

I do hereby authorize Boys & Girls Club of Columbia to secure and authorize emergency medical treatment as child listed on the application might require while under the supervision of said provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent. I authorize my child to be taken to the nearest medical facilities for care, although my preferred providers are listed below. I do hereby indemnify and hold harmless the physician, hospital, and other persons who act in reliance upon this authorization.

Note: Every effort will be made to notify the parents/guardians in case of an emergency. In the event of an emergency, it will be necessary to have the following:

Primary Physician/Clinic Name:

Physician/Clinic Phone Number:

Insurance Company/Provider:

Insurance Policy Number:

Health Report

Illnesses or Medical Conditions:

Food Allergies (please list below):

Asthma

Diabetes

Seizures

Developmental Delays

Medications (please list below):

Physical Impairment

IEP or 504 Paperwork

Behavioral Challenges (please specify below)

Additional Information (please provide below):

_____ ****I certify that my child is healthy and able to**
 participate in the Boys & Girls Club programs. _____

Parent/Guardian Signature: _____ Date: ___/___/___

SELF-IDENTIFICATION INFORMATION

Completion of this information is voluntary and is not a requirement of membership. **This information will in no way affect the decision regarding your membership application. The information will be kept confidential.**

We hope that you will complete this form to assist us in recording information for statistical reports that we are obliged to file periodically with various funding agencies.

Annual Household Income Information

Please indicate with an "X" 0-9,999 10,000-14,999 15,000 - 19,999 20,000-24,999 25,000-29,999
 30,000-39,999 40,000 -49,999 50,000-99,999 100,000 and Greater

Please check all programs that apply: TANF SSDI Food Stamps General Assistance School Lunch Program
 DFS Day Care Voucher

PARENT/GUARDIAN'S MILITARY INFORMATION

Is parent/guardian a member of: Active Military Reserve Military None

LIVING ARRANGEMENTS INFORMATION

Member lives with: both parents mother only father only guardian

Does your child live with a grandparent? yes no Do you have any 4/5 year old Pre-K children in the home? Y N

Number of people in household: _____

REQUIRED RELEASE INFORMATION

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 Boys & Girls Club of Columbia 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.

School Information

I give my permission to Boys & Girls Club of Columbia and my child's 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 Boys & Girls Club of Columbia, and in life. This release is valid for one year and may be revoked at any time by contacting the school district or Boys &

Girls Club of Columbia in writing.

Transportation and Liability Release

I give permission for my child to ride the Boys & Girls Club of Columbia bus transportation to and from field trips and any other necessary travel for Club activities. I understand that all precautions will be taken for the safety of my child and I will not hold the Boys & Girls Club, its officers, or volunteers responsible for any accident occurring during travel. I authorize the staff in charge to approve medical treatment for my child in the event of an emergency. veys and Questionnaires

I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Club of Columbia to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes surveys or other survey instruments.

Technology

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

Photos/Media

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by Boys & Girls Club of Columbia and its activities.

Miscellaneous

I understand that Boys & Girls Club of Columbia is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts. I also understand that the Club is not, nor claims to be, a licensed day care center.

Does your child have permission to walk home? Y N

If my child's age group is full please add him/her to the waitlist: Y N

Does your child need transportation? Y N

I give my permission to Boys & Girls Club of Columbia 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 Columbia including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. **All membership fees are non-refundable (with the exception for the Summer Camp Fee).**

Signature of Parent or Guardian: _____

Date: _____



**Parent or Guardian Consent For
Access to Student Records**

I consent to the release of my child's education records by the Columbia Public Schools to the agency/researcher listed below if the agency provides services to my child. The data user must maintain the confidentiality of the records.

Agency/Individual data and records to be released to: Boys & Girls Clubs of Columbia

I understand that this authorization:

- can be stopped at any time by sending a written request to Columbia Public Schools
- takes effect the day I sign it and is valid for one year

I further understand:

- That any records received by the school district from another agency may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) but will become education records protected by the Family Educational Rights and Privacy Act (FERPA).
- Provision of this authorization is voluntary.
- A copy of this release form is as valid as an original.

I understand that the education records provided by CPS will include the following records:

<input checked="" type="checkbox"/> Grades <input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Individual Education Plan or 504 Plan <input checked="" type="checkbox"/> Assessment results (specify assessments below) <input checked="" type="checkbox"/> Attendance <input checked="" type="checkbox"/> Student ID	<input checked="" type="checkbox"/> Eligibility for Free or Reduced priced lunch <input checked="" type="checkbox"/> Demographic information including: <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Grade <input checked="" type="checkbox"/> Graduation Date <input checked="" type="checkbox"/> Other (specify below) </div>
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Specify assessments and/or other data to be provided:

By signing this consent agreement, I agree that I have read and understood the above and consent to all of the above statements.

Parent/Guardian Name (print)

Student Name (print) **Student ID**

Parent/Guardian Signature Date

Phone Number

Parent/Guardian Email Address

Student Date of Birth

I do not consent to release my student's information

Parental Consent Form

Dear Parent:

Your child is attending an after school program that recently received a grant to enhance the curriculum of the after school program and provide additional resources to your child and your family. In order to determine the effectiveness of the enhanced curriculum and support we will track grade, assessment, and behavior changes for the children enrolled in this program. We also need information about whether or not your child qualifies for free or reduced lunch.

In order for your child to participate in the program and the evaluation you must complete this permission form. By signing this consent form you are giving the after school program permission to get information from the Columbia Public School District about your child's grades, skills assessments or MAP tests, qualifications for free or reduced lunch, Individualized Education Plan (IEP) and behavior, discipline and misconduct information including: out-of-school suspension, office referrals, and detentions. Also, 21st Century staff may be providing additional services to each site; students may be receiving additional services such as tutoring and/or counseling.

Information will also be collected from parents, teachers, school administrators, and after school program staff through surveys that will be distributed through the school year. Also enclosed in this packet is a parent survey for you to complete and return to your child's after school program directors.

Your child's participation in this program and research, and your participation in the enclosed survey is completely VOLUNTARY. Information about your child and any information gained from the parental survey will be kept strictly CONFIDENTIAL and will never be used in a way that identifies your child. Information will only be used in a summary format.

Information gained from this research will be used in the future planning efforts of the after school program and to determine the effectiveness of the enhanced after school programming. There are no known risks to participating in this program, evaluation, surveys, or research. Thank for your help. If you have any questions please contact the Academic Coordinator at (573) 874-1697.

My child qualifies for free or reduced lunch YES _____ No _____

I give my child _____, who attends _____

(Child's Name)

(School Name)

Permission to participate in the enhanced after school programming and research.

(Parent or Guardian)

(Date)

Parent/Guardian Consent Form

Smart Girls- is a small-group health, fitness, prevention/education and self-esteem enhancement program designed to meet the developmental needs of girls in three age groups. Through dynamic sessions, highly participatory activities, field trips and mentoring opportunities with adult women, Club girls explore their own and societal attitudes and values as they build skills for eating right, staying physically fit, getting good health care and developing positive relationships with peers and adults.

MethSmart- A methamphetamine (drug) prevention program. The MethSMART program teaches kids about alcohol, tobacco, methamphetamines and other drugs. This program will discuss health topics, explain the risk, how to avoid negative peer pressure and encourage healthy behaviors at an age appropriate level.

OJP- Is a mentoring program with a staff member and or an individual that is screened from the community who will be spending a minimum of an hour with your youth on a weekly basis at the BGC.

Passport to Manhood- Promotes and teaches responsibility in Club boys ages 8-17, Passport to Manhood represents a targeted effort to engage young men in discussions activities that reinforce positive behavior.

Smart MOVES- Participants will be exposed to various activities designed to hone their decision-making and critical-thinking skills, as well as learn how to avoid and/or resist alcohol, tobacco, other drugs and premature sexual activity.

Positive Action

Positive Action is a systematic educational program that promotes an intrinsic interest in learning and encourages cooperation among students. Positive Action engages youth in character development, social and emotional learning, and academic improvement. The effects of the program range from increased academic achievement to dramatic reductions in problem behaviors. Positive Action is offered an integrated into the Club experience in a variety of ways including, but not limited to, teaching lessons, group discussions, and inside and outside activities. A pre/post survey will be distributed as part of any Positive Action activities.

PhotoVoice

Picturing Resilience Intervention (PRI)/PhotoVoice is a group process that allows youth to discuss individual and community strengths and challenges and to use photography and writing to express their own unique perspectives. After five group sessions, PRI concludes with a photography exhibit to display participants' work in the community. **If participating in this club activity**, your child will be loaned a camera for this project, and they will take photos for this project in the local community. They will participate in group discussions and their work will be presented in a public exhibit. They will return the camera at the appointed deadline for photo printing. Your child will be asked if their photos can be shared with the public, and if they consent to having their first name listed with their photographs. A pre/post survey will be distributed as part of the group process. You have the right to withdraw consent at any time.

Mindful Living

Mindful Living is a group process that allows youth to develop social and emotional learning through mindfulness and yoga practice. **If participating in this club activity**, your child will engage in a group process that will use teaching lessons, group discussions, and inside and outside mindfulness and yoga practices. A pre/post survey will be distributed as part of the group process. You have the right to withdraw consent at any time.

I, the parent or legal guardian of _____ hereby give my permission for my child to participate in the Programs listed above at the Boys and Girls Club.

I understand the programs that are described above; if I do not understand, I know that I can contact BGC staff at any time if I have any questions.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Safe Child Agreement

The Boys and Girls Clubs of Columbia after School Program hours of operation are:

Monday through Friday 3pm to 7pm.

The Boys and Girls Clubs of Columbia Summer Hours of Operation are:

Monday through Friday 8am to 5pm

It is the responsibility of the parent or guardian to be aware of the hours of operation and have transportation arranged accordingly. If a member is not picked up by closing time, the Site Director and a staff member must stay with them to ensure their safety. The following rates will be charged to the parent/guardian and must be paid in full before the member(s) is allowed to return to the BGCC or participate in BGCC programs or activities. The rates are charged per family, not per member and will be calculated based on the clock located at the front desk.

0-10 minutes	Grace Period
After 11 minutes	\$1.00 each minute

If you have any questions, please feel free to contact us at (573) 874-1697.

Safe Child Agreement

I have read and understand the Safe Child Agreement. I know that in the event that I am late picking up my child, I will be expected to pay any late fees BEFORE he/she may attend the BGCC again.

Parent/Guardian Signature

Date

FOR PARENTS/GUARDIANS

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 [NAME] ("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) 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.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Name of Club Participant(s)