



School Year 2020-2021

Below is a list of items that NEED to be read, signed, and all paperwork completed by all parties before Membership paperwork is emailed for review.

Member(s) Name: _____

- COVID-19 Warning and Waiver for Parents/Guardians and Household Members. (every adult in household as well as emergency contacts must sign their own waiver)
- Parent Handbook and COVID-19 Operation Procedures (signed)
- In-Club Distance Learning Program Release Form (signed)
- Membership application (signed and every section completed)

**COVID WARNING & WAIVER FOR
PARENTS/GUARDIANS/HOUSEHOLD MEMBERS**
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 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.

Boys & Girls Clubs of Brea-Placentia-Yorba Linda ("Club") has put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) or those with whom you or they come into contact will not become infected with COVID-19. Further, **attending the Club could increase** your risk and your child(ren)'s risk or those with whom you or they come into contact's risk of contracting COVID-19.

.....
While COVID-19 can cause mild symptoms in some individuals, it can lead to severe illness and even death in others. **Although serious risk to the entire population, including our club participants and the people with whom they come in contact, may result from exposure to the novel coronavirus, adults over age 65 and people of any age with serious underlying conditions** including, but not limited to, **diabetes, hypertension, obesity, heart disease, cancer, HIV, asthma, history of smoking/vaping, and other respiratory conditions**, and **pregnancy**, may be a **higher risk for more serious complications from COVID-19**.
.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) [including grandchildren, foster children, siblings, or others for whom I am the legal guardian or otherwise stand *in loco parentis*] and I and those with whom we come into contact may be exposed to or infected by COVID-19 by these child(ren) 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 or 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 as well as other program participants and their families, 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 as well as volunteers, participants, and their families, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Signature of Parent/Guardian/Household Member

Date

Name of Parent/Guardian/Household Member

Name of Club Participant(s)



BOYS & GIRLS CLUBS
OF BREA - PLACENTIA - YORBA LINDA

Program Release Form

August – December 2020 (Fall Semester)

This school year, while local schools are Distance Learning and Hybrid Learning, the Club will be offering full-day In-Club Distance Learning for youth in Kindergarten - 12th Grade. The dates will be determined based on Brea-Olinda and Placentia-Yorba Linda Unified School Districts. In-Club Distance Learning is planned now for the dates of August 17 through December 21.

The Boys & Girls Clubs of Brea-Placentia-Yorba Linda will offer distance learning with support of staff. Our Brea Clubhouse (502 Sievers Ave, Brea 92821) will be open to provide academic support during the day for students to log-in and participate in school functions. Please READ the information below and signify your agreement by initialing where appropriate and signing the bottom.

My child, _____, will attend the Boys & Girls Clubs of Brea-Placentia-Yorba Linda In-Club Distance Learning program in the months of August through December, unless school resumes fully in person.

I would like my child to be able to access online programming, presented by schools, while at the Club.

YES

NO

IF YOU INDICATED YES, please initial each statement to show your agreement:

1. _____ I recognize my child's participation, completion of work, and final grades is the responsibility of my child and myself. Boys & Girls Clubs of Brea-Placentia-Yorba Linda is only providing access in a safe environment.
2. _____ I recognize Boys & Girls Clubs of Brea-Placentia-Yorba Linda Staff are not certified teachers. While they will offer support where possible, parents are responsible for reviewing their child's work and progress.
3. _____ My child and I accept responsibility for the time they are allowed to access school systems and work. If they cannot use the time assigned lessons, or if they are disturbing other members trying to do school assignments, they may lose the privilege of accessing the school while at the Club.
4. _____ Boys & Girls Clubs of Brea-Placentia-Yorba Linda is in no way responsible for the completion or submission of any assignment or project me child has due for school.

5. _____ I recognize my child will have to sign an “electronic equipment” agreement to use their device in the Club. This agreement includes proper use of electronic, as well as prohibitions against cheating, plagiarism, bullying, improper contact, and age-appropriate materials. Failure to abide by the agreement could get their privileges removed.
6. _____ I agree to review my child’s work and progress daily.
7. _____ When needed, I will contact the school teacher in person. Boys & Girls Clubs of Brea-Placentia-Yorba Linda staff are not a part of parent/teacher discussions.
8. _____ The child is responsible for the care and protection of any electronic device they use, whether it is personal or belongs to the school.
9. _____ Any damage caused to Club network by child will be the responsibility of the parent.
10. _____ This document in no way limits the agreement you and your child already accepted when you signed their membership paperwork and accept the Parent handbook, which also outlines electronic expectations.

If your child will NOT be accessing online school programming on a given day, please recognize that others will and some program time will be dedicated to those activities. Members may be asked to read or play quiet games while their peers are engaging in school work. Members that disrupt the “school” time or efforts of others may not be allowed to return until after Labor Day break.

On behalf of myself and my child, I understand and agree to the provisions of this document as stated above.

Name of Child: _____ Age: _____ Grade Entering: _____

Parent Name (Print): _____

Parent Signature: _____ Date: _____



BOYS & GIRLS CLUBS
OF BREA - PLACENTIA - YORBA LINDA

TEL: (714)990-0215
FAX: (714) 990-5036
www.everykid.org

School Year

2020 - 2021

MEMBERSHIP APPLICATION

Date Enrolled: _____
 Receipt #: _____
 Payment Type: _____
 Site: Brea YLMS BYMS
 Staff Initials: _____
 Ent. Date ____ Exp. Date ____

Member Information

First Name: _____ **Last Name:** _____ **Middle:** _____
 Birth Date: ____/____/____ Gender: Male Female School Name: _____
 School District: BOUSD PYLUSD FSD Other: _____ Grade: _____
 Ethnicity: African American Asian/Pacific Islander Caucasian Hispanic/Latino Native American
 Address: _____ City: _____ State: _____ Zip Code: _____
 Receives Free/Reduced Lunch: Yes No Lives With: Mother Father Both Other: _____

First Name: _____ **Last Name:** _____ **Middle:** _____
 Birth Date: ____/____/____ Gender: Male Female School Name: _____
 School District: BOUSD PYLUSD FSD Other: _____ Grade: _____
 Ethnicity: African American Asian/Pacific Islander Caucasian Hispanic/Latino Native American
 Receives Free/Reduced Lunch: Yes No Lives With: Mother Father Both Other: _____

First Name: _____ **Last Name:** _____ **Middle:** _____
 Birth Date: ____/____/____ Gender: Male Female School Name: _____
 School District: BOUSD PYLUSD FSD Other: _____ Grade: _____
 Ethnicity: African American Asian/Pacific Islander Caucasian Hispanic/Latino Native American
 Receives Free/Reduced Lunch: Yes No Lives With: Mother Father Both Other: _____
 Are member(s) child/ren of military parent: Yes No If yes, do member(s) live on military base: Yes No

Parent /Guardian Information

First Name: _____ **Last Name:** _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Email Address: _____ Gender: Male Female
 Home #: _____ Cell #: _____ Work #: _____
 Family Income: Less Than 30k 30-50k 51-99k 100-15k 150-200k Over 200k

First Name: _____ **Last Name:** _____
 New Address / Same as Above: _____ Email Address: _____
 City: _____ State: _____ Zip Code: _____ Gender: Male Female
 Home #: _____ Cell #: _____ Work #: _____

Medical Information

Does the member have any physical, emotional, or other limitations that might impact the member's use of the Club or receipt of emergency medical treatment or about which the Clubs otherwise should be aware? YES NO

If YES, please explain _____

Medication taken regularly _____ Please list any allergies _____

Medication is the responsibility of the parent/s and Family Physician. Parents are urged, with the advice of your child's Physician to work out a schedule of administering medication at home, outside of Club hours. Club Staff are non-medical personnel. The Club is willing to safeguard inhalers for asthmatics, but takes no responsibility for administering dosages, or for replacement cost if lost or stolen.

Emergency Contact Information (Please list 2 preferably someone nearby)

First Name: _____	Last Name: _____	Relation: _____
Home #: _____	Cell #: _____	Work #: _____
First Name: _____	Last Name: _____	Relation: _____
Home #: _____	Cell #: _____	Work #: _____
First Name: _____	Last Name: _____	Relation: _____
Home #: _____	Cell #: _____	Work #: _____

Photo Consent/Release

I give my consent for my child to appear in photographs, newspaper, articles, brochures, public materials. etc. related to their participation in the Boys Girls Club events: YES NO

The Boys & Girls Club has permission to use my child's picture and first name in public relations materials: YES NO

Disclaimer: I have received, read and understand the Parent /Member handbook. I understand the rules of the Boys & Girls Clubs of Brea-Placentia-Yorba Linda and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter. By signing below I agree to release the Boy & Girls Clubs of Brea-Placentia-Yorba Linda, its staff and Board of Directors, from any liability resulting from any accident or incident involving my child on Club premises or while engaged in any Club-sponsored activity away from Club premises. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for the Boys & Girls Clubs of Brea-Placentia-Yorba Linda legal fees. I understand that the Boys & Girls Clubs of Brea-Placentia-Yorba Linda operates under an open door policy. I will be responsible for making sure that my child understands that he or she is not to leave the premises unless it is with either myself or another individual that I designate. I further understand that I am to inform the Club if my child is permitted to walk home.

ALL MEMBERSHIPS ARE ACCEPTED ON A TRIAL BASIS, THE FIRST 60 DAYS OF MEMBERSHIP WILL BE CONSIDERED PROBATIONARY MEMBERSHIPS MAY BE RESCINDED BY CLUB MANAGEMENT FOR REASONS OF SAFETY, CONDUCT, OR DISCIPLINARY ACTION.

I have received, read and understand the rules and regulations of the Club, including Dress Code Policy, and I have explained it to my child:

Child/ren: _____ Date: _____

Parent Signature: _____ Print Name: _____

Brea Clubhouse
502 S. SIEVERS AVE.
BREA, CA 92821
(714) 990-0215



BOYS & GIRLS CLUBS
OF BREA•PLACENTIA•YORBA LINDA

School Year 2020 - 2021 Registration

REGISTRATION INFORMATION

Children's Names:

1. Last: _____ First: _____ Age: _____

2. Last: _____ First: _____ Age: _____

3. Last: _____ First: _____ Age: _____

Address, City: _____ Home Phone: _____

Child lives with: Both Parents Mother Father Other: _____

Father's/Guardian's Information:

Name: _____ Cell: _____

Employer: _____ Work #: _____

Mother's/Guardian's Information:

Name: _____ Cell: _____

Employer: _____ Work #: _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

Emergency Contact #1: _____

Name _____ Relationship to Member _____
Home: _____ Work: _____ Cell: _____

Emergency Contact #2: _____

Name _____ Relationship to Member _____
Home: _____ Work: _____ Cell: _____

PAYMENT INFORMATION

REGISTRATION

\$50/ Per Child in Household

School Year 2020-2021 Fall Semester (August -December)

\$400/ Monthly Kindergarten \$370/Monthly 1st – 6th \$300/Monthly 7th – 8th \$260/Monthly 9th – 10th

SNACKS & LUNCH NOT INCLUDED

I agree to pay the above amount to the Boys & Girls Clubs of Brea- Placentia- Yorba Linda on or before the scheduled due date/s, and I understand that late or non-payments may result in late charges or my children's expulsion from the School Year Program.

Parent/Guardian Signature

Date