BGC'S 2021 Summer Program Parent Information Sheet
6/7/21 - 8/10/21
DUE TO COVID-19 ENROLLMENT AND DAYS OF OPERATION ARE SUBJECT TO CHANGE

A. Summer Packet

- **All forms must be signed & returned to your child's Club or info@bgccitrus.org**
  Club Rules & Consequences; Permission to Travel; T-Shirt Form; Attendance Agreement

B. Breakfast/Lunch/Snack/Water

- **Breakfast/Lunch/Snack will be provided – please provide food allergy info**
- **Please provide your child with a water bottle daily (we have water fountains to refill)**
- **No Club Members are to share or trade food**
- **Refrigerator will NOT BE AVAILABLE to our Members**
- **Microwave will NOT BE AVAILABLE to our Members**

C. Field Trips

- **Members MUST wear their T-Shirts on ALL field trips**
- **Members MUST come dressed in swim suit on swim days**
- **Field trip schedule will be provided**
- **Ratio – 1 staff to 10 Members on field trips**

D. Signing In/ Out

- **All Parents/guardians MUST show some type of identification when they are signing out their child(ren) until staff become familiar with each person**
- **NO EXCEPTIONS All Parents MUST sign your child(ren) in & out on a daily basis**
- **Only authorized adults designated on the contact list page of membership form will be allowed to sign Members out**

E. Summer Hours

- **6:30am-6:30pm, NO EARLIER - NO LATER.**
- **Habitually late pick-ups will result in removal of summer program**

F. Parent Communication/Contact Information

Central Ridge Club Remind app – text: @centralrid to: 81010
Evelyn Waters Club Remind app – text: @evelynwa to: 81010
Robert Halleen Club Remind app – text: @rhc352 to: 81010

- **Joining the Remind App for communication with Club is mandatory**
- **Please keep us updated with current numbers, addresses, etc.**
- **Please remember that only designated adults on the contact list will be allowed to sign Members out**

G. Daily Schedule

- **Weekly themes – Each week the Club will have activities to go along with each week's theme**
- **To maintain a daily schedule, ALL Members MUST be signed in no later than 9:00 am (certain field trips may require an earlier start time)**

H. Dress Code

- **No open toe shoes (sandals, flip flops, or heels) please tennis shoes/sneakers only**
- **No sleeveless shirts**
- **No short-shorts or skirts**
- **Girls- must wear one-piece bathing suits only for any water involved activities or field trips**
- **Boys – swimwear-swimming trunks**
- **Crocs/water shoes are permitted on any water activity days**

I. Medication Policy – Physician's Authorization for Prescribed Medication and Authorization for Prescription and Non-Prescription Medication Forms MUST be submitted before any medications can be stored and dispensed

J. Personal Property

- **Electronics such as cell phones and tablets are prohibited**

**** CLUB IS NOT RESPONSIBLE FOR LOST, STOLEN OR DAMAGED ARTICLES ****

BGC'S 2021

STRANGE BUT TRUE SUMMER CAMP

Please turn in all completed summer registration to your Club or email your completed packet to:
info@bgccitrus.org

GREAT FUTURES START HERE

Welcome to the 2021 Summer Program!

Some important information that pertains to you and your member:

Summer Program begins Monday, June 7th and ends Monday, August 9th. There will be no closure in observance of Sunday, July 4th.

Our hours are 6:30am – 6:30pm. Members should be signed in by 9:00 am daily (no later please).

VERY IMPORTANT: We close promptly at 6:30pm **Please note that habitually late pick-ups will result in removal of program. **

An authorized adult must sign children in and out daily. Please be aware that staff will only release children to persons listed on the authorized pick up list. All persons picking up children will be asked to show a picture ID until staff becomes familiar with authorized adults.

All children attending the summer program must have a signed copy of the Boys & Girls Club Code of Conduct in their file and adhere to the rules.

All children attending the summer program will be given a BGC t-shirt to be worn on field trips. Additional shirts may be ordered at a cost of $10.00 per shirt while supplies last.

Breakfast/Lunch/Snack will be provided daily. PLEASE provide your child/children with a water bottle. Water will always be available from our water fountain for refills. **PLEASE NO microwavable food or food that needs to be prepared or refrigerated as we do not have the facilities to accommodate this.**

Please remember to keep your child's records updated with any changes. Examples: new phone numbers, address change, emergency contacts, etc.

PHONE – Please feel free to call if necessary. Club phone numbers are: 352-621-9225

- Beverly Hills 352-621-9225 ext 6
- Homosassa 352-621-9225 ext 7
- Inverness 352-621-9225 ext 8

You may reach the administrative office between the hours of 8am - 4pm at 352- 621-9225. If you need to talk to your child call the specific club at the above number. **Member cell phone use is prohibited.**

LABEL EVERYTHING: Please be sure to label your child's lunch box, clothing, towels, etc.

As always, thank you for your help and support. Our staff is looking forward to a great summer with your children!

BGC T-SHIRT ORDER FORM **Boys & Girls Clubs of Citrus County**

CHILD'S NAME: _____

____ Youth Small ____ Youth Medium ____ Youth Large

____ Adult Small ____ Adult Medium ____ Adult Large ____ Adult XLarge

Parent / Guardian Signature: _____

PERMISSION TO TRAVEL

Child's Name: _____

Has my permission to travel with the Boys & Girls Clubs of Citrus County to the field trips for the 2021 Summer Program.

I understand that my child must be on site no later than the departure time and that return times are an approximation and may vary.

I give my permission for the Club's staff or representative to administer first aid. I give permission for the Club's staff or representative to authorize & obtain permission for emergency treatment.

I understand that I will be responsible for any damages incurred as a result of my child's actions.

I understand that all policies and procedures will apply.

_____ _____

Parent/Guardian Name (please print) Parent/Guardian Signature

_____ _____

Phone Numbers Date Signed

CODE OF CONDUCT:

- ➢ Sign in EVERYDAY
- ➢ Be respectful to staff & club members
- ➢ Wear your mask when in the building at all times except when eating or drinking
- ➢ Play fairly and be honest
- ➢ Applaud the efforts of other members
- ➢ Resolve disagreements in a positive way
- ➢ Take care of club equipment & equipment of other members
- ➢ Use appropriate language
- ➢ Dress appropriately at all times
- ➢ Listen during club assemblies/meetings and when instructions are being given
- ➢ Running is only allowed outside of the building
- ➢ No cell phones or other electronics
- ➢ The Club is not responsible for personal items brought from home

BOYS & GIRLS CLUBS OF CITRUS COUNTY RULES

- Stay in assigned area
- Respect staff & other members at all times
- Keep hands & feet to yourself
- Walk inside of the building

Consequences for Actions……

- 1st Referral……Warning
- 2nd Referral……...Warning
- 3rd Referral……One Day Suspension
- 4th Referral……Two Day Suspension and Parent Conference
- 5th Referral……Withdrawal from Program

Members MUST NOT…….

- Fight or intentionally inflict physical harm on other club members or staff
- Vandalize or steal property from the club or its members
- Use inappropriate language or obscene gestures

Consequences for Actions……

- 1st Offense…….One Day Suspension
- 2nd Offense……Two Day Suspension
- 3rd Offense……Three Day Suspension
- 4th Offense……Withdrawal from program

If a referral is written while on a field trip, it will be up to the Director's discretion to suspend the child from the next field trip. Some circumstances may warrant immediate parent pickup.

We have read, discussed and understand the above rules, consequences & Code of Conduct listed above.

Members name: _____ Members signature: _____

Parent/Guardian Signature: _____

Date Signed: _____

PLEASE CHECK THE WEEKS YOUR CHILD WILL BE ATTENDING:
(We require accurate Member attendance estimates for staffing and grant purposes. Please only commit to a week if you are sure your child(ren) are attending).

__WEEK 1 6/7-6/11

__WEEK 2 6/14-6/18

__WEEK 3 6/21-6/25

__WEEK 4 6/28-7/2

__WEEK 5 7/5-7/9

__WEEK 6 7/12-7/16

__WEEK 7 7/19-7/23

__WEEK 8 7/26-7/30

__WEEK 9 8/2-8/6

__LAST DAY OF SUMMER 8/9

*****LAST DAY OF SCHOOL FRIDAY, 6/4 - & FIRST DAY BACK TO SCHOOL MONDAY, 8/10*****

2020/2021 MEMBERSHIP APPLICATION

BOYS & GIRLS CLUBS
OF CITRUS COUNTY

Unit Name: ___Central Ridge (Beverly Hills) ___Evelyn Waters (Inverness) ___Robert Halleen (Crystal River/Homosassa)

First Name: _____ Middle: _____ Last: _____

Citrus County Student ID# _____ Nickname: _____

Gender: ___M ___F Ethnicity: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

School Information:

Current Teacher: _____

School: _____ Grade: _____

Are you enrolled in: ___ **Free Lunch**
___ **Reduced Lunch**
___ **Not Eligible**

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Physical Challenges: _____ Disabilities: _____

Allergies (include allergy to any medication): _____

Special Needs/Health Issues: ___Yes ___No If Yes, explain: _____

Medications: ___Yes ___No; If Yes, explain: _____

Additional Medical Information: _____

_____

_____

Physical Characteristics:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____ Height: _____ Weight: _____

FOR OFFICE USE ONLY: Membership #: _____ Covid-19 Waiver:_____ Student ID # _____

Entry Date: _____ Expiration Date: _____ Status: _____

Type: _____ New/Renewal Member: _____ Processed by: _____

Soaring Beyond Expectations
21st Century Community Learning Centers

Household: ***NOTE: This demographic information is collected for Grant writing purposes ONLY***

Member lives with: ____Mom ____Step Mom ____Dad ____Step Dad ____Grandparent
____Foster parent(s) ____Other: _____

Annual Income Level:

$0 - $5000 _____	$30,001 - $35,000 _____	$60,001 - $65,000 _____
$5001 - $10,000 _____	$35,001 - $40,000 _____	$65,001 - $70,000 _____
$10,001 - $15,000 _____	$40,001 - $45,000 _____	$70,001 - $75,000 _____
$15,001 - $20,000 _____	$45,001 - $50,000 _____	$75,001 - $80,000 _____
$20,001 - $25,000 _____	$50,001 - $55,000 _____	$80,001 - $85,000 _____
$25,001 - $30,000 _____	$55,001 - $60,000 _____	$85,001 - $90,000+ _____

Is there a Member of the Household 65 years old or older: ____Yes ____No

Current Head of Household: ____Female ____Male ____Both Military Branch: _____

Total Number in Household: _____ Number in Household under 18: _____

Is there a Member of the Household Handicapped: ____Yes ____No

Current Single Parent: ____Yes ____No Lives on Military Base: ____Yes ____No

TERMS & CONDITIONS

PLEASE INITIAL THAT YOU HAVE READ EACH PARAGRAGH....

____ **PARENT HANDBOOK** I have received a copy of the Boys & Girls Clubs of Citrus County handbook and agree to the Terms & Conditions on Page 13 of the Parent Handbook.

____**CLUB RULES & CODE OF CONDUCT** I agree to review the Clubs rules and consequences along with the Code of Conduct with my children. I understand that membership can be suspended or revoked should behavior warrant such action.

____**Report Cards and Student Grades** I agree to provide my child's grades each nine weeks as part of membership to the Boys & Girls Clubs of Citrus County. I understand that my child's membership may be suspended or discharged in the event my child/children does not submit Report Cards within one week of request.

____**PICTURE RELEASE** I release the right to all photographic material that the Boys & Girls Club might use for promotional activities without Obligations to me or my child/children.

____**RELEASE OF INFORMATION** I understand that this program is funded through multi-funding agencies. I understand that generic information For all those served must be shared with these funders due to grant requirements and that this data will only be used for program monitoring, Funding, coordination and planning purposes.

____**MOVIE RELEASE** I give my child/children permission to watch PG movies in the event of rain, early release days or as optional activity.

It is expressly understood and agreed that the Boys & Girls Clubs of Citrus County is not liable for the loss of property or injury.

I understand that I am responsible for any damages that my child/children's actions may incur and that membership could be suspended until restitution is made.

I give my permission for the Club's staff or representative to administer first aid in the event that my child/children may require medical attention.

I hereby authorize the Boys & Girls Clubs of Citrus County, Inc. to secure such treatment, if neither parent/guardian is available to grant permission.

The parent/guardian hereby acknowledges and fully recognizes that this document does not constitute a contract and that the sole and exclusive remedy is withdrawal of the student from the program. The parent/guardian voluntarily and knowingly releases and agrees to save Boys & Girls Clubs of Citrus County Inc. harmless from all liability, in contract tort or otherwise, for any and all injuries arising out of actions by other students, other individuals, or employees of Boys & Girls Clubs except for certain tortuous acts of the Boys & Girls Clubs agents, officers, and employees to the extent and limit provided by Section 768.28, Florida Statutes, the State of Florida's partial waiver of sovereign immunity. This provision is not to be construed as a waiver of any right of defense that the Board may possess.

I fully understand and agree to all terms and conditions stated on this form.

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

Soaring Beyond Expectations
21st Century Community Learning Centers

MEMBERSHIP APPLICATION - CONTACTS

BOYS & GIRLS CLUBS
OF CITRUS COUNTY

Member's Name: _____

PRIMARY CONTACT 1	PRIMARY CONTACT 2
Name: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Member: ____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Employer: _____	Name: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Member: ____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Employer: _____
Name: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Member: ____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____	Name: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Member: ____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____
Name: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Member: ____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____	Name: _____ Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Member: ____ Relationship to Member: _____ Phone: _____ Type: _____ Phone: _____ Type: _____

Soaring Beyond Expectations
21st Century Community Learning Centers

Citrus County School District

PARENT/GUARDIAN/ADULT
PERMISSION FOR RELEASE OF STUDENT RECORDS

BOYS & GIRLS CLUBS
OF CITRUS COUNTY

Name of School: _____ Date: _____

Address: _____
Street/PO Box City State Zip

Note: If records have been transferred, please forward request to the institution/agency/office holding this student's records.
I hereby give permission to release the following information from the educational records of:

Student's Name _____
Last First MI

Address: _____
Street/PO Box City State Zip

Grade: _____ Date of Birth: __/__/__ Student Number: _____

Please release the following:
X Achievement Test Scores Most recent IEP
X Grades (to time of withdrawal/current year

The records indicated above are to be released to;
Name of Institution/Agency/Individual: **Boys & Girls Clubs of Citrus County.**

Address: PO Box 907 Lecanto FL 34460
Street/PO Box City State Zip
ATTENTION:

I authorize the release of the above information to the institution and/or the individual named. I understand that I have a right to review all records being forwarded, prior to their release. I have also been informed that I have a right to a hearing to contest any information Contained in these records prior to their release.

_____ _____
Date Signature of Parent/Guardian/Adult Student

Soaring Beyond Expectations
21st Century Community Learning Centers

PHYSICIAN'S AUTHORIZATION FOR PRESCRIBED MEDICATIONS

PART I: (to be filled out by physician's office)

_____ _____

Child's Name **Date of Birth**

To keep this child in optimum health and maintain maximum performance and attendance, it is *necessary* that medication(s) be given during camp hours. (Note: no injections are given except in extreme emergencies, such as allergic reactions).

MEDICATION NAME: _____

FORM: (circle) **PILL** **INHALER** **LIQUID** **OTHER**_____

DOSAGE: _____ **TIME:** _____

IF YOU ARE ORDERING MEDICATION *AS NEEDED* PLEASE SPECIFY UNDER WHAT CONDITIONS MEDICATION SHOULD BE ADMINISTERED:

_____

ANY SPECIAL INSTRUCTIONS: _____

MEDICATION NAME: _____

FORM: (circle) **PILL** **INHALER** **LIQUID** **OTHER**_____

DOSAGE: _____ **TIME:** _____

IF YOU ARE ORDERING MEDICATION *AS NEEDED* PLEASE SPECIFY UNDER WHAT CONDITIONS MEDICATION SHOULD BE ADMINISTERED:

_____

ANY SPECIAL INSTRUCTIONS: _____

_____	_____	_____	_____
PHYSICIAN NAME	**PHYSICIAN SIGNATURE**	**PHONE NUMBER**	**DATE SIGNED**

PART II: (to be completed by parent/guardian)

My child _____ will be attending the program at _____.

I HEREBY GIVE PERMISSION FOR MY CHILD, NAMED ABOVE, TO ADMINISTER MEDICATION TO SELF DURING CAMP HOURS. I UNDERSTAND THE BOYS & GIRLS CLUB OF CITRUS COUNTY UNDERTAKES NO RESPONSIBILITY FOR ADMINISTRATION OF MEDICATIONS. A LISCENSED PHYSICIAN HAS PRESCRIBED THIS MEDICATION. I HEREBY RELEASE THE BOYS & GIRLS CLUBS OF CITRUS COUNTY AND ITS EMPLOYEES FROM ANY AND ALL LIABILITY THAT MAY RESULT FROM MY CHILD TAKING THIS MEDICATION.

_____	_____	_____	_____
PARENT/GUARDIAN NAME	**PARENT/GUARDIAN SIGNATURE**	**PHONE NUMBER**	**DATE SIGNED**

BOYS & GIRLS CLUBS

Child Care Facility

Authorization for Prescription Medication

SAMPLE

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in original container with the child's name, physician's name. medication name, and medication directions on the label. Non-prescription (over-the-counter) medications can only be dispensed if there is written authorization from child's primary physician. Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: _____ Age: _____

1. Medication Name: _____
   Amount to be Given: _____
   Time to be Given: _____
2. Medication Name: _____
   Amount to be Given: _____
   Time to be Given: _____

Record of Medications Given:

1. Medication Name: _____

Date and Time:	Amount:	Employee:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Record of Medications Given:

2. Medication Name: _____

Date and Time:	Amount:	Employee:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization form must be maintained and is only valid for the duration of prescription. (Retain this file for a minimum of four months).

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

_____ _____

Parent/Guardian Signature Date

BOYS & GIRLS CLUBS
OF THE SUNCOAST

Acknowledgment of Risks and Waiver of Liability Relating to Coronavirus/COVID-19

I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 ("COVID-19") was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention ("CDC") has stated that "**the best way to prevent illness is to avoid being exposed to this virus."** https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html.

I am aware of the contagious nature of COVID-19 have voluntarily chosen to allow my child(ren) to participate in programs operated by Boys & Girls Clubs of the Suncoast ("BGCS").

I acknowledge that BGCS employees provide come into contact with multiple individuals, and might become exposed to COVID-19. I also acknowledge that although BGCS takes precautions to reduce the likelihood of transmission of COVID-19 by its employees, BGCS cannot guarantee that my child(ren) will not become infected with COVID-19.

I knowingly acknowledge that by allowing my child(ren) to participate in BGCS's programs, I am exposing my child(ren) and myself to the risk of becoming infection with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 may result from the actions, negligence, and failures to act of myself and others, including, but not limited to, BGCS employees, and other program participants and parents.

I agree to assume all of the foregoing risks, and accept personal 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 or nature, that I may suffer arising out of or in connection with my child(re) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in any BGCS program. On my own behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge the BGCS, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action or inaction of any of BGCS, its employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any BGCS program.

Parent or guardian's signature

_____ Date: _____

BOYS & GIRLS CLUBS OF CITRUS COUNTY

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 Citrus County ("The 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.

Transportation

By signing this agreement, I acknowledge that during transportation from my child's school or other destination, that 6 ft. distancing may not be possible with CDC distancing guidelines. I acknowledge that the only way for the Boys & Girls Clubs of Citrus County (BGCCC) to get my child from the school to the Club is via 12 passenger vans, transit buses, or traditional school buses; and CDC distancing is not possible. I acknowledge that my child will not be transported to the Club by BGCCC without this waiver being signed, and/or I have the option to transport my child separately than Boys & Girls Clubs of Citrus County. I acknowledge the risk involved with being transported and not following CDC 6 ft. distancing guidelines and 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 transportation to the Club or participation in Club programming ("Claims").

Signature of Parent/Guardian Date

Name of Parent/Guardian Name of Club Participant(s)