Membership Application 2020-2021

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of Boys & Girls Clubs of Metro South for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with Boys & Girls Clubs of Metro South, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into Boys & Girls Clubs of Metro South facilities for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suitable for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER BOYS & GIRLS CLUBS OF METRO SOUTH FACILITIES FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH BOYS & GIRLS CLUBS OF METRO SOUTH. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE Boys & Girls Clubs of Metro South, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Boys & Girls Clubs of Metro South.

2. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE Boys & Girls Clubs of Metro South, due to coronavirus, otherwise known as COVID-19, which is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Boys & Girls Clubs of Metro South programs or accessing Boys & Girls Clubs of Metro South facilities could increase the risk of contracting COVID-19. Boys & Girls Clubs of Metro South in no way warrants that COVID-19 infection will not occur through participation in Boys & Girls Clubs of Metro South programs or accessing Boys & Girls Clubs of Metro South facilities.

3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Boys & Girls Clubs of Metro South premises or in any way observing or using any facilities or equipment of the Boys & Girls Clubs of Metro South or participating in any program affiliated with the Boys & Girls Clubs of Metro South whether caused by the negligence of the releasees or otherwise.

4. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of Boys & Girls Clubs of Metro South and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Boys & Girls Clubs of Metro South.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by Massachusetts law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.
# 2020-2021 Membership Application

## Membership Fee: $35  •  Valid 9.1.2020 - 8.31.2021

### YOUTH INFORMATION

<table>
<thead>
<tr>
<th>Member First Name</th>
<th>M</th>
<th>Member Last Name</th>
<th>F</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Attending</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact</th>
<th>Other than parent/guardian and over 18 years old</th>
<th>Phone</th>
<th>Relationship</th>
</tr>
</thead>
</table>

Please check all preferred methods of contact for general communications:

<table>
<thead>
<tr>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### MEDICAL INFORMATION

Please list any medical restrictions, allergies, or dietary restrictions your child may have:

<table>
<thead>
<tr>
<th>Any restriction of activity for physical, emotional or psychological reasons?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any condition now requiring regular medication?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

### HOUSEHOLD INFORMATION - This required information is collected for grant writing purposes ONLY!

<table>
<thead>
<tr>
<th>Number in Household</th>
<th>Current Head of Household</th>
<th>M</th>
<th>F</th>
<th>Over age 62</th>
<th>Single Parent Household</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Contact Name</th>
<th>Relationship to Member</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Email Address</th>
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<tr>
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<th>Work Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

### PARENT/GUARDIAN INFORMATION

<table>
<thead>
<tr>
<th>Office Use Only</th>
<th>Printed By</th>
<th>Enrollment Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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PARENT/GUARDIAN PLEASE READ AND SIGN THE FOLLOWING:

I hereby give permission to my child to become a member of Boys & Girls Clubs of Metro South. Our membership is granted with acknowledgment and acceptance of all policies found in your member handbook provided to you at the time of registration. We agree to observe whatever rules are decided upon as best for the welfare of all Club members. Boys & Girls Clubs of Metro South reserves the right to dismiss a member from our Clubs for any reason. Refunds will not be made due to dismissal. For additional information on policies request a Clubhouse tour and orientation.

We are a membership based organization. A member card is required every day for safety, participation tracking, and entrance to the Club. A membership card is provided at time of registration. Members will be provided one replacement card in the course of their membership at no charge. Once a replacement card is issued members will be assessed a $5.00 fee for a new card. This fee will be assessed against your account until fees are paid and your child(ren) will be required to be picked-up from the program. There are no exceptions to this policy.

The health history on the reverse of this form is correct so far as I know, and the herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by and the staff member in charge, to hospitalize, and provide treatment to named member.

Our regular school year hours of operation for Youth Members (ages 8-12) not enrolled in the School Age Child Care (SACC) program are Monday-Friday from 2:00 PM to 6:30 PM. Our regular hours of operation for Teen Members (ages 13-18) are Monday-Friday from 2:00 PM to 8:00 PM. As a result of COVID-19, for the Fall of 2020, all youth in grades K-8 wishing to attend Club must enroll in either the SACC program (6:30 AM to 5:30 PM) or the full-day Learning Pods program (7:30 AM to 3:30 PM). Teens in grades 9-12 must pre-register to attend structured choice programing in our Teen Center, which will run Monday-Friday from 3:30 PM to 7:30 PM. Hours subject to change based on programming needs. Early & Late Fee Policy: There will be a $10 fee per every 15 minutes that your child is left in the Clubhouse before or after the hours of operation. Children will not be allowed back in until the fee has been paid. Multiple infractions will result in membership suspension.

Boys & Girls Clubs of Metro South would like every member to have a positive day. Members will be held accountable for their actions to ensure a safe and fun environment for all. Additionally, please do not send toys, electronics, jewelry, cell phones, handheld games or other valuables to the Club. I understand Boys & Girls Clubs of Metro South shall not be held responsible for and will not replace lost or stolen items brought to the Clubhouse.

I give my permission for Boys & Girls Clubs of Metro South to share relevant information about my child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program’s effectiveness. Information 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 any other information collected by Boys & Girls Clubs of Metro South. This included but not limited to data collected via yearly surveys regarding my child’s Club experience, behaviors, skills, and attitudes. All information provided to Boys & Girls Clubs of America will be kept confidential.

I understand that my child may participate in mentoring programs at their Clubhouse. A mentor may spend a minimum of one hour per week with my child on-site at the Club.

Among the many services available during our after-school program, we provide a wide variety of homework help and academic support programs. In order for us to assess and monitor the academic needs of our members and provide appropriate tutoring and academic services, Boys & Girls Clubs of Metro South may collect report cards and state testing scores for your child. I hereby consent and authorize Boys & Girls Clubs of Metro South to survey my child about their Club experience, behaviors, skills, and their attitudes using a variety of survey instruments.

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

I hereby consent and authorize Boys & Girls Clubs of Metro South to use and reproduce photographs and video taken of my child for publicity, advertising, and marketing purposes of every description.

I consent to my child utilizing the transportation offered by Boys & Girls Clubs of Metro South, and additionally consent to my child participating in all Club activities in or adjacent to the Clubhouse building.

Initial

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I hereby certify that all of the above statements are true, accurate and complete to the best of my knowledge and belief. I understand that my signature below authorizes the Club to conduct a background check of the named member.

Signature

I am not willing to share for privacy reasons

Date

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Please do not take photos of my child.

My child has permission to walk home. Ages 12+ only!

Parent/Guardian Signature

Date

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How many hours do you work each month? If you are not employed and receive assistance (APFO/SOS/Child Support/etc.) please indicate what type and monthly allocation

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