



**BOYS & GIRLS CLUB  
OF MILFORD**

## Summer Camp 2022

\*All forms and payment **must** be received before your child's membership for the Summer Camp is secure. There are no exceptions.

### **Registration:**

- ☐ Online Registration Complete
  - ☐ Week 1: July 5th, 2022 - July 8th, 2022
  - ☐ Week 2: July 11th, 2022 - July 15th, 2022
  - ☐ Week 3: July 18th, 2022 - July 22nd, 2022
  - ☐ Week 4: July 25th, 2022 - July 29th, 2022
  - ☐ Week 5: August 1st, 2022 - August 5th, 2022
  - ☐ Week 6: August 8th, 2022 - August 12th, 2022
  - ☐ Week 7: August 15th, 2022 - August 19th, 2022

### **Paperwork:**

- ☐ Membership Disclaimer
- ☐ Household Certification Form (CDBG)
- ☐ Informed Consent Waiver
- ☐ BGCM Assumption of Risk Waiver
- ☐ Additional Pick-Up Form
- ☐ Most Recent Physical Form
- ☐ Authorization of Administration of Medication Form, if applicable
- ☐ Individual Plan of Care Form, if applicable
- ☐ Copy of Birth Certificate (for new enrolling 5 yr. Old's, must have completed Kindergarten)
- ☐ Permission to Leave Form, if applicable (Only for Middle/High School Members)
- ☐ Field Trip Permission Form
- ☐ T-shirt Size Youth: \_\_\_\_\_ or Adult: \_\_\_\_\_

### **Payment:**

- ☐ Care4Kids Approval/Denial Letter, if applicable
- ☐ BGCM Scholarship Form, if applicable \*requires Care4Kids Denial\* (deadline is May 1st)
- ☐ Payment Deposit
- ☐ Paid in Full

**\*Camp must be paid in full by June 1st, 2022. Contact us if you need a payment plan.\***

Member Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_



## **Membership Disclaimer**

### **Summer Camp 2022**

I have reviewed the completed application and acknowledge that the information provided is true and accurate to the best of my knowledge.

I also acknowledge that I have read the Summer Camp 2022 Parent Handbook, understand the rules contained in the Parent Handbook and explained the Rules to my child. I request that my child be admitted into membership of the Boys & Girls Club of Milford's 2022 Summer Camp Program and I give permission for my child to participate in all club activities.

I further acknowledge that the failure by me or my child to follow the rules may result in my child's suspension or expulsion from the Club. I agree that the Club will not be responsible for any accident to my child on the Club's premises or while engaged in any of its activities.

If I agree that photos of my child may be used in public relations materials, I give my consent for any photographs in which my child may appear to be used in any way the Club may choose to use them for that purpose.

☐ **Yes, I give my child permission to be used in public relations material.**

☐ **No, I do not give my child permission to be used in public relations material.**

I acknowledge that the Boys & Girls Club of Milford is not a peanut free facility and some snacks may contain nuts.

☐ **If you would like to opt out of your child receiving snacks please check this box.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Household Certification Form

Participant Name: _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address _____			
Number of Person(s) in the Household: [    ]		Number of Children under the Age of 18: [    ]	
Female Headed Household Yes <input type="checkbox"/> No <input type="checkbox"/>			
Number of Persons 62 years of Age or Older: [    ]		Household with Disabled Person: [    ]	
U. S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please advise immigration status _____			
Student Status:			
Name _____	F/T <input type="checkbox"/>	or P/T <input type="checkbox"/>	Student Age: _____
Name _____	F/T <input type="checkbox"/>	or P/T <input type="checkbox"/>	Student Age: _____
Name _____	F/T <input type="checkbox"/>	or P/T <input type="checkbox"/>	Student Age: _____

**Please Provide Household Race/Ethnicity (Check one per household).**

### Household Income

The program participant checks the income level that meets, but does not exceed, the total household adjusted gross income (AGI). A household income includes persons related, and unrelated, over the age of 18 and living in the home for 6 months or more. The program manager may request additional income documentation when required.

Total Household Income (Check one box)	Household Income Level (AGI) 4/29/19
<input type="checkbox"/>	\$52,850
<input type="checkbox"/>	\$60,400
<input type="checkbox"/>	\$67,950
<input type="checkbox"/>	\$75,500
<input type="checkbox"/>	\$81,550
<input type="checkbox"/>	\$87,600
<input type="checkbox"/>	\$93,650
<input type="checkbox"/>	\$99,700

### CERTIFICATION:

I/We hereby certify that the information on this form is complete and correct to the best of my knowledge.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is required to receive Federal funds to assist this organization to continue to offer this program or activity. The information on this form is confidential and will not be shared with an agency other than the Grantor, the Department of Community Development, which regulates use of Community Development Block Grant funds for the City of Milford. This information is used to determine program eligibility and the statistical information of the participant to ensure that CDBG funds assist low and moderate-income individuals and families.

## INFORMED CONSENT

(this form may be used for staff and parents of children enrolled at a youth camp during the COVID-19 declared emergency)

I hereby attest that I have been informed of the following pertaining to the coronavirus:

People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in CDC's guidance.<sup>1</sup> Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.

- Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

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Signature of Staff or Parent/Guardian

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Printed Name

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Child's Name (if a parent/guardian)

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Date

<sup>1</sup> Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index (BMI) of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provide to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.



**BOYS & GIRLS CLUB  
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**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 Club of Milford has put in place preventative measures to reduce the spread of COVID-19; however, we **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Boys & Girls Club of Milford's 2022 Summer Camp Program 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 **Boys & Girls Club of Milford's 2022 Summer Camp Program** 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 **Boys & Girls Club of Milford's 2022 Summer Camp Program** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, 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 **Boys & Girls Club of Milford 2022 Summer Camp Program**. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless **Boys & Girls Club of Milford**, its employees, Board of Directors, 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 **Boys & Girls Club of Milford**, its employees, Board of Directors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in **Boys & Girls Club of Milford Summer Camp 2022**.

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Signature of Parent/Guardian

Date

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Name of Parent/Guardian

Name of Camp Participant(s)



# PICK-UP LIST

Child's Name: \_\_\_\_\_

Please add the following names to my child's pick-up list:

<u>First / Last Name</u>	<u>Phone</u>	<u>Relationship to Member</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give permission for my child to be picked up by those names listed above. If there are any changes to this list, I will be sure to inform The Boys & Girls Club of Milford.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

#### **Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug? ☐ YES ☐ NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_ ☐ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Nurse Signature (if applicable) \_\_\_\_\_

#### **Parent/Guardian Authorization:**

☐ I request that medication be administered to my child/student as described and directed above

☐ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)

☐ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian authorization for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

School nurse, if applicable, approval for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

Individual Plan of Care for a Child  
With Special Health Care Needs or Disabilities

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Special health care need or disability:

Plan for appropriate care of the child in a medical emergency. An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Signature(s) of the Parent(s):

\_\_\_\_\_  
\_\_\_\_\_

Date Signed:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

Please use the reverse side of this form for signature(s) of all staff responsible for the care of this child.



## Medication Administration Record (MAR)

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Pharmacy Name \_\_\_\_\_ Prescription Number \_\_\_\_\_

Medication Order \_\_\_\_\_

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Medication authorization form must be used as either a two-sided document or attached first and second page.

☐ Authorization form is complete

☐ Medication is appropriately labeled

☐ Medication is in original container

☐ Date on label is current

Person Accepting Medication (print name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## **PERMISSION FORM**

For Middle and High School Members Only

### **Leave the Building**

I give my child \_\_\_\_\_ permission to leave the Boys & Girls Club of Milford once they have signed into the club. Once members leave the building they will be considered signed out for the day and will not be able to re-enter unless they are accompanied by their parent/guardian. I understand that the Boys & Girls Club of Milford is not responsible for my child while they are outside the building without supervision.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Phone number I can be reached at \_\_\_\_\_

## **Acceptable Use Policy for Members**

An **Acceptable Use Policy** defines appropriate use of computer equipment and the internet for both staff and members, as approved by the Board of Directors and signed by each staff member and placed in their membership file.

### **Responsible Computer Use Guidelines for Members**

The Boys & Girls Club of Milford's computer network and internet access are available to members to enhance their educational experience and help them become literate in an increasingly technological world.

The purpose of this Acceptable Use Policy is to foster the appropriate use of that network, email and the internet. The following guidelines apply to all users, whenever they access any of the Clubs network connections.

### **Educational Purpose**

The Boys and Girls Club of Milford's network has been established for educational purposes limited to classroom activities, school-to-career development and scholastic research on appropriate subjects.

The Clubs' network has not been established as a public access service or a public forum. The Club has the right to place reasonable restrictions on the material members access or post through the system. Members are expected to follow this Acceptable Use Policy (as well as other Club rules and policies applicable to members) when in the Technology Center or accessing the network.

The Clubs' network is considered a limited forum, similar to a school and, therefore, the Club reserves the right to regulate that forum for valid educational reasons. The Club will not restrict speech on the basis of a disagreement with opinions you, the members, are expressing.

You should expect only limited privacy with the content of your personal files on the Clubs' network. This situation is similar to the rights you have in the privacy of your locker at school.

The Club reserves the right to search your files, if there is a reasonable suspicion you violated this Acceptable Use Policy, Club rules and policies, or the law.

### **Unacceptable Uses and Personal Safety**

You must not post personal contact information about yourself or other people. Personal contact information includes (but is not limited to) home, school or work addresses; telephone numbers; and email addresses.

You must never agree to meet with someone you have met online without your parent's approval. A parent or guardian should always accompany you to such meetings.

You must promptly disclose to a Club staff member any message you receive that is inappropriate or makes you feel uncomfortable.

## **Illegal Activities**

You must not attempt to gain unauthorized access to the Clubs' network, or to any other computer system through the Clubs' network. This includes attempting to log in through another person's account or accessing another person's files. These actions are illegal, even if only for the purpose of "browsing."

You must not make deliberate attempts to disrupt the computer system or destroy data by spreading computer viruses.

You must not use the Clubs' network to engage in any illegal act, including, but not limited to, arranging for the purchase or sale of alcohol, tobacco or other drugs; engaging in criminal activity; or threatening the safety of another person.

## **System Security**

You are responsible for your individual user account and should take all reasonable precautions to prevent others from being able to use your account. Under no circumstances should you provide your password to another person.

You must immediately notify a Club staff member if you have identified or witnessed a possible security problem.

Do not look for security problems, because this may be construed as an illegal attempt to gain access.

## **Inappropriate Use**

Restrictions against inappropriate use apply to public message, private message and material posted on web pages. Within reason, freedom of speech and access to information will be honored.

The following are not permitted:

- Sending or displaying unkind or offensive messages or pictures, pornography or hate literature
- Using unkind or obscene language
- Harassing, insulting or attacking others
- Intentionally damaging computers, computer systems or computer networks
- Violating copyright laws
- Using another person's password
- Trespassing into another person's folders, work or files

- Intentionally wasting limited resources (i.e., distributing mass email messages, participating in chain letters, creating or participating in unauthorized newsgroups, and storing files on file servers without proper authorization)
- Employing the network for commercial purposes, political activities or lobbying
- Installing additional software without prior approval
- Using portal or proxy websites

Violations may result in the loss of access, as well as other disciplinary or legal action.

### **Respect for Privacy**

You must not re-post a message that was sent to you privately, without the permission of the person who sent the message.

You must not post private information about another person.

### **Plagiarism and Copyright Infringement**

You must not plagiarize works you find on the internet. Plagiarism is taking ideas, writing or pictures of others and presenting them as your own. It is dishonorable, and it is a prohibited use of this facility.

You must respect the rights of copyright owners. Copyright infringement occurs when you reproduce a work that is protected by a copyright without authorization. If a work contains language that specifies appropriate use of that work, you should follow the expressed requirements. Copyright law can be confusing; therefore, if you have any questions, please ask a teacher or Club staff member.

### **Disciplinary Actions**

Members who violate the Acceptable Use Policy may be denied future internet and/or network privileges for a defined period of time, and may be subject to other disciplinary measures as set forth by Club policies.

By signing below, I agree that I have read, understand and will abide by these regulations.

Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent/guardian, I acknowledge I have reviewed and read these rules and regulations with my child.

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

# SAMPLE FORM

## YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 Years  
From Date of Last Examination

☐ Camper  
☐ Staff

**Please Return Completed Form to the Camp**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

### TO BE COMPLETED BY THE HEALTH CARE PROVIDER

**Date of Exam** \_\_\_\_/\_\_\_\_/\_\_\_\_

May participate in all camp activities ☐ YES ☐ NO

May participate except for: \_\_\_\_\_

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

Are there any prescription or over the counter medication(s) this individual needs to take while at camp? ☐ YES ☐ NO

If yes, indicate names of medication(s): \_\_\_\_\_

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes? ☐ YES ☐ NO

Additional Comments:

Printed Name of Health Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician, PA, APRN or RN \_\_\_\_\_ Date Form Signed: \_\_\_\_\_