



**BOYS & GIRLS CLUBS
OF DURHAM AND ORANGE
COUNTIES**

Durham | South Estes | Craig Gomains
(919) 687-4517 | www.bgcdoc.org

2021-2022 MEMBERSHIP APPLICATION – Durham

Membership Fee \$10

Please complete and attach a copy of your child's last report card.

NOTE: Application is incomplete until report card and payment are submitted. No refunds after the first day of attendance.

Child's First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Sex _____ Age: _____

Race/Ethnicity (Circle all that apply): African American Caucasian Hispanic/Latino Asian Native American Other _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Parent/Guardians Last Name: _____ First Name _____

Employer: _____ Employer Phone: _____

School Information

Current School: _____ Current Grade: _____

Special Education, IEP, Curriculum Assistance: (please circle) Yes No

Medical Information

Doctor Name: _____ Doctor Phone: _____

Insurance Carrier: _____ Permission for Doctor/Hospital: Yes No

Does your family have health insurance: Yes No

Policy#: _____ Group#: _____

Health/Behavioral Concerns: Yes No If yes, explain _____

Medications: Yes No if yes, see medication administration form on last page

Food Allergies: Yes No if yes, explain _____

Household:

Child Resides With: (please circle) Mom, Step-Mom, Dad, Step-Dad, Grandparent, Foster Parent, Other

Current Head of Household: Female Male

Current Single Parent: Yes No Current Number in Household: _____

Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Yearly Income per household: _____

Military Household Member: Yes No



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What Type of Activities/Programs Interest Your Child? () Sports Leagues () Music () Arts & Crafts () Educational Programs () Group Clubs () Technology () Other (Please List) _____

Child's strongest subjects in school? _____

Child's weakest subjects in school? _____

Has your child ever repeated a grade? Yes No If so, which grade? _____

Does your child receive free or reduced lunch? Yes No

If yes, Free Reduced

Emergency Contact Information (Person(s) Authorized to Pickup Member)

Parent/Guardian: _____

Parent/Guardian: _____

Number: _____

Number: _____

Relationship: _____

Relationship: _____

DOB: _____ Male Female

DOB: _____ Male Female

Address: _____

Address: _____

Parent/Guardian: _____

Parent/Guardian: _____

Number: _____

Number: _____

Relationship: _____

Relationship: _____

DOB: _____ Male Female

DOB: _____ Male Female

Address: _____

Address: _____

Parent/Guardian: _____

Parent/Guardian: _____

Number: _____

Number: _____

Relationship: _____

Relationship: _____

DOB: _____ Male Female

DOB: _____ Male Female

Address: _____

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Activity & Photography Consent

All members must submit report cards as they are distributed by each school member's school. All information is kept confidential. This information is used for grant purposes.

I give my child _____ permission to participate in BGCDOC activities and programs. BGCDOC reserves the right to restrict students from field trips and activities based on bad behavior or poor grades.

I give BGCDOC the right or ability for grant purposes to collect information such as height, weight, and BMI. All information is kept confidential and BGCDOC will abide by all HIPAA guidelines.

I do hereby give my child permission to attend and participate in the activities sponsored by BGCDOC. I hereby release the BGCDOC, its employees, associates, and contributors from personal liability from any injury, loss of theft incurred by my child while participating. I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident.

Further I give permission for my child's picture to be used in any BGCDOC publication or outside publications that BGCDOC may subscribe too. I also allow my child's photo to be used on social media sites such as (but not limited to) Twitter, Instagram, and Facebook under the accounts of BGCDOC. Yes _____ No _____ Parents/Guardian's Initials _____

My signature indicates that I completely understand the above statements.

Parent's Signature: _____ **Date:** _____

Permission to Administer Medication (if needed)

I give permission for my child to be given the following medication:

Child's Name: _____

Name of Medication: _____ Expiration Date: _____

Dosage: _____ Refrigerate

Dates to be Given: _____

Times to be Given: _____

Emergency Only

Special Instructions:

Parent's Signature: _____ **Date:** _____



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BGCDOC Afterschool Busing Registration (optional)

COMPLETE THIS FORM ONLY IF YOUR CHILD WILL ATTEND ONE OF THE SCHOOLS BELOW

We will transport students from Parkwood Elementary, Lowes Grove Middle, Research Triangle Academy Elementary & Middle, Fayetteville Street Elementary, Hope Valley Elementary, Hillside & Hillside New-Tech High School to the Boys & Girls Club. Transportation from school to the Boys & Girls Club will start Tuesday, August 24, 2021.

- _____ **Option 1:** Full payment is \$90.00 for each child
- _____ **Option 2:** Monthly payments of \$10.00 for each child in the family. The first monthly payment must be attached at the time of registration.

It will be the parent’s responsibility to call the Boys & Girls Club by 12.00pm, if your child will or will not be riding the bus on a day that they were or were not scheduled to ride. This is not a school based program and schools will not be responsible for keeping track of your child. **Please do not call your child/children school for any changes, call the Boys & Girls Club at our number of 919-687-4517 or e-mail us at rlindsay@bgcdoc.org**

Disrespect to the bus driver, to other students, and destroying property will not be tolerated on the bus. Transportation for your child can and will be suspended if there are repeated respect/behavior problems. All fees are non-refundable.

Members must be waiting in the bus line and ready to go when our driver arrives. The Driver will usually wait no more than 10 minutes. **If the member fails to make the regular scheduled bus pick up it will be up to the parent to pick the member up from school.**

School: _____ Grade: _____ Parent Email: _____

Student Name: _____ Parent Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My child will ride the bus the following days: Mon____ Tues____ Wed____ Thurs____ Fri____

****I grant permission for my child to participate in the afterschool transportation program. I understand that if my child is hurt during the program, it is not the responsibility of the Boys & Girls Club, or the bus company. I understand that it is my responsibility to notify the BGCDOC by 12pm at 919-687-4517, if my child/children will or will not be riding the bus on a day they were/were not scheduled to ride. I have spoken with my child/children about respect/behavior that will be expected on the bus and understand that any ongoing problems may result in my child/children not being able to ride the bus. I understand my child’s bussing services can be revoked if my monthly payment is 2 weeks past due.**

PARENT SIGNATURE _____



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**PARENT CONTRACT:
ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITIES
2021-2022**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, international governments and health agencies recommend social distancing, frequent hand-washing / hand-sanitizing, and the use of masks. Currently, there is an increasing level of community transmission locally. Boys & Girls Clubs of Durham and Orange County has put preventative measures in place to curtail the spread of COVID-19. However, we cannot guarantee that you or your child(ren) will not become infected. Further, attending the club could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement:

A. 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.

B. I understand that the risk of becoming exposed to or infected by COVID-19 at school may result from the actions, omissions, or negligence of myself and others, including, but not limited to, our employees, volunteers, and program participants and their families.

C. I agree that, every day, before transporting my child(ren) to school, I will carefully examine or assess my child(ren) for signs of illness and complete a daily health screening administered by the club. If any sign of illness is present, I will not transport my child to school, I will inform BGCDOC accordingly, and I will follow the protocols outlined by BGCDOC regarding when my child(ren) can return to school.

D. I agree that, if there is a confirmed case of COVID-19 in my child(ren)'s household(s), I will report this to club administration immediately and keep my child(ren) out of the club, following the protocol for exposure outlined in the BGCDOC Plan. I understand that BGCDOC will inform local health officials if my child(ren) test positive for COVID-19, and BGCDOC will also inform other parents in the cohort of a positive case (while maintaining privacy).

E. I understand that my child(ren)'s temperature will be taken each morning, and if that temperature is 100.4 F or higher, my child(ren) will not be allowed to attend the club. In this instance, I will follow the protocols outlined in the BGCDOC Plan regarding when my child(ren) can return to the club.

F. I understand that my child(ren) will be required to wear a mask during their time at BGCDOC. I will supply my child(ren) with properly fitting masks, support the club by practicing mask wearing, and understand that refusal to wear a mask will result in my child being sent home.

G. I agree that my family will follow federal (CDC), state (NCDHHS) and local (Durham County Public Health) guidelines when it comes to COVID-19. Additionally, I agree that my family will adhere to



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current CDC guidelines when traveling.

H. My child(ren) and I and any other parent or legal guardian will abide by all rules adopted by and all directions and instructions of BGCDOC and its employees, and volunteers, as well as the directives of club leaders. This includes but is not limited to all of the COVID-19 related requirements above.

I. I have read and understand BGCDOC's protocols and procedures. Further, I understand that these protocols and procedures serve to mitigate risk. They cannot guarantee protection against the transmission of COVID-19.

J. I understand that, if my child(ren) shows any sign or symptom of illness or if there is a medical event or emergency involving my child(ren), I, for myself and on behalf of my child(ren) and any other parent or legal guardian, authorize and permit BGCDOC and its employees, volunteers, and camp leaders to seek and obtain diagnosis, examination, testing, care, treatment, injection, hospitalization, anesthesia, surgery, transfusion, or any other medical intervention or procedure for or on behalf of my child(ren), as recommended by a healthcare provider, until I or another parent or legal guardian of my child(ren) is present. This authorization and permission further allows BGCDOC and its employees, volunteers, and camp leaders to transport my child(ren) to a health care provider. BGCDOC and its employees are also authorized to inform or notify any government agency, official, or any other person or entity of any injury, sickness, illness, disease, or sign or symptom of illness relating to my child(ren) of which BGCDOC or its employees become aware.

I HAVE READ THIS ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITIES, FULLY UNDERSTAND ITS TERMS, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I AUTHORIZE BGCDOC TO RELY ON MY ELECTRONIC OR HANDWRITTEN SIGNATURE AND I UNDERSTAND AND ACKNOWLEDGE THAT IT IS LEGALLY BINDING.

Name of participant

PARENT/GUARDIAN signature

Date signed