ENROLL YOUR CHILD IN OUR NEW LEARNING PODS PROGRAM DESIGNED TO SUPPORT K-8 STUDENTS AS THEY ADAPT TO DISTANCE LEARNING!

CLUB STAFF WILL ENGAGE COHORTS OF UP TO 10 STUDENTS GROUPED BY GRADE LEVEL TO SUPPORT REMOTE LEARNING FOR FAMILIES IN NEED OF FULL-DAY PROGRAMMING THIS FALL!

ADDITIONAL ACTIVITIES INCLUDE: ARTS & CRAFTS STEM LAB, GYM GAMES, OUTDOOR PLAY, AND MORE!

BEGINS MONDAY, SEPTEMBER 21ST
MONDAY-FRIDAY | 7:30 AM-5:30 PM
LUNCH PROVIDED FOR ALL YOUTH!
CHROMEBOOKS AVAILABLE FOR PARTICIPANTS IN NEED!
COST: $30 PER DAY PER CHILD
ONE-TIME $35 CLUB MEMBERSHIP FEE AND $10/DAY DEPOSIT TO REGISTER

LIMITED SPACES AVAILABLE!
THIS ON-SITE PROGRAM WILL STRICTLY ADHERE TO THE COMMONWEALTH OF MASSACHUSETTS’ SUGGESTED SOCIAL DISTANCING GUIDELINES.

NOTICE: BOYS & GIRLS CLUBS OF METRO SOUTH’S LEARNING PODS PROGRAM IS NOT AFFILIATED WITH BROCKTON PUBLIC SCHOOLS. FURTHER, THIS PROGRAMMING IS NOT LICENSED BY THE DEPT. OF EARLY EDUCATION AND CARE OR BY ANY OTHER MA STATE AGENCY.
Parent/Guardian Name: ___________________________________________________________

Address: ______________________________________________________________________

Phone: ___________________________ Email: _________________________________

Child Name: ___________________________ Grade Level: _________________

School: _______________________________ Teacher Name: ____________________

Days Attending Learning Pods Programming: Week of September 21st through September 25th

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  Sub Total: $___________

Days Attending Learning Pods Programming: Week of September 28th through October 2nd

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  Sub Total: $___________

Days Attending Learning Pods Programming: Week of October 5th through October 9th

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  Sub Total: $___________

Days Attending Learning Pods Programming: Week of October 12th through October 16th

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  Sub Total: $___________

Days Attending Learning Pods Programming: Week of October 19th through October 23rd

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  Sub Total: $___________

Days Attending Learning Pods Programming: Week of October 26th through October 30th

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  Sub Total: $___________

Total Due: $___________

One-Time Membership Fee: $35.00

Deposit Due: $___________

(# of days selected x $10)

Today's Date: ________________

Registration Completed by: ________________________________
PAYMENT INFORMATION

PAYMENT POLICY: Payment is due one week prior to each week of programming. A $10 deposit per day your child will be attending programming is required at the time of registration. There is a $10 early/late fee for every 15 minutes your child is left at the Clubhouse before or after hours of operation. Children will not be allowed to participate in the Learning Pods program until this fee is paid. A written two-week notice is required to withdraw a child from the program and receive a full refund on remaining dates. Refunds after the start of a programming week are only made if the child has an illness or injury requiring doctor's care or a note from the physician stating that he/she is unable to participate in the Learning Pods program. Refunds can take 2-3 weeks. Any requests for changes to days of attendance should be submitted at least one week prior to the desired change.

Signature: ________________________________ Date: ________________

PAYMENT METHOD: ☐ Credit Card ☐ Cash ☐ Check
☐ Payment in Full ☐ Deposit Only ☐ $35 Membership Fee

Total Paid Today: $________________________

Credit Card #: ___________________________ Expiration Date: _________ CVV: _______
Name on Card: _____________________________ Signature: ____________________________

ADDITIONAL WAIVERS & AGREEMENTS

• I understand that technology (laptops, desktops, etc.) will not be provided for program participants and that my child is expected to bring their own device (laptop, chromebook, etc.) to the Club each day in order to participate in remote learning. BGCMS does have chromebook devices available for loan to youth in need. A formal device loan agreement is required for any youth using a Club chromebook.

Signature: ________________________________ Date: __________________

• I understand that BGCMS will not be printing schoolwork packets, worksheets, etc. for participants. Parents/guardians are expected to send their child(ren) prepared with the printed materials provided by Brockton Public Schools that they will need to participate in remote learning. This does not include worksheets, and other printed assets needed for our regular in-house Club programming. BGCMS will print/provide worksheets for internal enrichment programming intended to supplement the school day.

Signature: ________________________________ Date: __________________

• I give my consent for BGCMS to communicate with my child's school and/or teacher listed on this form in order to support their success with remote learning with the Learning Pods program model.

Signature: ________________________________ Date: __________________
**HEALTH HISTORY FORM**

**PLEASE NOTE:** You must include your child’s current immunization / physical records signed by a physician.

**HEALTH INFORMATION/MEDICAL INFORMATION & EMERGENCY CONTACT INFORMATION**

Child’s First Name: ______________________________________ Child’s Last Name: ______________________________________

Date of Birth: _____ / _____ / _____ Age: __________ Grade (as of Fall 2020) ____________________ Male ________ Female ________

Parent/Guardian 1 Name: ______________________________________ Parent/Guardian 2 Name: ______________________________________

Preferred Phone 1: ______________________________________ Preferred Phone 1: ______________________________________

Preferred Phone 2: ______________________________________ Preferred Phone 2: ______________________________________

Child lives with: Both Parents □ Parent/Guardian 1 □ Parent/Guardian 2 □

Family Physician (to be contacted): ___________________________________________ Phone: ______________________________________

Do you have medical insurance? ________ Carrier: _____________________________ Policy/Group #: _______________________

**MEDICATION & MEDICAL HISTORY**

Will child be taking medication(s) while at the Club?  Yes □ No □

(Medications include epi-pens, inhalers, prescriptions, over-the-counter, vitamins, etc.)

If yes, which medications? _____________________________________________________________________________________

If yes, please provide the medications (in original containers) with the Authorization to Administer Medication Form.

Asthma □ Epilepsy □ Diabetes □ Autism □ Hyperactivity/Behavioral □ Frequent Headaches □ Ear Trouble □ Mental Health □

Other: ___________________________________________ Please comment on indicated history: ___________________________

__________________________________________________________________________________________________________

Please note: You may be asked to meet with the Clubhouse Executive Director to discuss your child’s history to better serve your child.

**ALLERGIES**

Known Food(s) : ______________________________________ Insect bites/stings: _________________________

Poison Ivy/Oak: __________________ Medication(s) : _____________________________ Other: ____________________________

Please explain reaction and treatment for the above allergies: _________________________________________________________

If medication will be provided, please fill out the **Authorization to Administer Medication Form**

**OTHER INFORMATION**

Is your child on an IEP or 504 plan? Yes □ No □

If yes, please provide a copy of the plan.

Please explain any special dietary needs/restictions: ________________________________________________________________

Please explain any limits or restrictions to physical activity while at the Club: ________________________________________________

Any other conditions our program directors should be aware of: _______________________________________________________

Are there any accommodations or services that we can provide to help your child be as successful as possible? __________________

__________________________________________________________________________________________________________

Please share any information that would help camp staff best serve your child: _____________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

This health history is correct so far as I know, the person herein described has permission to engage in all prescribed daily activities. I hereby give permission to the medical personnel selected by the Executive Director to act in the best interest of my child in the case of an emergency. Every effort will be made to contact a responsible adult. Medication must be submitted prior to the start of programming with the original label and prescription.

Parent/Guardian Signature: ______________________________________ Date: _________________
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 COVENANTS 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 facilities 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.

Parent/Guardian Signature __________________________ Date ________________
BOYS & GIRLS CLUBS of METRO SOUTH
CLUB MEMBER RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

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 COVENANTS 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 COVENANTS 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.

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 facilities 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.

Parent/Guardian Signature __________________________ Date ________________
2020-2021 Membership Application

Membership Fee: $35 • Valid 9.1.2020 - 8.31.2021

YOUTH INFORMATION

Member First Name   M   Member Last Name

Date of Birth   Age   Gender   M   F

Address

Home Phone

School Attending

Grade

Developmental/Social Concerns

On time grade progression?

yes   no

PARENT/GUARDIAN INFORMATION

Primary Contact Name   Relationship to Member

Cell Phone   Work Phone   Email Address

Secondary Contact Name   Relationship to Member

Cell Phone   Work Phone   Email Address

Emergency Contact

Phone   Relationship

Emergency Contact

Phone   Relationship

MEDICAL INFORMATION

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

Please check all preferred methods of contact for general communications.

Cell Phone   Work Phone   Email Address

Grade in September 2020

On time grade progression?

F   M

I consent to my child utilizing the transportation offered by Boys & Girls Clubs of Metro South, and additionally consent to my child’s access to the Internet, other media, and electronic devices. While precautions are taken, it is possible for children to 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.

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 for access to 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 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 membership 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 5:30 PM). Teens in grades 9-12 must pre-register to attend structured choice programming 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 the 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 for access to 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.

Parent/Guardian Signature

Date

Please do not take photos of my child.

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

Your Child’s Name

Child’s Date of Birth

Office Use Only

Processed By

Enrollment Date

Pre-Teen

Teen

Enrolled

New

Renewing

Child Care

Developmental/Social Concerns

On time grade progression?

F   M

Hallmark

Confidential

Confidential

Perjury Laws for falsified information. I hereby consent to the verification of any information given in this application. I understand that the information given is confidential and will be used only to determine eligibility for this program.

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 subjects me to fraud under penalty of law.

I consent 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.

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Your Child’s Name

Child’s Date of Birth

Office Use Only

Processed By

Enrollment Date

Pre-Teen

Teen

Enrolled

New

Renewing

Child Care

Developmental/Social Concerns

On time grade progression?

F   M

Hallmark

Confidential

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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 or in adjacent to the Clubhouse building.

Please do not take photos of my child.
My child has permission to walk home. Ages 12+ only!

Parent/Guardian Signature
Date

I am not willing to share for privacy reasons

Signature
Date

I hereby certify that all of the above statements are true. I understand and agree to the terms of membership and that I hereby consent to the participation of my child in all activities and/or programs of this organization.

I hereby consent and authorize Boys & Girls Clubs of Metro South to use and reproduce photographs and video taken of my child for promotional purposes.

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