2020 WBGC Afterschool Club Academy Registration Packet

Dear Parent / Guardian,

Please be sure to return all items listed below in order to register your child for our Afterschool Club Academy:

- ☐ WBGC Liability Waiver
- ☐ Financial Aid Packet, if applicable
- ☐ Registration Form, Side One
- ☐ Registration Form, Side Two
- ☐ Signed Member Covid-19 Code of Conduct
- ☐ Child's Medication Form (Only applicable if child will be taking medication during the school day)
- ☐ Payment for each child (amounts and due dates listed on registration form)

If you have any questions please contact us at info@watertownbgc.org or 617-926-0968. Thank you!

WATERTOWN
BOYS & GIRLS CLUB

WATERTOWN BOYS & GIRLS CLUB

2020-2021 Membership Registration

Club membership is for children ages 7-18.

MEMBER INFORMATION ☐ New ☐ Renewal

Child First Name:	Middle	Child Last Name:	Nickname:	Date of Birth (MMDDYYYY)	Age:

Address:

no. street city/town state zip

School: | Current Grade: | Gender: M F Other:_____

1ST PARENT / GUARDIAN INFORMATION (PRIMARY CONTACT)

First Name: | **Last Name:**

Relationship to Member (circle): Mother Father Step-Parent Aunt / Uncle Sister Brother Cousin Grandparent Foster Parent Other:_____

1st Parent/Guardian's Contact Numbers (in the order we should try to reach you):

- 1st #: _____ • 2nd #:_____ • 3rd #: _____
- Address (if different from member): _____
- Employer: _____ Job Title / Occupation _____

1st Parent/Guardian's PRIMARY EMAIL

2ND PARENT / GUARDIAN INFORMATION

First Name: | **Last Name:**

Relationship to Member (circle): Mother Father Step-Parent Aunt / Uncle Sister Brother Cousin Grandparent Foster Parent Other:_____

2nd Parent/Guardian's Contact Numbers (in the order we should try to reach you):

- 1st #: _____ • 2nd #:_____ • 3rd #: _____
- Address (if different from member): _____
- Employer: _____ Job Title / Occupation _____

2nd Parent/Guardian's Email:

Does your child have any medical concerns (ie: medications currently being taken, allergies, physical limitations or behavioral issues), an IEP at school or anything else that we should be aware of? Please explain (feel free to attached additional info as needed):

IN CASE OF AN EMERGENCY, WE WILL FIRST CALL THE PARENTS / GUARDIANS LISTED ABOVE.
If they cannot be reached, we will call the following people (in the order listed below).

Name	Relationship to member	*Emergency Contact Phone Number*

Please complete and sign the reverse side of this registration form.

Watertown Boys & Girls Club's mission:

to inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens.

FOR OFFICE USE ONLY:

Application Received by: _____Date: _____ FEE: $_____

☐ CHECK # _____ ☐ CASH ☐ **W by**_____

Code of Conduct **Liability Wavier**

☐ BIDDY ☐ WAVEMAKERS ☐ OTHER _____

Input completed on _____ by _____ Exceptions on application:

☐ **CADET** ☐ **JUNIOR** ☐ **TEEN** **Membership Number** _____

Card issued on: _____ by: _____ Replacement(s): ☐ on _____ ☐ on _____

Moneytrax

Date: _____

Staff:

25 Whites Avenue / Watertown, MA 02472 / 617-926-0968 / info@watertownbcg.org / www.watertownbgc.org

My child _____ **(child's name)**

may join Watertown Boys & Girls Club (the Club) and participate in the activities offered at the Club.

DEMOGRAPHICS—Your responses to the elements below are kept CONFIDENTIAL and are crucial for funders and help us keep membership fees low by securing donations and grants.

Household Type:

o Rent o Own o Public Housing

o Other: _____

Language most used at home:_____

Family Setting:

o Both Parents o Single Parent: :

Lives with:_____

o Guardian o Aunt / Uncle

o Grandparents(s) o Foster Parent(s)

Total Family Size: (includes parents, children, anyone living in home)

(Check One:) o 2 o 3 o 4 o 5 o 6 o 7 o 8 or more

Number of Brothers: _____

Number of Sisters:_____

School Lunch Program: (check one)

□ Free or Reduced Lunch

□ Pay for lunch

Is a member of your immediate family currently serving active military duty?

o Y o N

Race (check all that apply): ❍ American Indian or Native American ❍ African American / Black ❍ Asian ❍ Caucasian/White ❍ Hispanic/Latino ❍ Native Hawaiian/Pacific Islander ❍ Other _____ ❍ Unknown

Ethnicity (check all that apply): ❍ American ❍ Armenian ❍ Brazilian ❍ Haitian ❍ Irish ❍Middle Eastern ❍ Portuguese ❍ Russian ❍ Other _____ ❍Unknown

Household Annual Income – Select the range that best fits					
□ $0 - $10,000	□ $10,001 – $20,000	□ $20,001 – $30, 000	□ $30,001 – $40,000	□ $40,001 – $50,000	□ $50,001 – $60,000
□ $60,001 – $70,000	□ $70,001 – $80,000	□ $80,001 – $90,000	□ $90,001 – $100,000	□ $100,001 – $110,000	□ $110,001 – $120,000
□ $120,001 – $130,000	□ $130,001 – $140,000	□ $140,001 or over	□ Other: _____	□ I choose to leave this section blank	

☐ **Would you like to include a donation toward membership for another child that may not be able to afford to come to the Club otherwise? If yes, please list amount and include it with your payment. AMOUNT TO BE INCLUDED: $_____ (Thank you for your generosity!)**

CONSENTS: ***please circle Yes (Y) or No (N) and initial***

Surveys and Questionnaires I, the parent/guardian of the minor child listed on the application, give permission for Watertown Boys & Girls Club (WBGC) to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's (BGCA) Outcome Measurement Tool Kit or other survey instruments. I give my permission to WBGC to share information about my child with BGCA or other program partners for research purposes and/or to evaluate the program's effectiveness. All information shared will be kept confidential, shared via de-identifying data or sharing information in aggregate.

Y / N

Please initial: _____

Transportation - I understand that my child may be transported in the Club's vans or associated vehicles to and from Club related events.

Y / N

Please initial: _____

Public Relations Materials - I, the parent/guardian give permission for the minor child listed on the application to have their picture and/or name in newspapers, newsletters, and/or any other promotional materials for WBGC, as well as audio or video records, and for use or distribution in other non-WBGC publications, electronic or otherwise. I also agree to allow WBGC to use photographs, audiotapes, video records or other work produced by my minor child for publicity purposes. I hereby waive any right to royalties or other compensation arising therefrom.

Y / N

Please initial: _____

WAIVER: ***please sign at bottom***

Parent Release - I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the WBGC , and BGCA, 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. I understand the Club is not, nor claims to be, a licensed day care center. I have read and understand the policies listed in the "Club Policies and Member Expectations" packet.

Medical - In the event of injury, or should emergency care be required and I cannot be reached, I authorize staff from Watertown Boys & Girls Club to sign for emergency medical attention for my child.

Disclaimer - I certify that the application is factual and complete to the best of my ability. I hereby give permission for my child listed on the application to become a member of WBGC and participate in the activities offered at the Club. I have read a copy of Watertown Boys & Girls Club's "Policies and Member Expectations" to review with my child and I understand that my child's failure to comply with the rules of the Club may result in temporary suspension and/or cancellation of membership with no refund of fees. If my child's membership card is lost, I understand the replacement fee for a new card is $2.00. I understand the Club is not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage or vandalism to the Club caused by my child. It is understood that the code of conduct will be adhered to and a member's failure to comply may result in membership termination.

Release and Covenant Not to Sue: In consideration for allowing my child to participate in activities provided, hosted, or sponsored by or otherwise affiliated with or connected to Watertown Boys & Girls Club (the "Activities"), I agree to indemnify, release, hold harmless, forever discharge and covenant not to sue Watertown Boys & Girls Club and any of its directors, overseers, officers, trustees, employees, agents, affiliates, successors and assigns, and to absolve them from any and all liability for any claim or suit, of any kind or nature, arising out of my child's participation in the Activities whether or not such Activities are on the premises of Watertown Boys & Girls Club or elsewhere.

Member Signature: _____ **Date:**_____

Parent / Guardian Signature: _____ **Date:**_____

*Your signature confirms that all information provided above is true and accurate

WATERTOWN BOYS & GIRLS CLUB

2020 Afterschool Club Academy Registration Form

Ages 7-13 Only

Child's First Name:	Child's Last Name:	Date of Birth (MMDDYYYY):	Age:

Address:

no. street city/town state zip

School:	Current Grade	Gender:	Nickname:

1ST PARENT / GUARDIAN INFORMATION

First Name: **Last Name:**

Relationship to Child: _____ 1st Parent/Guardian's Contact Numbers (in the order we should try to reach you):

- 1st #:
- 2nd #:
- 3rd #:

- Address (if different from member): _____
- Employer: _____ Job Title / Occupation _____

1st Parent/Guardian's Email:

2ND PARENT / GUARDIAN INFORMATION

First Name: **Last Name:**

Relationship to Child: _____ 2nd Parent/Guardian's Contact Numbers (in the order we should try to reach you):

- 1st #:
- 2nd #:
- 3rd #:

- Address (if different from member): _____
- Employer: _____ Job Title / Occupation _____

2nd Parent/Guardian's Email:

Please Circle Weeks:

Afterschool Club Academy Times: 12:30-6:00p.m.

NOTE: If the health environment changes, this program may be cancelled or closed with little or no notice.

Wk#	September– October 2020 Dates	PRICE	DEPOSIT PAID ($20.00/week)	DUE BY	WBGC Member #
M	**Membership Fee (Required)**	**$25.00**	**x**	Due upon registration	**Membership Fee is Required.**
1	Monday 9/28-Friday 10/2	$100.00		9/24	
2	Monday 10/5-Friday 10/9	$100.00		10/1	
3	Monday 10/12-Friday 10/16	$100.00		10/8	
4	Monday 10/19– Friday 10/23	$100.00		10/15	

Membership fee of $25.00 and $20.00 deposit per week required at time of registration. Payment can be made via cash or check, or online with a credit card. Online fees apply.

Phase 1 Parent Guidelines Received

Date: _____ Parent Initials: _____

OFFICE USE: ____ Member Code of Conduct ____ Liability Wavier ____ Medication Form

Amount Received:_____ ck#_____ Date: _____ Application Received by: _____

Watertown Boys & Girls Club's mission is *to inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens.*

Side 2 - Child's Name:	☐ Check here and sign below if your child (AGES 12 and UP ONLY) has permission to sign themselves out after 5:30p.m. **Parent Signature**:

IN CASE OF AN EMERGENCY, WE WILL FIRST CALL THE PARENTS / GUARDIANS LISTED ON FRONT OF THIS FORM. If they cannot be reached, we will call the following people (in the order listed below). Anyone listed here is also granted permission to pick up this child.

Name	Relationship to child	*Emergency Contact Phone Number*

Does your child have any medical concerns (ie: medications currently being taken, allergies, physical limitations or behavioral issues), an IEP at school or anything else that we should be aware of? Please explain (feel free to attached additional info as needed):

IMPORTANT NOTE TO PARENT / GUARDIAN: To register, a **NON-REFUNDABLE** deposit of $20.00 for each session is required. Balance must be paid in full the Thursday prior to each week. Failure to pay balance by due date could result in forfeiture of your child's spot. Any cancellation made less than one week in advance will result in forfeiting the entire week's fee. Any behavioral problems or violation of Club rules will result in Members being suspended from the program with NO REFUND in fees.

I understand that my child _____ is a registered Member of the Afterschool Club Academy of Watertown Boys & Girls Club (WBGC), and a member of WBGC - (membership valid through 6/30/2021). They may participate in the activities offered at the Club. The membership fees and deposits are non-refundable. **Please initial:** _____

Afterschool Club Academy Members must be picked up between 5:30-6:00 p.m. A late fee of $1.00 per minute will be charged for campers that are picked up late. Continual late pickup may result in a child's suspension or removal from the program. **Please initial:** _____

I give permission for my child to be used in photos, videos, literature and news releases when taking part in Club events and in the Afterschool Club Academy. **Please initial:** _____

Registration fees are non-refundable. Cancellations of sessions must be submitted in writing at least two weeks prior to the session start date in order to be credited. Refunds (minus the non-refundable deposit per session) will be considered only with a doctor's note. **Please initial:** _____

Parent / Guardian Signature: _____ **Date:**_____

WATERTOWN
BOYS & GIRLS CLUB

Member Code of Conduct Agreement

Watertown Boys & Girls Club is committed to serving our community in a safe and responsible manner. We ask that any individual utilizing our programs follow our Code of Conduct. Please take the time to read this Code of Conduct to ensure you are fully aware of our operating policies and practices. If the below rules can not be followed by members, they will not be allowed to continue using our program(s).

Any and all Members of WBGC must:

-Complete our Daily Health Screening via Google Forms prior to entering the facility. Any person that has not completed the screening will be denied entry into Watertown Boys & Girls Club.
-Mask shall be worn upon entry to the building. Masks will remain on unless going outside for a "mask break" or eating snacks or lunch.
-Maintain 6 feet of social distancing whenever possible.
-Lockers will NOT be available for use. The locker rooms are ONLY to be used to shower prior to entering the pool deck. **Showers are not permitted after pool use.**
-Bathrooms: only 1 person is allowed in each bathroom at a time. Masks must be worn while using bathrooms.
-Hand washing will occur throughout the day. Hands must be washed prior to eating snacks or lunch.
-All individuals should bring their own snacks, lunch, drinks, electronics and school supplies. Member should bring their own refillable water bottle with them each day with their name written on it. Water refill stations will be provided throughout the building. **Water fountains will not be available for use.**
-Parents/guardians will not be allowed to enter the building. Please have drop off and pick up times coordinated ahead of time. Drop off and pick up times will be staggered to ensure safe social distancing can be followed. Please be respectful of the times designated to you to ensure this practice is followed.
-Teen program(s): All teens must stay within the WBGC building until they are ready to leave for the evening. Once a teen has left the building they will not be permitted back into the WBGC until the following day.
-All teens attending WBGC MUST have an active membership with ALL documents and payments submitted to WBGC staff prior to entering the building/ Program(s). Guests will NOT be allowed to enter the WBGC building.
-Any teen wishing to come to WBGC must complete the signup genius to register for the days they wish to attend. Drop-ins will not be allowed into the building. Please check social media outlets for link to sign up for teen programming.

By signing this document, you are agreeing to follow all rules listed above. Member Code of Conduct must be followed, or use of Watertown Boys & Girls Club program(s) may be taken away.

Print name of Member:_____

Signature of Member:_____

Print name of Parent/Guardian:_____

Signature of Parent/Guardian:_____

Date:_____

WATERTOWN
BOYS & GIRLS CLUB

FOR PARENTS/GUARDIANS

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.

Watertown Boys & Girls Club ("Club") has put in place preventative measures to reduce the spread of COVID-19. These include, but are not limited to, social distancing, wellness monitoring, increased sterilization, required hand-washing, signage, 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.

By signing below I acknowledge that I have read the foregoing Assumption of Risk and Waiver of Liability and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed on behalf of my child(ren) and myself; that I give my voluntary consent in signing this Assumption of Risk and Waiver of Liability as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation; and that I understand and acknowledge that this Assumption of Risk and Waiver of Liability shall remain in full force and effect until such time that the state of emergency concerning the novel coronavirus, COVID-19, outbreak declared by the Governor of the Commonwealth of Massachusetts on March 10, 2020 has been lifted.

Signature of Parent/Guardian Date

Name of Parent/Guardian Name of Participant(s)

WATERTOWN BOYS & GIRLS CLUB

Authorization to Administer Medication to a Member

Member and Parent/Guardian Information	
Member's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Cell Phone:
Emergency Contact Name:	Telephone:
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at Club:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Medication Information 2	
Name of Medication:	
Dose given at Club:	Route of Administration:
Frequency:	Date Ordered:

Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	

Authorization Information

I hereby authorize the health care consultant or properly trained health care supervisor at __Watertown Boys and Girls Club_____

to administer, to my child, _____ the medication(s) listed above.
(name of Member)

If above listed medication includes epinephrine injection system:

I hereby authorize my child to self-administer , with approval of the health care consultant

☐ Yes ☐ No ☐ Not Applicable

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer

☐ Yes ☐ No ☐ Not Applicable

If above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer , with approval of the health care consultant

☐ Yes ☐ No ☐ Not Applicable

Signature of Parent/Guardian:	Date:

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