2020 Fall Day Camp  Ages 6-12

Alameda Boys & Girls Club (ABGC) will be offering a limited and modified program Fall Day Camp. Due to current restrictions, a limited number of spots are available at our site. We will require weekly registration for this program. Our Fall Day Camp program is open to members in 1st through 5th grade. Our Fall Day Camp will be Monday-Friday, 2:30-6:30pm. Families interested in participating must register in-person at the Club Monday-Friday 5:00-6:30pm for the next month by the 25th of each month (see payment schedule below). You must bring this completed packet to the first registration only. Spots will be assigned on a first come, first served basis.

Our Fall Day Camp is open to members in 1st through 5th grade and begins August 31, 2020.

Membership Fee: $100.00 (one time annual fee for 2020-2021 annual membership)

Hours of Operation: Program: 2:30-6:30pm
                                                Afternoon Drop-Off: 2:30-3:15pm
                                                Evening Pick-Up: 5:30-6:30pm

Payments: Payments can be made in person Monday- Friday, 5:00-6:30pm. Payments for the next month are due by the 25th of the prior month.
                                                Cash, Check and Credit Cards will be accepted.

Water: Our drinking fountains are covered over and will not be used until deemed to be safe by ACHD. Personal water bottles are encouraged.

Safety Precautions:
• Parents/guardians will not be allowed in the Club
• Members must have their temperature taken before entering the building
• Social distancing will be maintained
• Face masks will be required for ALL members & staff
• Routine hand washing
• Limited group size
• No team activities/sports. Sharing of equipment/supplies is not allowed.
• Staff will be cleaning and disinfecting after each activity and throughout the day

Questions? Please email Program Director, James Adkins, at jadkins@alamedabgc.org
**Parent/Guardian Expectations:**

Parents/guardians are asked to support the Club in providing a safe space for our members and staff by informing the Club of any changes to their child’s health or community exposure. If a child exhibits any symptoms of fever, runny nose, coughing or shortness of breath, parents are asked to keep them home until their symptoms have subsided for 72 hours without the assistance of medication.

Parents/guardians must drive their child(ren) to the front for check-in each day and must answer the following questions:

- **Has your child had a fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash in the last 72 hours?**
- **Has your child been exposed to someone who has been diagnosed with COVID-19?**
- **Have you or your child traveled internationally in the last two weeks?**

If you answer **yes** to any of these questions, your child will not be admitted into the program and you will be asked to return when you are able to answer **no**. If you pass the verbal screening, your child will have their temperature checked. If lower than 99.5 F – Member may enter building and proceed to handwashing station. If 99.5 F or higher - Member will be sent home until fever-free without fever reducing medication for at least 72 hours.

If members begin exhibiting symptoms of fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash staff will notify parents immediately. Parents are expected to pick up their child as soon as possible.

**Member Expectations:**

Members participating in the program are expected to follow Club policies surrounding behavior, hygiene, health practices, social distancing, and any recommendations outlined by the CDC. Members must be able to participate in program at their designated workspace and follow instructions of staff in order to ensure their safety.

*Members who show disregard for Club policies or exhibit intentional disruptive behavior may be asked to leave the program. Parents/guardians should speak with their child(ren) and reinforce the importance of compliance and safety. It is up to the parent/guardian to provide a mask and to instruct their child to wear it.*

Members are asked to leave personal items and snacks at home.

Questions? Please email Program Director, James Adkins, at jadkins@alamedabgc.org
2020 Fall Club Pass Grades 1-5

I, the parent/guardian of ________________________, understand and agree to abide by the following:

- I have read and understand the information outlined above
- I will not bring my child to the Club if I know they cannot pass the wellness screening and temperature check
- I will abide by the temperature reading taken at the Club and willingly bring my child home if he/she has a fever of 99.5 or more
- I will quickly come pick up my child if I get a call from staff indicating my child is showing symptoms of a fever, cough, sore throat, shortness of breath, vomiting, diarrhea, or a rash
- I will reinforce the expectations with my child

Parent/Guardian Signature: ___________________________ Date: __________

Parent/Guardian Name Printed: ___________________________
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 (WHO). 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.

Alameda Boys & Girls 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 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 Alameda Boys & Girls Club and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Alameda Boys & Girls Club may result from the actions, omissions or negligence of myself and others, including but not limited to: Alameda Boys & Girls 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/or 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 Alameda Boys & Girls Club or participating in Club programming.

On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless the Alameda Boys & Girls 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 Alameda Boys & Girls Club, its employees, agents and representatives, whether a COVID-19 infection occurs before, during or after participating in any Club program.

Parent/Guardian Signature: ___________________________ Date: __________
Parent/Guardian Name Printed: ___________________________
Name of Club Member(s): ___________________________
2020 – 2021 Membership Application

Please print in black or blue ink only and complete entire application. Incomplete applications will not be accepted and/or processed.

First Name: ___________________ Middle: _____ Last Name: ___________________

Age: _____ Date of Birth: ___________ Gender: _____

Address: ________________________________________________________________

City: ___________________________ State: _____ Zip Code: __________

Home: (____) _____-______ Cell: (____) _____-______

Parent/Guardian e-mail address: ___________________________________________

Emergency Contact: ___________________________________ Phone: (____) _____-______

Authorized Pickup: ___________________________________ Phone: (____) _____-______

Authorized Pickup: ___________________________________ Phone: (____) _____-______

Race/Nationality (for reporting purposes only)

Do you identify yourself as Hispanic or Latin?  Check One: Yes _____ No _____

Black/African American _____ American Indian/Alaskan Native & White _____

White/Caucasian _____ Black/African American & White _____

Asian _____ American Indian/Alaskan Native & Black/African American _____

Asian & White _____ American _____

American Indian/Alaskan Native _____ Other (Please Specify) ___________________

Hawaiian/Pacific Islander _____

School Information:

School Name: ___________________________ Grade: _____

Family Information:

Parent/Guardian Name: ___________________________________________

Parent/Guardian Work: (____) _____-______ ext. _____ Parent Guardian Cell: (____) _____-______

Parent/Guardian Name: ___________________________________________

Parent/Guardian Work: (____) _____-______ ext. _____ Parent Guardian Cell: (____) _____-______

Is your Household a Single Parent Household?  Check One: Yes _____ No _____

Total Number of Household Members (Include all adults and children): _____

It is important for future funding that we track average household income of our membership. All information will be confidential and will not be supplied to any other person(s) and/or agencies.

Family Gross Annual Income (for reporting purposes only)

Please Check One:

$0-$35,000 _____ $35,001-$45,000 _____ $45,001-$54,000 _____

$54,001-$65,000 _____ $65,001-$80,000 _____ $90,001+ _____
2020 – 2021 Membership Application

Medical Information:

Doctor’s Name: _______________________________ Doctor’s Phone: (____) ____-______ ext. ____

Does your family have health and/or accident insurance? Yes _____ No _____

Insurance Provider: ___________________________ Group #: ___________________

Please indicate any medical problems and/or allergies: ___________________________

Please indicate any medication presently taking: ___________________________

Please indicate any food allergies or dietary restrictions: __________________________

Parental/Guardian Release Form:

Safe Guard Policy:
I, the parent/guardian of the minor child listed on this application, understand and agree to adhere to the Club’s Safe Guard Policy as it pertains to my child, who is between the ages of 6-11. I also understand that the reason for this policy is to ensure a safer environment for my child while at the Alameda Boys & Girls Club (ABGC).

Parent/Guardian initials: __________

Technology:
As a member of ABGC your child will have access to the Internet. While precautions are being taken, it is possible that he or she may access inappropriate sites. ABGC will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Parent/Guardian initials: __________

Surveys and Questionnaires:
I, the parent/guardian of the minor child listed on this application, give permission for ABGC to survey my child about his or hers Club experience and behaviors, skills and attitude using Boys & Girls Club of America’s Youth Development Outcome Measurement Tool Kit surveys and other survey instruments.

Yes _____ No _____

Parent/Guardian initials: __________

Photo and Media:
I give permission for my child’s picture, moving pictures, or any other graphic depiction or likeness, to be used by ABGC and its activities.

Yes _____ No _____

Parent/Guardian initials: __________

Health Screenings:
ABGC hosts free Health Screenings throughout the year (Health, Vision, & Dental), for our members. Would you like information regarding upcoming Health Screening events at the Club?

Yes _____ No _____

Parent/Guardian initials: __________

I hereby approve my child’s application for membership into the Alameda Boys & Girls Club program. It is understood that if my child is injured while participating in a Club sponsored activity; the Alameda Boys & Girls Club will be held harmless. In case of an emergency, I give my consent for my child to receive medical treatment by a physician or a hospital.

Parent/Guardian Signature: ___________________________ Date: __________