

GREAT FUTURES START HERE.



BOYS & GIRLS CLUBS  
of Fitchburg and Leominster  
Gardner ClubHouse

Registration Form: 2020-2021

For Office Use Only	
ID #:	_____
Date:	_____
New	Renew

(Please select a program):

REMOTE       AFTER SCHOOL

Please PRINT all information and answer all questions. Applications must be completed in order to process.

MEMBER INFORMATION \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Apt./Suite (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender:  Male  Female

Racial Identity:  American Indian or Alaska Native  American Indian or Alaska Native & White  
 Asian  Asian & White  Black or African American  Black or African American & White  
 Native Hawaiian or other Pacific Islander  White  Other-Multi Racial

Ethnicity:  Hispanic or Latino     Not Hispanic or Latino

School Lunch:  Free  Reduced  Entire School is Free  Not Eligible

Grade \_\_\_\_\_ School Name \_\_\_\_\_

MEDICAL INFORMATION \_\_\_\_\_

Food allergies:

- Peanuts
- Tree Nuts
- Dairy/Lactose
- Soy
- Gluten
- Seafood/Shellfish
- Eggs
- Other:

Environmental:

- Bee Stings
- Pollen
- Dust
- Mold
- Grass

Medicine Allergies:

- Penicillin
- Amoxicillin
- Aspirin
- Other:

Does the member use an inhaler?  
 Yes  No

Does the member use an Epi-Pen?  
 Yes  No

Does the member use insulin?  
 Yes  No

Diagnosed Medical Conditions:  Asthma  Diabetes  Hearing Impairment  Visual Impairment

ADD/ADHD  Autism  Seizures  Anxiety/Depression  Other: \_\_\_\_\_

HEAD OF HOUSEHOLD INFORMATION \_\_\_\_\_

Role in Household:  Parent  Step-Parent  Grandparent  Guardian  Foster Parent  Other: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./Suite (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

# HOUSEHOLD INFORMATION

*This is confidential and used to help the Club secure funding.*

## EMERGENCY CONTACT INFORMATION

Be neat and accurate! If there is an emergency with your child we must be able to reach someone. These adults have permission to pick up member from the program.

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_

*I (Parent / Guardian Name) \_\_\_\_\_ request that my child be admitted into membership in the Boys & Girls Club of Fitchburg and Leominster. If my application is accepted, I understand that my child must abide by its rules and regulations and cooperate with all staff and personnel. I understand that his or her failure to do so may result in the cancellation of this membership. Membership may also be cancelled if it is found that false or incomplete information has been provided or that emergency contact information is invalid.*

*By signing below you are agreeing to uphold all of the policies of the Boys & Girls Club of Fitchburg and Leominster. Membership handbook can be found online at [WWW.BGCFLORG/HANDBOOK](http://WWW.BGCFLORG/HANDBOOK)*

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITIONAL PICK UP CONTACT INFORMATION**

MONDAY

Full Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

WEDNESDAY

Full Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

FRIDAY

Full Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

TUESDAY

Full Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

THURSDAY

Full Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

**PARENT RELEASE**

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Fitchburg and Leominster, and Boys & Girls Clubs of America, 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.

Medical Treatment

I give permission to the Boys & Girls Club of Fitchburg and Leominster to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Data Collection

I give my permission to the Boys & Girls Club of Fitchburg and Leominster to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. 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. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

School Information

I give my permission to the Fitchburg and Leominster School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club of Fitchburg and Leominster and in life. This release is valid for one year and may be revoked at any time by contacting your child's school or the Boys & Girls Club of Fitchburg and Leominster in writing

Data Sharing

I understand that the Boys & Girls Club of Fitchburg and Leominster may 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 Fitchburg and Leominster, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Technology

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

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club of Fitchburg and Leominster and its activities. I also understand who the Club is not, nor does it claim to be, a licensed day care center. I have read the completed application and this form, understand the rules of the Boys & Girls Club of Fitchburg and Leominster, and request who my child be admitted into membership.

I give my permission to the Boys & Girls Club of Fitchburg and Leominster 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 Fitchburg and Leominster, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Parent / Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BREAKFAST & LUNCH REMOTE ONLY** \_\_\_\_\_

Leominster Public Schools will provide free breakfast and lunch. Families may choose to opt into the provided food options, but must opt into all three. The Club will request only the amount indicated during registration. Please contact the Program Director with changes so we can update our request from the Leominster Public Schools

Will your child eat the provided food or bring food from home?

- Food from Home       Provided Food

**SNACK**

The Boys & Girls Club of Fitchburg and Leominster will provide free snacks for the after school program.

**HAND SANITIZER POLICY** \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_, I understand that my child might play outdoors, I also understand that while outdoors or in other areas where there is no access to running water, hand sanitizer will be used to promote healthy hand hygiene. Boys & Girls Club of Fitchburg and Leominster staff will provide and monitor safe use of hand sanitizer throughout the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This program is not licensed by the Department of Early Education and Care**

I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

Parent/ Guardian Signature \_\_\_\_\_

**I would like to contribute \$ \_\_\_\_\_ to the Membership Fund to provide financial assistance to help other children attend the Club.**

**How did you hear about our After School program?**

- Walk-In     Newspaper     Facebook     Flyer     Friend / Relative  
 5K     Science Festival     School     Other \_\_\_\_\_

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**BOYS & GIRLS CLUBS**  
*of Fitchburg and Leominster*  
*Gardner ClubHouse*

### 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.

Boys & Girls Clubs Fitchburg and Leominster (“Club”) has put in place preventative measures to reduce the spread of COVID-19. These include, but are not limited to measures implemented – social distancing, wellness monitoring, increased sterilization, required hand-washing, 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.

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Signature of Parent/Guardian

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Date

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Name of Parent/Guardian

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Name of Club Participant