than \$84,700	<input type="checkbox"/>	Over \$84,700
8 Person	<input type="checkbox"/>	Equal to or less than \$44,120	<input type="checkbox"/>	Equal to or less than \$56,400	<input type="checkbox"/>	Equal to or less than \$90,200	<input type="checkbox"/>	Over \$90,200

Lives with? (Check all that apply)

- Mother Father Parents Step Father Step Mother Grandparent(s)
 Foster Parent(s) Joint Custody Legal Guardian(s) Other Relative(s) _____

- Assistance Programs: Childcare Voucher Food Stamps/SNAP TANF (Temporary Assistance for Needy Families)
 SSI DCF Assistance Shelter / Homeless Services
 Other - Please Describe: _____

Current/Former Military: Yes No Status: Active Duty Reserve/Guard Veteran

EMERGENCY CONTACT INFORMATION

Be neat and accurate! If there is an emergency with your child we must be able to reach someone. These adults have permission to pick up member from the program.

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Mobile Phone: _____

Mobile Phone: _____

Other Phone: _____

Other Phone: _____

Relationship to Member: _____

Relationship to Member: _____

I (Parent / Guardian Name) _____ request that my child be admitted into membership in the Boys & Girls Club of Fitchburg and Leominster. If my application is accepted, I understand that my child must abide by its rules and regulations and cooperate with all staff and personnel. I understand that his or her failure to do so may result in the cancellation of this membership. Membership may also be cancelled if it is found that false or incomplete information has been provided or that emergency contact information is invalid.

By signing below you are agreeing to uphold all of the policies of the Boys & Girls Club of Fitchburg and Leominster. Membership handbook can be found online at WWW.BGCFL.ORG/HANDBOOK

Parent / Guardian Signature: _____

Date: _____

Member Signature: _____

Date: _____

ADDITIONAL PICK UP CONTACT INFORMATION

MONDAY

Full Name: _____

Mobile Phone: _____

Relationship to Member: _____

WEDNESDAY

Full Name: _____

Mobile Phone: _____

Relationship to Member: _____

FRIDAY

Full Name: _____

Mobile Phone: _____

Relationship to Member: _____

TUESDAY

Full Name: _____

Mobile Phone: _____

Relationship to Member: _____

THURSDAY

Full Name: _____

Mobile Phone: _____

Relationship to Member: _____

PARENT RELEASE

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

Medical Treatment

I give permission to the Boys & Girls Club of Fitchburg and Leominster to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Data Collection

I give my permission to the Boys & Girls Club of Fitchburg and Leominster to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

School Information

I give my permission to the Fitchburg and Leominster School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club of Fitchburg and Leominster and in life. This release is valid for one year and may be revoked at any time by contacting your child's school or the Boys & Girls Club of Fitchburg and Leominster in writing

Data Sharing

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

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club of Fitchburg and Leominster and its activities. I also understand who the Club is not, nor does it claim to be, a licensed day care center. I have read the completed application and this form, understand the rules of the Boys & Girls Club of Fitchburg and Leominster, and request who my child be admitted into membership.

I give my permission to the Boys & Girls Club of Fitchburg and Leominster to 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 Fitchburg and Leominster, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Parent / Guardian Name: _____

Date: _____

Parent / Guardian Signature: _____

Member Signature: _____

Date: _____

BREAKFAST & LUNCH REMOTE ONLY _____

Leominster Public Schools will provide free breakfast and lunch. Families may choose to opt into the provided food options, but must opt into all three. The Club will request only the amount indicated during registration. Please contact the Program Director with changes so we can update our request from the Leominster Public Schools

Will your child eat the provided food or bring food from home?

- Food from Home Provided Food

SNACK

The Boys & Girls Club of Fitchburg and Leominster will provide free snacks for the after school program.

HAND SANITIZER POLICY _____

As the parent/guardian of _____, I understand that my child might play outdoors, I also understand that while outdoors or in other areas where there is no access to running water, hand sanitizer will be used to promote healthy hand hygiene. Boys & Girls Club of Fitchburg and Leominster staff will provide and monitor safe use of hand sanitizer throughout the program.

Parent/Guardian Signature: _____ Date: _____

This program is not licensed by the Department of Early Education and Care

I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

Parent/ Guardian Signature _____

I would like to contribute \$ _____ to the Membership Fund to provide financial assistance to help other children attend the Club.

How did you hear about our After School program?

- Walk-In Newspaper Facebook Flyer Friend / Relative
 5K Science Festival School Other _____

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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 has significant person-to-person spread. As a result, federal, state, and local governments and federal and state health agencies have recommended social distancing measures and have, in many locations, required ongoing prohibitions on the congregation of groups of people of various sizes.

Boys & Girls Clubs Fitchburg and Leominster (“Club”) has put in place preventative measures to reduce the spread of COVID-19. These include, but are not limited to measures implemented – social distancing, wellness monitoring, increased sterilization, required hand-washing, etc. 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.

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