

2020-2021 Annual Club Membership Application September – August (Club Membership is valid from: 1st day of school year program to last day of summer program

| Mailing Address: | African AmericanNative AmericanOther or combi City: State: Zip: City: State: Zip: Grade: form filled out you may skip section # 2 for additional children) Relationship to member: Relationship to member: Relationship to member: Relationship to member: Relationship to member: |
|---|---|
| Ethnicity:CaucasianHispanicAsian _ Mailing Address: Physical Address: Home Phone: () Name of School: Section # 2 (If you already have a child with a current registration for Guardian #1: Full Name Home Phone: Cell: Work Phone: Email Address: Guardian #2: Full Name Home Phone: Cell: Work Phone: Email Address: Emergency Contact: Full Name Work/Home Phone: Cell: | African AmericanNative AmericanOther or combi City: State: Zip: City: State: Zip: Grade: form filled out you may skip section # 2 for additional children) Relationship to member: Relationship to member: Relationship to member: Relationship to member: Relationship to member: |
| Mailing Address: Physical Address: Home Phone: () | City: State: Zip: City: State: Zip: Grade: form filled out you may skip section # 2 for additional children) Relationship to member: Employer: Relationship to member: Employer: |
| Physical Address: | City: State: Zip: Grade: form filled out you may skip section # 2 for additional children) Relationship to member: Employer: Relationship to member: Employer: |
| Home Phone: () | Grade: form filled out you may skip section # 2 for additional children) Relationship to member: Employer: Relationship to member: Relationship to member: |
| Name of School: Section # 2 (If you already have a child with a current registration for Guardian #1: Full Name Home Phone: Work Phone: Guardian #2: Full Name Home Phone: Work Phone: Guardian #2: Full Name Home Phone: Work Phone: Work Phone: Cell: Work Phone: Cell: Work Phone: Cell: Cell: | form filled out you may skip section # 2 for additional children) Relationship to member: Employer: Relationship to member: Employer: Employer: |
| Section # 2 (If you already have a child with a current registration for the section #1: Full Name Cell: Email Address: Guardian #2: Full Name Cell: Email Address: Work Phone: Cell: Email Address: Emergency Contact: Full Name Cell: Work/Home Phone: Cell: | form filled out you may skip section # 2 for additional children) Relationship to member: Employer: Relationship to member: Employer: Employer: |
| Guardian #1: Full Name Cell: Email Address: Email Address: Email Address: Email Address: Cell: Work Phone: Cell: Email Address: Email Address: Email Address: Email Address: Emergency Contact: Full Name Cell: Work/Home Phone: Cell: | Relationship to member: Employer: Relationship to member: Employer: |
| Guardian #1: Full Name Cell: Cell: Work Phone: Email Address: Cell: Cell: | Relationship to member: Employer: Relationship to member: Employer: |
| Home Phone: Cell: Work Phone: Email Address:_ Guardian #2: Full Name Home Phone: Cell: Work Phone: Email Address:_ Emergency Contact: Full Name Work/Home Phone: Cell: | Employer: Relationship to member: Employer: |
| Home Phone: Cell: Work Phone: Email Address:_ Guardian #2: Full Name Home Phone: Cell: Work Phone: Email Address: Emergency Contact: Full Name Work/Home Phone: Cell: | Employer: Relationship to member: Employer: |
| Work Phone: Email Address:_ Guardian #2: Full Name Cell: Home Phone: Email Address:_ Work Phone: Email Address:_ Emergency Contact: Full Name Cell: | Relationship to member: Employer: |
| Guardian #2: Full Name Cell: Work Phone: Email Address: Emergency Contact: Full Name Cell: Cell | Relationship to member: Employer: |
| Home Phone: Cell: Work Phone: Email Address: Emergency Contact: Full Name Cell: Work/Home Phone: Cell: | Employer: |
| Work Phone: Email Address: Emergency Contact: Full Name Cell: Work/Home Phone: Cell: | |
| Emergency Contact: Full Name Cell: | |
| Work/Home Phone: Cell: | |
| | Relationship to member: |
| Section # 3 | Other Phone: |
| | |
| Any serious health problems/special needs?Y | YN If yes, please explain: |
| | |
| Does your child take any medications?YN | N If yes, please list: |
| Physicians Name: | Do you have Medical Insurance: Yes No |
| Annual Income (Applicants MUST provide information | tion. This will be used for statistical purposes only.) |
| 0 - 14,99915,000 - 29,99930,000 - | - 44,999 45,000 + |
| Child Lives With: Mom Step Mom Dad | Step Dad Grandparent Foster Parent |
| Other | , — , — |
| Number of people living in this household? | Is this a single parent household? YN |
| • • • | If needing scholarship you must bring in proper paperwork. |
| | _YN If Yes, which one |

Membership Requirements, Policies & Recommendations

- All youth participating in Clubhouse programming MUST be the ages 5-18 and in grades K-12th.
- All youth participants <u>MUST</u> obtain a current Boys & Girls Club Membership before participating in Clubhouse programming.
 - -Membership includes a secondary medical insurance with restrictions on the youth.
 - -Non-members are uninsured and therefore not allowed in the facility to participate.
 - (*The cost of the After School Program is FREE, Club membership fee of \$25 is paid for by the Nez Perce Tribe.)
- The Club reserves the right to deny, suspend or revoke membership applications or privileges with or without notice at any time should circumstances warrant.
- All Club Members <u>MUST</u> have the physical, mental & emotional maturity to act and interact independently and responsibly in the Club setting.

Members Personal Belongings

• The Boys & Girls Clubs of the Nez Perce Tribe and its staff members are <u>NOT</u> held responsible for any lost, stolen or damaged belongings of members. We encourage members not to bring items of value while participating in Club Programming. Members are encouraged to take responsibility for personal belongings.

"Open Door" Policy

• The Boys & Girls Clubs of the Nez Perce Tribe has an "open door" policy. Members ages 7-18 are able to sign in & out and leave facility on their own. Meanwhile members who are ages 5 & 6 are NOT allowed to leave facility on their own, members will need to be picked up by a parent/guardian or members must get parent/guardian consent to leave the facility on their own (staff will assist member in obtaining).

(*Please see Covid-19 procedures for Club members leaving Club facility, page 3 of Club membership application)

PLEASE refer to the BGCNPT Membership Handbook for the specifics on our policies and programs.

Membership Handbook can be picked up at the front counter today!

Member Agreement:

I promise to take care of my Club and property by respecting Club Staff, Club Members, and Club Equipment. I also understand that I am expected to behave respectfully and follow all of the rules of the Club. If I choose not to follow the rules I may lose the privilege to attend the Club.

| Member Signature: | | |
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Consent for Membership, Participation, Hold Harmless, Medical Authorization

As a parent or legal guardian of the above named child, I hereby give my consent for his/her membership in the Boys & Girls Clubs of the Nez Perce Tribe. I give permission for the applicant to be transported and participate in all BGCNPT sponsored activities and events, to administer surveys and to use the applicant's picture in publications. I give my permission to the Boys & Girls Club of the Nez Perce Tribe 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 the Nez Perce Tribe including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. 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. I give my permission to my child's School District to exchange information regarding the minor child listed on this application. I agree to hold harmless BGCNPT, members of their board, staff, authorized volunteers and instructors for accidental injury to the applicant or damage to the applicant's property. I further give authority to the BGCNPT staff, instructors and authorized volunteers in case of accident, injury or sickness of the applicant when in their care to render first aid, provide transportation and admittance to a medical facility. In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician. I waive rights to informed pre-consent for such treatment. I understand that BGCNPT does not cover the applicant with any primary medical insurance coverage and that the parent/guardian is financially responsible for any treatment provided. Members are covered under a group accident medical plan for balances due after primary medical insurance has paid benefits. Claim must be made on a form provided by BGCNPT within 90 days of the accident injury.



Parent/Guardian Signature: _____ Date: _____

Boys & Girls Clubs of the Nez Perce Tribe Covid-19 Policy & Procedures

- Clubhouse will have a <u>50 CLUB MEMBER CAPACITY</u>. (1st come 1st serve basis). Waiting list will be made available & Club will notify Club members or parents of available spots.
 - Covid-19 updates have been made to Club facility. (*Plexiglass Shields, Program Area Sanitizer
 Dispensers, Touchless Flush Toilets & Sinks. etc.)
 - Procedure to entering the Club facility will be;
 Club Staff will sign in Club members
- Club members waiting in line will stand on available Marked Social Distancing Spots at front entrance
 -Temperature checks on Club members will be administered before entering program areas
 -Club members will be given hand sanitizer to use before entering program area
 -Club members will be told what program area they will be in by Club staff
 -MANDATORY that all Club members & staff wear masks

 (*Clubhouse will provide masks to Club members needing a mask)
- Any Club members or staff having Covid-19 symptoms will be sent home. Before allowed back to Club
 facility a Covid-19 test will need to be administered by health care physician.
- Program areas of the Club will have a 10 Club member capacity and will offer social distancing programs
 & activities.
- All Club members that sign out & leave Club facility will forfeit spot at the Club for the day and will not be allowed back into Club facility until the next programming day.
 - Clubhouse will be administering daily cleanliness & disinfecting of program areas & equipment.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, also known as, 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, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Boys & Girls Clubs of the Nez Perce Tribe has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot GUARANTEE that you or your child(ren) will not become infected with COVID-19. Further, attending the Club could <u>increase</u> 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.

| Parent/Guardian Signature: _ | | Date: | | |
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