



BOYS & GIRLS CLUB
OF MILFORD

Summer Camp 2020 – Check List

*All Forms and Payment must be received before your child’s membership for the Summer Camp is secure. There are no exceptions.

Online Registration

___ Week #1: 6/22/20 - 6/26/20:	Before Care 8:00 – 9:00am	Camp 9:00am – 2:00pm	After Care 2:00 – 4:00pm
___ Week #2: 6/29/20 - 7/02/20:	Before Care 8:00 – 9:00am	Camp 9:00am – 2:00pm	After Care 2:00 – 4:00pm
___ Week #3: 7/06/20 - 7/10/20:	Before Care 8:00 – 9:00am	Camp 9:00am – 2:00pm	After Care 2:00 – 4:00pm
___ Week #4: 7/13/20 - 7/17/20:	Before Care 8:00 – 9:00am	Camp 9:00am – 2:00pm	After Care 2:00 – 4:00pm
___ Week #5: 7/20/20 - 7/24/20:	Before Care 8:00 – 9:00am	Camp 9:00am – 2:00pm	After Care 2:00 – 4:00pm
___ Week #6: 7/27/20 - 7/31/20:	Before Care 8:00 – 9:00am	Camp 9:00am – 2:00pm	After Care 2:00 – 4:00pm
___ Week #7: 8/03/20 – 8/07/20:	Before Care 8:00 – 9:00am	Camp 9:00am – 2:00pm	After Care 2:00 – 4:00pm
___ Week #8: 8/10/20 – 8/14/20:	Before Care 8:00 – 9:00am	Camp 9:00am – 2:00pm	After Care 2:00 – 4:00pm
___ All Weeks 6/22/20 – 8/14/20:	Before Care 8:00 – 9:00am	Camp 9:00am – 2:00pm	After Care 2:00 – 4:00pm

- Membership Disclaimer
- Household Certification Form (CDBG)
- Most Recent Physical Form
- Copy of Birth Certificate (new enrolling 5yr. old, must have completed Kindergarten)
- Pre-Camp Health Screening – Due on Opening Day
- BGCM Waiver
- Authorization for Administration of Medication
- Credit or Debit Payment \$ _____

***Camp must be paid in full, 24 hours after Registration Confirmation Email. *Contact us if you need a payment plan.**

Optional:

- Care 4 kid’s Approval/Denial letter
- BGCM Scholarship form
- Leave the Building form (6th Graders and Up)
- Additional Pick Up List

***Limited Scholarships available**, please contact Jill DeWerdt at Jilldewerdt@boysandgirlsclubofmilford.com for details.

Member Name: _____ Age: _____ Grade: _____

Date Complete: _____



Membership Disclaimer

Summer Camp 2020

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 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 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 the Snack Program please check this box.

Parent Signature

Date

Member Signature

Date

Household Certification Form

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

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

- | | |
|--|---|
| <input type="checkbox"/> White
<input type="checkbox"/> Black
<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian White
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Other Multi-Racial | <input type="checkbox"/> Hispanic
<input type="checkbox"/> Hispanic, White
<input type="checkbox"/> Hispanic, Black
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
|--|---|

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
	\$52,850
	\$60,400
	\$67,950
	\$75,500
	\$81,550
	\$87,600
	\$93,650
	\$99,700

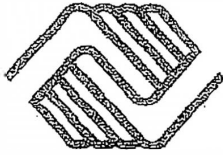
CERTIFICATION:

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.



BOYS & GIRLS CLUB
MILFORD

PERMISSION FORM

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 _____



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



**BOYS & GIRLS CLUBS
OF MILFORD**

Assumption of the Risk and Waiver if 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 Boys & Girls Club of Milford Summer Camp 2020 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 Summer Camp 2020** 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 Summer Camp 2020** 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 Summer Camp 2020** or participation **Boys & Girls Club of Milford Summer Camp 2020**. 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 2020**.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Name of Camp Participant(s)

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](#).¹ 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.

Signature of Staff or Parent/Guardian

Printed Name

Child's Name (if a parent/guardian)

Date

¹ 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.

Camper Name: _____

Session: _____

Pre-Camp Health Screening

Dear Camp families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Symptoms (symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____
2. No one in our household has been sick in the 14 days prior to camp. Initial _____
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
4. My child has adhered to our state's guidelines regarding COVID19. Initial _____

Start date of temperature/symptom screening:

Day:	14	13	12	11	10	9	8
Temp/symp							
Day:	7	6	5	4	3	2	1
Temp/symp							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Parent Signature: _____ Date: _____
Camper Signature: _____ Date: _____