



## After School Registration Form: 2021-2022

*For Office Use Only*

ID #: \_\_\_\_\_

Date: \_\_\_\_\_

New  Renew

**PLEASE SELECT A CLUBHOUSE:**  **LEOMINSTER CLUBHOUSE**     **GARDNER CLUBHOUSE**

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:** (8/2021) \_\_\_\_\_ **School Name:** \_\_\_\_\_

### MEDICAL INFORMATION \_\_\_\_\_

Food allergies: <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Dairy/Lactose <input type="checkbox"/> Soy <input type="checkbox"/> Gluten <input type="checkbox"/> Seafood/Shellfish <input type="checkbox"/> Eggs <input type="checkbox"/> Other:	Environmental: <input type="checkbox"/> Bee Stings <input type="checkbox"/> Pollen <input type="checkbox"/> Dust <input type="checkbox"/> Mold <input type="checkbox"/> Grass	Medicine Allergies: <input type="checkbox"/> Penicillin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Aspirin <input type="checkbox"/> Other:	Does the member use an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No  Does the member use an Epi-Pen <input type="checkbox"/> Yes <input type="checkbox"/> No  Does the member use insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Diagnosed Medical Conditions:  Asthma     Diabetes     Hearing Impairment     Visual Impairment  
 ADD/ADHD     Autism     Seizures     Anxiety/Depression     Other: \_\_\_\_\_

### HEAD OF HOUSEHOLD INFORMATION. \_\_\_\_\_

*Please print neatly. This information will be used to contact you of any updates or emergencies.*

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.*

## 2021 INCOME LIMITS FOR HUD PROGRAMS

The Boys & Girls Club of Fitchburg and Leominster & Gardner Clubhouses 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.

<input type="checkbox"/> 1 Person	<input type="checkbox"/>	Equal to or less than \$18,850	<input type="checkbox"/>	Equal to or less than \$31,400	<input type="checkbox"/>	Equal to or less than \$37,680	<input type="checkbox"/>	Over \$50,200
<input type="checkbox"/> 2 Person	<input type="checkbox"/>	Equal to or less than \$21,550	<input type="checkbox"/>	Equal to or less than \$35,850	<input type="checkbox"/>	Equal to or less than \$43,050	<input type="checkbox"/>	Over \$57,400
<input type="checkbox"/> 3 Person	<input type="checkbox"/>	Equal to or less than \$24,250	<input type="checkbox"/>	Equal to or less than \$40,350	<input type="checkbox"/>	Equal to or less than \$48,420	<input type="checkbox"/>	Over \$64,550
<input type="checkbox"/> 4 Person	<input type="checkbox"/>	Equal to or less than \$26,900	<input type="checkbox"/>	Equal to or less than \$44,800	<input type="checkbox"/>	Equal to or less than \$53,760	<input type="checkbox"/>	Over \$71,700
<input type="checkbox"/> 5 Person	<input type="checkbox"/>	Equal to or less than \$29,100	<input type="checkbox"/>	Equal to or less than \$48,400	<input type="checkbox"/>	Equal to or less than \$58,080	<input type="checkbox"/>	Over \$77,450
<input type="checkbox"/> 6 Person	<input type="checkbox"/>	Equal to or less than \$31,250	<input type="checkbox"/>	Equal to or less than \$52,000	<input type="checkbox"/>	Equal to or less than \$62,400	<input type="checkbox"/>	Over \$83,200
<input type="checkbox"/> 7 Person	<input type="checkbox"/>	Equal to or less than \$33,400	<input type="checkbox"/>	Equal to or less than \$55,600	<input type="checkbox"/>	Equal to or less than \$66,720	<input type="checkbox"/>	Over \$88,950
<input type="checkbox"/> 8 Person	<input type="checkbox"/>	Equal to or less than \$35,550	<input type="checkbox"/>	Equal to or less than \$59,150	<input type="checkbox"/>	Equal to or less than \$70,980	<input type="checkbox"/>	Over \$94,650

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 member up from the program.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

I (Parent / Guardian Name) \_\_\_\_\_ request that my child be admitted into membership in the Boys & Girls Club of Fitchburg and Leominster and Gardner Clubhouses. 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.

Parent/Guardian 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: \_\_\_\_\_

**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, ha

nd sanitizer will be used to promote healthy hand hygiene. Boys & Girls Club of Fitchburg and Leominster and Gardner Clubhouses 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: \_\_\_\_\_ Date: \_\_\_\_\_

**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**     **Sponsored in part by the United Way**

**Other** \_\_\_\_\_

## **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 Gardner Clubhouses, 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 and Gardner Clubhouses 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.

(a) Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The centers for disease control and prevention estimates that as many as three million nine hundred thousand sports-related and recreation-related concussions occur in the United States each year. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death are significant when a concussion or head injury is not properly evaluated and managed.

(b) Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occurs without loss of consciousness.

(c) A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time.

(d) A youth athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider. The health care provider may be a volunteer. A volunteer who authorizes a youth athlete to return to play is not liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

(e) This section may be known and cited as the Zackery Lystedt law

### Data Collection

I give my permission to the Boys & Girls Club of Fitchburg and Leominster and Gardner Clubhouses 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, Leominster and Gardner 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 Gardner Clubhouses 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 and Gardner Clubhouses in writing.

### Data Sharing

I understand that the Boys & Girls Club of Fitchburg and Leominster and Gardner Clubhouses 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 and Gardner Clubhouses, 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 and Gardner Clubhouses, 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 and Gardner Clubhouses 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 Gardner Clubhouses 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 Gardner Clubhouses, and request who my child be admitted into membership.

I give my permission to the Boys & Girls Club of Fitchburg and Leominster and Gardner Clubhouses 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 and Gardner Clubhouses, 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: \_\_\_\_\_

**PLEASE READ ALL RULES CAREFULLY. YOU WILL BE RESPONSIBLE FOR ALL OF THEM.**

1. ALL MEMBERS ARE EXPECTED TO RESPECT CLUB RULES, CLUB STAFF, OTHER MEMEBERS AND CLUB PROPERTY AT ALL TIMES.
2. ALL MEMBERS MUST SHOW THEIR I.D. CARD TO THE PERSON AT THE FRONT DESK EVERYTIME THEY ENTER THE BUILDING AND EVERYTIME WHEN LEAVING AT THE END OF THE DAY WITH A PARENT OR GUARDIAN. NO ONE ELSE MAY USE YOUR CARD. IF YOU LOSE YOUR CARD, YOU MAY PURCHASE A NEW ONE FOR \$2.
3. NO MEMBER IS ALLOWED TO “HANG OUT” OUTSIDE THE CLUB WHETHER THE BUILDING IS OPEN OR CLOSED; ALL MEMBERS ARE TO BE OFF THE PROPERTY WITHIN 5 MINUTES OF THE CLUB CLOSING.
4. MEMBERS WHO CONSTANTLY LEAVE THE BUILDING WILL BE ASKED TO LEAVE FOR THE DAY OR EVENING; MEMBERS ARE REQUIRED TO SIGN IN ONCE THEY ENTER THE BUILDING. ONCE SIGNED OUT YOU ARE SIGNED OUT FOR THE DAY UNLESS APPROVED BY STAFF.
5. USE OR POSSESION OF TOBACCO, ALCOHOL OR DRUGS ARE STRICTLY PROHIBITED. ANYONE CAUGHT BREAKING THIS RULE WILL BE SUSPENDED INDEFINITELY AND HIS/HER PARENTS OR GUARDIAN WILL BE NOTIFIED.
6. BULLYING AND/OR TEASING WILL NOT BE TOLERATED AND CONSEQUENCES WILL BE STRICTLY ENFORCED.
7. MEMBERS MUST USE APPROPRIATE LANGUAGE AT ALL TIMES.
8. FIGHTING, PLAY FIGHTING, PUSHING, SHOVING, WRESTLING, SNOW BALL FIGHTS, ETC. ARE PROHIBITED.
9. WEAPONS OF ANY KIND, INCLUDING TOY WEAPONS ARE PROHIBITED.
10. FOOD AND DRINKS ARE ALLOWED IN DESIGNATED AREAS ONLY. PLEASE THROW AWAY TRASH IN TRASH CANS.THEY ARE LOCATED THROUGHOUT THE CLUB AND OUTSIDE THE BUILDING.
11. ALL NON-TEEN MEMBERS MUST LEAVE THE BUILDING BY 6:00 P.M. SOME MEMBERS WILL BE ABLE TO STAY LATER WITH PRIOR APPROVAL FROM BOTH STAFF AND PARENTS.
12. CELL PHONES, IPODS, AND ELECTRONICS ARE PROHIBITED. (EXCLUDING TEENS)  
IF WE SEE IT, WE WILL TAKE THEM FOR A DAY AND RETURN TO YOUR PARENT OR GUARDIAN WHEN YOU SIGN OUT.
13. MEMBERS SHOULD NOT BRING VALUABLES TO THE CLUB, AS THE CLUB IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS. THE FRONT DESK PERSON WILL NOT HOLD YOUR VALUABLES BEHIND THE DESK.
14. CLUB PHONES ARE FOR BUSINESS AND EMERGENCIES ONLY. SEE STAFF FOR PERMISSION.
15. GUM IS NOT ALLOWED IN THE CLUB.
16. MEMBERS RIDING A BICYCLE TO THE CLUB SHOULD LOCK IT IN THE BIKE RACK. FOR SAFETY REASONS, SKATEBORADS, ROLLERBLADES AND HEELYS ARE PROHIBITED.
17. ANY MEMBER HAVING ISSUES WITH ANOTHER MEMBER OR MEMBERS SHOULD REPORT THE PROBLEM TO A STAFF MEMBER IMMEDIATELY.
18. IF YOU BECOME HURT OR ARE NOT FEELING WELL IN ANY WAY, SEE STAFF IMMEDIATELY.
19. ALL MEMBERS SHOULD RESPECT THE CLUB PROPERTY AND WILL PAY RESTITUTION FOR ANY OR ALL DAMAGES.
20. MEMBERS SHOULD WEAR APPROPRIATE CLOTHING AT ALL TIMES. THIS INCLUDES CLOTHING THAT IS IN GOOD TASTE, NON-REVEALING, NO NEGATIVE OR FOUL WORDING OR DESIGNS.
21. MEMBERS ARE NOT ALLOWED TO SELL OR TRADE POSSESSIONS ON CLUB PROPERTY.
22. MEMBERS MUST ATTEND SCHOOL DURING THE DAY TO ATTEND THE CLUB IN THE AFTERNOON.
23. MEMBERS ARE NOT ALLOWED TO PLAY ALONE ON THE PROPERTY OR GROUNDS. MEMBERS MUST ALWAYS BE IN AN AREA WHERE STAFF IS PRESENT.
24. 8-12 YEAR OLD MEMBERS SHOULD NOT ACCESS THE TEEN CENTER UNLESS WITH STAFF APPROVAL.
25. TEEN MEMBERS SHOULD NOT ACCESS 8-12 YEAR OLD PROGRAM/ACTIVITY SPACE WITHOUT STAFF APPROVAL.
26. MEMBERS NEED TO BE PICKED UP OR LEAVE ON TIME. 8-12 YR OLDS 6:00 PM, TEENS, 7:00 PM.IF NOT, LATE PICK UP FEES WILL APPLY. NO EXCEPTIONS
27. SAFETY FIRST, USE COMMON SENSE, HAVE FUN, AND KEEP THE BOYS & GIRLS CLUB  
“A POSITIVE PLACE FOR KIDS!”

*By signing below you are agreeing to uphold all of rules and policies of the Boys & Girls Club of Fitchburg and Leominster and Gardner Clubhouses. Membership handbook can be found online at [WWW.BGCFL.ORG/HANDBOOK](http://WWW.BGCFL.ORG/HANDBOOK)*

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**GREAT FUTURES START HERE.**



**BOYS & GIRLS CLUB**  
Fitchburg and Leominster & Gardner Clubhouses

**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 and Gardner Clubhouses (“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