

Unit Name:
Jacksonville Middle School
 Date Entered Into
 MyClubHub:
 ___/___/___
 Member ID#:
MCH



BOYS & GIRLS CLUBS
 OF CENTRAL ILLINOIS

Date Received: _____
 () Renewal
 () New

 Amount Paid: _____
 Received By: _____

Membership Application

The following information is necessary for our records and the funding our Organization receives. The answers you provide are COMPLETELY CONFIDENTIAL. Your cooperation in providing this information is both appreciated and necessary.

HOUSEHOLD DEMOGRAPHIC INFORMATION

| | | | | | |
|--|--|--|--|--|---|
| Household Composition – check only one <input type="checkbox"/> Two Adult Household <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Mother Only Household <input type="checkbox"/> Foster Home <input type="checkbox"/> Father Only Household <input type="checkbox"/> Group Home | | Housing Type – check only one <input type="checkbox"/> Foster <input type="checkbox"/> Permanent (Own or Rent) <input type="checkbox"/> Group Home <input type="checkbox"/> Public Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Transitional Housing | | Family Size In the household # children ___ # adults _____ | Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ |
| Household Annual Income – select the appropriate income range below. | | | | | |
| <input type="checkbox"/> \$0 - \$10,000 | <input type="checkbox"/> \$35,001 - \$40,000 | <input type="checkbox"/> \$65,001 - \$70,000 | <input type="checkbox"/> \$95,001 - \$100,000 | <input type="checkbox"/> \$125,001 - \$130,000 | |
| <input type="checkbox"/> \$10,001 - \$15,000 | <input type="checkbox"/> \$40,001 - \$45,000 | <input type="checkbox"/> \$70,001 - \$75,000 | <input type="checkbox"/> \$100,001 - \$105,000 | <input type="checkbox"/> \$130,001 - \$135,000 | |
| <input type="checkbox"/> \$15,001 - \$20,000 | <input type="checkbox"/> \$45,001 - \$50,000 | <input type="checkbox"/> \$75,001 - \$80,000 | <input type="checkbox"/> \$105,001 - \$110,000 | <input type="checkbox"/> \$135,001 - \$140,000 | |
| <input type="checkbox"/> \$20,001 - \$25,000 | <input type="checkbox"/> \$50,001 - \$55,000 | <input type="checkbox"/> \$80,001 - \$85,000 | <input type="checkbox"/> \$110,001 - \$115,000 | <input type="checkbox"/> \$140,001 - \$145,000 | |
| <input type="checkbox"/> \$25,001 - \$30,000 | <input type="checkbox"/> \$55,001 - \$60,000 | <input type="checkbox"/> \$85,001 - \$90,000 | <input type="checkbox"/> \$115,001 - \$120,000 | <input type="checkbox"/> \$145,001 - \$150,000 | |
| <input type="checkbox"/> \$30,001 - \$35,000 | <input type="checkbox"/> \$60,001 - \$65,000 | <input type="checkbox"/> \$90,001 - \$95,000 | <input type="checkbox"/> \$120,001 - \$125,000 | <input type="checkbox"/> \$150,001 – or More | |

Assistance Programs - check all programs that apply to this household

| | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Medicaid | <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) |
| <input type="checkbox"/> CCAP (Childcare Assistance) | <input type="checkbox"/> Medicare | <input type="checkbox"/> Veteran Compensation |
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> SSDI (Social Security Disability) | <input type="checkbox"/> WIC (Women, Infants & Children) |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> SSI (Supplemental Security Income) | <input type="checkbox"/> Other _____ |

HEAD OF HOUSEHOLD (primary parent/guardian)

| | | |
|-------------------|------------------|-----------------------|
| First Name | Last Name | E-mail Address |
|-------------------|------------------|-----------------------|

| | | |
|-----------------------|--------------------|-----------------|
| Street Address | City, State | Zip Code |
|-----------------------|--------------------|-----------------|

| | | |
|--|--|--|
| Cell Phone Number (____) _____ - _____ | Home Phone Number (____) _____ - _____ | Date of Birth ____/____/____ |
|--|--|--|

| | | | |
|--|--|--------------------------------------|---|
| Race/Ethnicity – select any that apply | | Gender | Relationship to Member |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> Female | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Male | <input type="checkbox"/> Step-parent |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Other | <input type="checkbox"/> Transgender | <input type="checkbox"/> Legal Guardian |

| | | |
|---|-----------------|--|
| Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Retired | Employer | Work Phone Number (____) _____ - _____ |
|---|-----------------|--|

| | | |
|--|---|--|
| Current/Former Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No | Currently Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No | Branch of Service – select all that apply |
| | | <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard <input type="checkbox"/> Retired <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Veteran |

| | | |
|--|--|--|
| Greatest Level of Education Achieved | | |
| <input type="checkbox"/> Doctoral or professional degree | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> High school diploma or equivalent |
| <input type="checkbox"/> Master's degree | <input type="checkbox"/> Postsecondary nondegree award | <input type="checkbox"/> No formal educational credential |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Some college, no degree | |

SECOND PARENT/GUARDIAN (must be at same address as above)

| | | | | | |
|---|--|---|--|--|--|
| First Name | | Last Name | | E-mail Address | |
| Cell Phone Number (____)____-____ | | Home Phone Number (____)____-____ | | Date of Birth ____/____/____ | |
| Race/Ethnicity – select any that apply <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Other | | | | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender | |
| Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Retired | | | | Employer | |
| | | | | Relationship to Member <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian | |
| | | | | Work Phone Number (____)____-____ | |
| Current/Former Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No | | Currently Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No | | Branch of Service – select all that apply <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard <input type="checkbox"/> Retired <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Veteran | |
| Greatest Level of Education Achieved <input type="checkbox"/> Doctoral or professional degree <input type="checkbox"/> Associate’s degree <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Master’s degree <input type="checkbox"/> Postsecondary nondegree award <input type="checkbox"/> No formal educational credential <input type="checkbox"/> Bachelor’s degree <input type="checkbox"/> Some college, no degree | | | | | |

MEMBER INFORMATION

Membership requires youth be between the ages of six (6) and eighteen (18). Children who are 5 & 6 years old may be required to provide age verification with a photocopy of their birth certificate or verification by the child’s school.

| | | | | | |
|---|--|---|--|---|--|
| First Name | | Middle Name | | Last Name | |
| Primary Contact Phone Number (____)____-____ | | Home Phone Number (____)____-____ | | Date of Birth ____/____/____ | |
| Race/Ethnicity – select any that apply <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Other | | | | T-Shirt Size <input type="checkbox"/> Youth X-Small <input type="checkbox"/> Youth X-Large <input type="checkbox"/> Youth Small <input type="checkbox"/> Small <input type="checkbox"/> X-Large <input type="checkbox"/> Youth Medium <input type="checkbox"/> Medium <input type="checkbox"/> XX-Large <input type="checkbox"/> Youth Large <input type="checkbox"/> Large <input type="checkbox"/> XXX-Large | |
| School Name | | Current Grade | | School Support Services <input type="checkbox"/> 504 Plan (accommodations) <input type="checkbox"/> Private Coach <input type="checkbox"/> None <input type="checkbox"/> IEP (individualized ed plan) <input type="checkbox"/> Speech Coach <input type="checkbox"/> Other _____ | |
| Member Lives With <input type="checkbox"/> Both Mom & Dad <input type="checkbox"/> Mom & Stepdad <input type="checkbox"/> Grandparents <input type="checkbox"/> Mom Only <input type="checkbox"/> Dad & Stepmom <input type="checkbox"/> Extended Family <input type="checkbox"/> Dad Only <input type="checkbox"/> Foster Parents <input type="checkbox"/> Group Home | | | | School Based Sites ONLY <input type="checkbox"/> Adult Pick Up- <i>ALL K-5th grade</i> <input type="checkbox"/> Walk- <i>middle school ONLY</i> <input type="checkbox"/> Activity Bus- <i>middle school ONLY</i> | |
| Member has a Social Worker <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Social Worker _____ Agency _____ Phone Number _____ | | | | Member is involved in other youth programs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Girls Scouts <input type="checkbox"/> YMCA Athletics <input type="checkbox"/> Mosaic <input type="checkbox"/> Boy Scouts <input type="checkbox"/> YMCA Summer <input type="checkbox"/> Compass <input type="checkbox"/> Big Brother/Big Sister <input type="checkbox"/> 4-H <input type="checkbox"/> Other _____ | |

EMERGENCY MEDICAL INFORMATION AND CONSENT

I hereby grant permission for my child to become a member of the Boys & Girls Clubs of Central Illinois and to participate in the Club's programs. In the event that neither I, nor the person listed below, can be reached in an emergency, I authorize the staff of the Boys & Girls Clubs of Central Illinois to administer first aid according to their scope of training and I authorize my child to be transported to the nearest hospital and the attending physician to administer proper and necessary treatment for the safety of my child.

| | | |
|---|---|--|
| Does the member have health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No | Insurance Company | Policy Number |
| Name of Primary Care Physician/Family Doctor | | Phone Number (____) _____ - _____ |
| Preferred Hospital <input type="checkbox"/> Memorial Medical Center <input type="checkbox"/> St. John's Hospital <input type="checkbox"/> Passavant Area Hospital <input type="checkbox"/> Other _____ | | |
| Food Allergies <input type="checkbox"/> None <input type="checkbox"/> Dairy/Lactose <input type="checkbox"/> Eggs <input type="checkbox"/> Gluten <input type="checkbox"/> Other _____ | <input type="checkbox"/> Peanuts <input type="checkbox"/> Seafood/Shellfish <input type="checkbox"/> Soy <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Other _____ | Environmental Allergies <input type="checkbox"/> None <input type="checkbox"/> Bee Sting <input type="checkbox"/> Dust <input type="checkbox"/> Other _____ |
| Medication Allergies <input type="checkbox"/> None <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Aspirin <input type="checkbox"/> Penicillin <input type="checkbox"/> Other _____ | Other Allergies <input type="checkbox"/> None <input type="checkbox"/> Latex <input type="checkbox"/> Lotions <input type="checkbox"/> Perfumes/Colognes <input type="checkbox"/> Other _____ | |

Diagnosed Medical Conditions (please include all physical, cognitive and behavioral diagnosis) None Yes – please explain below

Medications Currently Prescribed None Yes – please list below

EMERGENCY CONTACT & PICK-UP INFORMATION

If a parent or guardian cannot be reached, in case of an emergency please contact **(DO NOT include parents listed on page 1 & 2):**

1. First & Last Name: _____ Relationship to Member _____
 Cell Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____ Authorized to pick up Yes No
2. First & Last Name: _____ Relationship to Member _____
 Cell Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____ Authorized to pick up Yes No
3. First & Last Name: _____ Relationship to Member _____
 Cell Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____ Authorized to pick up Yes No
4. First & Last Name: _____ Relationship to Member _____
 Cell Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____ Authorized to pick up Yes No

TRANSPORTATION TO AFTER SCHOOL PROGRAM (Central Unit ONLY)

- _____ My child will ride the **Boys & Girls Club van** from school to the Central Unit for program each day and **be picked up** by an approved adult each evening at the Boys & Girls Club. **(Iles, Feitshans & Washington Middle School ONLY).**
- _____ My child will ride the **Boys & Girls Club van** from school to the Central Unit for program each day and **walk home** each evening from the Boys & Girls Club. **(Iles, Feitshans & Washington Middle School ONLY).**
- _____ My child will be **dropped off** and **picked up** (by an approved adult) each day to attend the after-school program.
- _____ My child will **walk to & from** the Boys & Girls Club Central Unit each day to attend the after-school program.

PLEASE NOTE: All children must be picked up from the club prior to the end of program each day. Those members authorized to walk will be sent home prior to night fall each day (times vary by season). ***I understand that I may be charged a late fee if my student is repeatedly picked up late.***

MEMBER'S AGREEMENT

I wish to become a member of the Boys & Girls Clubs of Central Illinois. I agree to follow the rules of the Club and I promise to take care of the Club's property. I will do my part to make my Club the best and safest place it can be for all other Club members and me. I also agree to abide by three basic rules of the Club: **Respect Myself, Respect Others, and Respect My Club.**

YES NO

PARENT/GUARDIAN CONSENTS

Media Release: I hereby grant the Boys & Girls Clubs of Central Illinois, and its partnering organizations, the irrevocable right to use photographs, videos, podcasts, and the likeness of my child and any artwork or other projects created by my child for publicity purposes, including social media outlets and the production of promotional materials. I relinquish all rights to copyright, title, property interest and/or any other interest in said images and I waive the right to inspection and approval of the finished reproduction.

YES NO

Survey Release: I hereby grant my permission to the Boys & Girls Clubs of Central Illinois to survey my child about his/her Club experiences, risk behaviors, skills, and attitudes. I give consent for my child to complete youth outcomes surveys involving questions about his/her risk behaviors at various times throughout the year. I am aware that, upon my request, I am able to preview blank sample copies of the youth outcomes surveys prior to their administration. I agree that if I do not want my child to participate in the youth outcomes surveys, I must provide notice in writing to the Boys & Girls Clubs of Central Illinois.

YES NO

V-Club Membership: I hereby grant my permission to the Boys & Girls Clubs of Central Illinois to provide distance-based, virtual programming for my child through their online platforms, which include, but are not limited to, Zoom, Facebook, YouTube, and MyFuture. Further, I acknowledge that I have received and reviewed a copy of the BGCCIL Internet Policy & Safety Considerations as they pertain to Club offered virtual programming.

YES NO

General Waiver for Membership: I hereby grant permission for my child to become a member of the Boys & Girls Clubs of Central Illinois and to participate in the Club's programs. I agree not to hold the Boys & Girls Clubs of Central Illinois and any affiliates responsible for any accident or injury or property damage incurred while using Boys & Girls Club facilities or engaged in off-site activities, and further agree to indemnify and save them harmless from any loss, cost, or expenses arising out of any accident or injury sustained on their premises or engaged in off-site Club activities, or from the use of any of their equipment.

I give my permission to the Boys & Girls Clubs of Central Illinois to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA), Illinois State Board of Education (ISBE), United Way of Central Illinois, and the Illinois Alliance for research purposes and/or to evaluate program effectiveness. Information that will be disclosed to these groups may include the information provided on this membership applications form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Clubs of Central Illinois, including data collected via surveys or questionnaires. All information provided to each of these groups will be kept confidential.

I give my permission to the Boys & Girls Clubs of Central Illinois to request access to my child's academic, attendance, and behavior records for the current, prior, and future school years so that they can provide better services to my child and understand the impact of this program. I understand that this information will be kept confidential. I understand I am able to revoke the consent at any time in writing. I also grant permission for my child to participate in age appropriate SMART Moves programming. I understand my child will be learning about the dangers of illegal drugs, alcohol, tobacco and premature sexual activity.

I hereby state my knowledge that a copy of the current Parent/Member Handbook has been made available to me and I understand I am responsible for all the information it contains. I further state I have read and fully understand the policies and procedures contained in this application and hereby approve my child's application for membership into the Boys & Girls Clubs of Central Illinois.

Parent/Guardian Signature

Date



BOYS & GIRLS CLUBS
OF CENTRAL ILLINOIS

POLICIES & PROCEDURES

Policies and procedures are administered to ensure the safety of all Club members, staff, and volunteers. Listed below are the policies central to our core program. It is the responsibility of the parent/guardian to read the Parent/Member Handbook, which fully explains all the rules and procedures of the Club in detail, with their child.

- | | Initials |
|--|-----------------|
| 1. It is the responsibility of the parent/guardian to assure their child is capable of properly functioning in the Club's interactive atmosphere. The Club is not suitable for all children. Parents must inform Club staff of any special needs in regard to their child's well-being. The Club reserves the right to remove a member if they are not able to function in the Club environment. All membership fees are non-refundable. | _____ |
| 2. It is the responsibility of the child AND parent/guardian to determine, understand, and enforce arrival and departure methods and communicate those to Club staff. | _____ |
| 3. Participation in Club activities requires members to attend school at least three and a half hours on school days. | _____ |
| 4. Members must be picked up by closing. If not, a late fee may be charged. Frequent late pick-ups may result in increased late fees or termination of membership. Appropriate authorities will be contacted when members are not picked up by a reasonable time and all emergency contact alternatives have been exhausted. | _____ |
| 5. All Club members are expected to: a) Respect Themselves, b) Respect Others, and c) Respect Property. | _____ |
| 6. Immediate suspension or expulsion from the Club may result from any situation where the safety of any individual is at risk. If a child needs to be removed from the Club, staff will notify a parent/guardian or authorized emergency contact. | _____ |
| 7. If there is reasonable cause to believe that a member has been in violation of the law or Club rules, Boys & Girls Club staff reserve the right to search a member or member's belongings. A parent/guardian will be notified if such search is conducted. | _____ |
| 8. A medication consent form must be completed if a child requires medication while at the Club. All medications must be provided to staff in their original container with the appropriate labels affixed. | _____ |
| 9. Club members will have access to the internet, but must abide by the rules set forth in the Club's technology policy. Inappropriate behavior is grounds for immediate suspension of computer lab privileges. | _____ |



**BOYS & GIRLS CLUBS
OF CENTRAL ILLINOIS**

Open-Door Policy: The Boys and Girls Clubs of Central Illinois (BGCCIL or The Club) has an open-door policy which allows all members to enter and leave the Club at will, as well as to participate in the program areas of their choice. ***Repeatedly entering and leaving the building is not allowed in order to avoid unsupervised wandering in the neighborhood.***

_____ (initial)

Parents and Visitors: In order to provide a safe environment for all members, all parents and visitors must check in at the front desk. Please remain at the front desk while the Club staff assists you in locating the club member. ***Visitors are not allowed during program hours. All students wanting to participate in After School Program must have a completed registration form on file and the registration fee paid in full, NO EXCEPTIONS.***

_____ (initial)

Cell Phones: Members are allowed to carry their cell phones with them. However, they may only be used during specified times in designated areas. Members are strictly prohibited from taking video or photographs of other members while on the premises. Violation of the cell phone policy will result in confiscation of the cell phone. The confiscated device will be stored at the front desk until the end of the program day or until the member exits the premises. ***Any violation of the cell phone policy could result in the club member losing all cell phone privileges at the discretion of the Unit Director.*** Parents and members are cautioned that in the fast-paced Club environment, it is sometimes difficult for members to keep track of cell phones and they are often lost. ***Club staff is not responsible for lost or stolen member cell phones.***

_____ (initial)

Valuables: The Club ***will not*** be held responsible for lost or stolen items including cellular communication devices. It is recommended that anything of value be left at home.

_____ (initial)

I, _____, have read, understand and will abide by the policies listed above.
(Print Member Name)

Member Signature

Date

Parent/Guardian Signature

Date

**Boys & Girls Clubs of Central Illinois
21st Century Community Learning Centers**

PARENT/GUARDIAN INFORMED CONSENT

Our goal for 21st Century Community Learning Centers is for each and every child to have a successful and enjoyable experience in our programs that prepares them for the future. To help us understand if we are meeting this goal, and to identify areas in which we could do a better job, we are conducting an ongoing survey of children who participate in our programs and their families.

We plan to ask children directly about their experiences in our program and in school more generally. We will obtain this information by asking children to complete a survey that takes about 20 minutes to finish. With your permission, we will be administering the survey to your child during a program session at the end of the school year. We will also, with your permission, ask your child's teacher to complete a brief survey at the end of the school year. We do not anticipate risks to you or your child beyond those of everyday living. All surveys are available for your inspection and review (please contact the program director if you would like to look at the surveys).

In addition, we would like your permission to obtain your child's/children's school records, including grades and scores on school achievement tests. We would like your child's/children's achievement test scores for this year and last year. Of course, you can withdraw your permission at any time you choose.

The focus of this project is understanding how well the programs of 21st Century Community Learning Centers serve children and their families. The staff of the 21st Century Community Learning Centers will never see the individual responses of anyone participating in this project. Thus, we can assure you of complete confidentiality for your child's answers, and for your own. All the answers to questionnaires will be coded, and all identifying information will be removed.

You may be asked some personal questions. You can refuse to answer any questions that you choose, and you can withdraw from the surveys at any time. Whether you decide to participate or not, these decisions will not affect your ability or that of your child to participate in programs sponsored by 21st Century Community Learning Centers.

If you have any questions about this project, please call the Division of Health Policy & Social Science Research (HPSSR) at 815-298-7556. HPSSR is a division of the Department of Family & Community Medicine at the University Of Illinois College Of Medicine – Rockford and may be contacted anytime for information about the rights of research participants. Your signature below indicates that you agree with this statement and are willingly participating.

I have read and understand the above explanation and voluntarily consent to participate in this project.

Parent/Guardian Signature

____/____/____
Date

Child's/Children's Name(s)



**BOYS & GIRLS CLUBS
OF CENTRAL ILLINOIS**

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, as well as federal and state health agencies, recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Clubs of Central Illinois (“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

Print Name of Parent/Guardian

Date

Print Name of Club Participant(s)

Print Name of Club Participant(s)

Print Name of Club Participant(s)

Print Name of Club Participant(s)