



**BOYS & GIRLS CLUB
OF GREATER LOWELL**

**Club
Love**

Hello Boys & Girls Club of Greater Lowell members and families,

We are very excited to open registration for our School Year 2022/2023 program! Below is an outline of the registration process, and a list of what we will need from you in order to ensure your child is ready to start with us.

Please complete the following registration forms in order to enroll your child in our School Year 2022/2023 program. These forms can be found on our website, www.lbgc.org, under the “Join the Club” tab.

- Membership form (must be filled out completely)
- Registration and weekly payment / Scholarship form, if applicable
- Participation waiver
- Mandatory Zoom orientation (Please set up appointment with the Front Desk)
- Sign updated Parent Handbook & Addendum

This School Year, the Club has a few new systems in place:

- A new background check system called Raptor. This is an added safety system that helps us screen our guests before they enter the building.
- A new communication system called Blackboard. This will be used to communicate via voicemail and text message regarding emergency Club closures or schedule changes.

To learn more about these new systems, please contact our Front Desk!

As you know, the situation with COVID-19 changes frequently, and we base our safety procedures off of guidance from the CDC, our local Board of Health, and the MA Department of Health. Please be aware that the following information is subject to change. Our current COVID-19 safety procedures are as follows:

- All members and staff will go through a health screening before entering the building, as well as complete our Daily COVID Screening form.
- Members will be asked to wash their hands after each activity as well as before and after meals.
- Visitors will not be allowed in the building.
- Staff members will wear face covering/masks throughout the day.
- Members should keep all electric devices at home.
- Only closed toed shoes at all times (Sneakers are preferred).
- Members will be escorted to parents/ guardians during the pick-up process.
- All Club surfaces will be wiped down and cleaned a minimum of three times per day.
- If a member has Covid they will be asked to stay out of the Club for 5 days or until they are no longer experiencing symptoms.
- Parents will be notified of any potential Covid-19 exposure.

We look forward to seeing you this school year. Our tentative first day of school year programming is September 7, 2022. If you have any questions please contact the front desk at (978) 458-4526 or email us at membership@lbgc.org.

Thank you,

JuanCarlos Rivera
Director of Operations



Type of Membership (Check one from each column):

<input type="checkbox"/> After-School Program 22/23	<input type="checkbox"/> New Membership
<input type="checkbox"/> Summer program 2023	<input type="checkbox"/> Renew Membership

Membership Application

Date: _____

First Name:* _____ Last Name:* _____

Date of Birth:* _____ Age: * _____

Gender:* Male Female Trans male Trans female Gender queer
 Gender non-conforming Gender fluid Other _____ Choose not to answer

Address: _____

City:* _____ Zip:* _____

Home Phone:* _____ Cell Phone:* _____

Work Phone:* _____

Parent/Guardian Email: _____

School Information

Name of School:* _____ Grade in September 2021:* _____

Did your child advance to the next grade on time? Yes No

Current Homeroom Teacher's Name:* _____

Will your child be taking the bus to the Club? Yes No

Reading Level: Behind Age Group Appropriate for Age Group Advanced for Age Group

Medical Information (Fill out completely and include insurance policy number)

Insurance Carrier:* _____ Insurance policy #:* _____

Doctor's Name: _____ Doctor's Phone: _____

Do you have a family dentist? Yes No

Emergency Hospital: _____

Medical Disability** explain medical, physical, emotional, or behavior issues

- Asthma Diabetes Hearing impairment Visual impairment ADHD
- Autism Seizures Anxiety/Depression Oppositional Defiant Disorder
- Learning Disability

Other: _____

Please list any allergies (i.e. food, medicine, etc.):** _____

Please list any medications we should be aware of:** _____



Parent/Guardian Information

Parent/guardian Name: (1)* _____ Relationship to member:* _____

Parent/guardian phone:* _____ Work phone:* _____

Parent/guardian email: _____

Parent/guardian address if different than member:* _____

Parent/guardian employed: Yes No

Name of employer:* _____

Parent/guardian occupation:* _____

Parent/guardian a former club member: Yes No

Parent/guardian Name: (2)* _____ Relationship to member:* _____

Parent/guardian phone:* _____ Work phone:* _____

Parent/guardian email: _____

Parent/guardian address if different than member:* _____

Parent/guardian employed: Yes No

Name of employer:* _____

Parent/guardian occupation:* _____

Parent/guardian a former club member: Yes No

Emergency Contact Information

Emergency Contact Name: (1) _____ Relationship to member: (1) _____

Emergency Contact able to pick up member: Yes No

Emergency Contact phone: _____ Work phone: _____

Emergency Contact work email: _____

Does Emergency contact live with member: Yes No

Emergency Contact address if different than member: _____

Emergency Contact employed: Yes No Name of employer: _____

Emergency Contact Name: (2) _____ Relationship to member: _____

Emergency Contact able to pick up member: Yes No

Emergency Contact phone: _____ Work phone: _____

Emergency Contact work email: _____

Does Emergency contact live with member: Yes No

Emergency Contact address if different than member: _____

Emergency Contact employed: Yes No Name of employer: _____



Demographic Information: All information provided will remain confidential. This information is used for funding purposes to keep costs affordable.

<p>Ethnicity: (check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Brazilian <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Bi-racial <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Choose not to answer</p>	<p>*Members live with... (check all that apply)</p> <p><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent/s <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other _____</p>	<p>*Total # of People in Household: (check one)</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more</p>	<p>*Assistance Programs: (check all that apply)</p> <p><input type="checkbox"/> None <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Social Security <input type="checkbox"/> SSI (Social security income) <input type="checkbox"/> SSDI (Social security Disability income) <input type="checkbox"/> WIC (Women, Infants, and Children) <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> Veteran's Compensation <input type="checkbox"/> Housing (Section 7, Section 8, etc) <input type="checkbox"/> Mass Housing <input type="checkbox"/> Other _____ <input type="checkbox"/> Choose not to answer</p>	<p>*School Lunch Program: (check one)</p> <p><input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable</p> <hr/> <p>*Child of military and does not live on base? (Check one)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*Primary language Spoken at home: (check one)</p> <p><input type="checkbox"/> English <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Khmer <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____</p> <hr/> <p>Foster Child</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>*Single Parent Household? (check that apply to you)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No *****</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other _____</p>	<p>*Household Annual Income:</p> <p>\$ _____</p> <hr/> <p>Is your child on an IEP? Individual Education Plan)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Is your child enrolled in ESL classes (English as Second Language) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>*Housing:</p> <p><input type="checkbox"/> Permanent (Own, rent, etc) <input type="checkbox"/> Public Housing <input type="checkbox"/> Group home <input type="checkbox"/> Foster home <input type="checkbox"/> Military Base <input type="checkbox"/> Transitional housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____</p> <hr/> <p>*Homeless in the last 12 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>*Does Member have a history with Juvenile Justice? (Check one)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Was child adjudicated?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



School Information

I give permission to the Boys & Girls Club of Greater Lowell and my child’s school to exchange information regarding my child. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child’s school or the Boys & Girls Clubs in writing.

NOTE - Parents/Guardians by your signature on this application you authorize the release of any/all of your child’s school’s academic progress reports and report cards to Boys & Girls Club of Greater Lowell for purposes of copying & submitting *the data only* to Boys & Girls Club of Greater Lowell funding sources, not your child’s name.

Please initial if you **do not** want to give permission your child’s school and BGCGL to share to information:_____

Outcome Tracking

I give permission for my child to participate in the tracking of BGCGL outcomes/goals, which includes taking surveys, pre/post-tests, participating in focus groups and tracking progress against goals.

Please initial if you **do not** want to give permission your child to participate in outcome tracking:_____

Technology

As a member of the Boys & Girls Club, my child will have access to the internet. While precautions are taken by the Boys & Girls Clubs of Greater Lowell, it is possible that s/he may access sites inappropriate for him/her. The Boys & Girls Clubs will have rules and consequences for such behavior. However, I will not hold the Boys & Girls Clubs of Greater Lowell or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child.

Please initial if you **do not** want to give permission your child to participate in technology programs:_____

Public Relations & Media

My child has permission to be used in public relation materials for the Boys & Girls Club of Greater Lowell. This may include, but is not limited to, having his/her photo or name in newspapers, newsletters, TV, BGCGL website, YouTube, BGCGL Facebook and Twitter pages).

Please initial if you **do not** want to give permission your child or their likeness to be used: _____

My child has permission to be used in public relations materials of funders and partner organizations or companies that are associated with the Boys & Girls Club of Greater Lowell (includes, but is not limited to having his/her photo or name in newspapers, newsletters, websites, YouTube, Facebook, and Twitter).

Please initial if you **do not** want to give permission your child or their likeness to be used by funders or partners: _____

Disclaimer

I hereby give permission for my child to become a member of the Boys and Girls Club of Greater Lowell. I understand that 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.

Open Door Policy

The Boys & Girls Club of Greater Lowell maintains an Open Door Policy. It is the responsibility of the Parent/ Guardian to set and enforce their expectations regarding how and when their child/teen may leave the club. The Club is not a licensed child care center and cannot be responsible for the supervision of children beyond closing time. Parents/ Guardians are responsible for their children/teen’s transportation to and from the Club.

Member’s Name: _____

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



Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE BOYS & GIRLS CLUB OF GREATER LOWELL FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of Boys & Girls Club of Greater Lowell facilities, services, equipment and premises (“Facilities”) and any participation in the Boys & Girls Club of Greater Lowell programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Boys & Girls Club of Greater Lowell, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)