



**BOYS & GIRLS CLUBS  
OF DURHAM AND ORANGE  
COUNTIES**

Durham | South Estes | Craig Gomains  
(919) 687-4517 | www.bgcdoc.org

## SUMMER CAMP APPLICATION 2021

**Annual Membership Fee:** \$10 per camper (Excluding Current Members)

**Summer Camp Registration Fee:** \$25 per child (due with application)

**Cost:** \$150 per session (due by first day of each session)

**Summer Camp Dates:** June 21st - July 30<sup>th</sup>, Closed July 5<sup>th</sup>

**Hours of Operation:** 8:00am – 5:00pm, Monday – Friday

**Breakfast, Lunch and Snack provided**

**Please select the session(s) you wish to sign up for:**

- **(Session 1)** June 21st – July 9th, Closed July 5th
- **(Session 2)** July 12<sup>th</sup> – July 30<sup>th</sup>

**Please note: Field trips will be frequent throughout the summer. If there is a cost associated with any field trip in particular, that cost will be the responsibility of the parent/guardian to provide.**

**REFUND POLICY: No refunds will be given after the first week of either summer session.**

**Please complete and attach a copy of your child's last report card. NOTE: Application is incomplete until report card and all fees are paid.**

\*\* BGCDOC's goal is to serve our families and members in the safest way possible. We reserve the right to close/adjust times and dates of our operations at any time, short term or long term if any covid-19 changes arise or recommended by government or health officials.

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardians Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

### **School Information**

Current School: \_\_\_\_\_ Rising Grade: \_\_\_\_\_

Special Education, IEP, Curriculum Assistance: (please circle) Yes No

### **Medical Information**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Permission for Doctor/Hospital: Yes No

Does your family have health insurance: Yes No



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Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Health Problems: Yes No If yes, explain \_\_\_\_\_

Medications: Yes No if yes, see medication administration form on last page

Food Allergies: Yes No if yes, explain \_\_\_\_\_

**Household:**

Child Resides With: (please circle) Mom, Step-Mom, Dad, Step-Dad, Grandparent, Foster Parent, Other

Current Head of Household: Female Male

Current Single Parent: Yes No Current Number in Household: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Yearly Income per household: \_\_\_\_\_

What Type of Activities/Programs Interest Your Child? ( ) Sports Leagues ( ) Music ( ) Arts & Crafts ( ) Educational Programs ( ) Group Clubs ( ) Technology ( ) Other (Please List) \_\_\_\_\_

Child's strongest subjects in school? \_\_\_\_\_

Child's weakest subjects in school? \_\_\_\_\_

Has your child ever repeated a grade? Yes No If so, which grade? \_\_\_\_\_

Does your child receive free or reduced lunch? Yes No

If yes,  Free  Reduced

**Emergency Contact Information (Person(s) Authorized to Pickup Member)**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Number: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Male Female DOB: \_\_\_\_\_ Male Female

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

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Number: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Male Female DOB: \_\_\_\_\_ Male Female

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



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**Activity & Photography Consent**

All members must submit report cards as they are distributed by each school member's school. All information is kept confidential. This information is used for grant purposes.

I give my child \_\_\_\_\_ permission to participate in BGCDOC activities and programs. BGCDOC reserves the right to restrict students from field trips and activities based on bad behavior or poor grades.

I give BGCDOC the right or ability for grant purposes to collect information such as height, weight, and BMI. All information is kept confidential and BGCDOC will abide by all HIPAA guidelines.

I do hereby give my child permission to attend and participate in the activities sponsored by BGCDOC. I hereby release the BGCDOC, its employees, associates, and contributors from personal liability from any injury, loss of theft incurred by my child while participating. I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident.

Further I give permission for my child's picture to be used in any BGCDOC publication or outside publications that BGCDOC may subscribe too. I also allow my child's photo to be used on social media sites such as (but not limited to) Twitter, Instagram, and Facebook under the accounts of BGCDOC. Yes \_\_\_\_\_ No \_\_\_\_\_ Parents/Guardian's Initials \_\_\_\_\_

My signature indicates that I completely understand the above statements.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Permission to Administer Medication (if needed)**

I give permission for my child to be given the following medication:

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

Name of Medication: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dosage: \_\_\_\_\_  Refrigerate

Dates to be Given: \_\_\_\_\_

Times to be Given: \_\_\_\_\_

Emergency Only

Special Instructions:

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

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**PARENT CONTRACT:  
ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITIES  
2020-2021**

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, international governments and health agencies recommend social distancing, frequent hand-washing / hand-sanitizing, and the use of masks. Currently, there is an increasing level of community transmission locally. Boys & Girls Clubs of Durham and Orange County has put preventative measures in place to curtail the spread of COVID-19. However, we cannot guarantee that you or your child(ren) will not become infected. Further, attending the club could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement:

- A. 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.
- B. I understand that the risk of becoming exposed to or infected by COVID-19 at school may result from the actions, omissions, or negligence of myself and others, including, but not limited to, our employees, volunteers, and program participants and their families.
- C. I agree that, every day, before transporting my child(ren) to school, I will carefully examine or assess my child(ren) for signs of illness and complete a daily health screening administered by the club. If any sign of illness is present, I will not transport my child to school, I will inform BGCDOC accordingly, and I will follow the protocols outlined by BGCDOC regarding when my child(ren) can return to school.
- D. I agree that, if there is a confirmed case of COVID-19 in my child(ren)'s household(s), I will report this to club administration immediately and keep my child(ren) out of the club, following the protocol for exposure outlined in the BGCDOC Plan. I understand that BGCDOC will inform local health officials if my child(ren) test positive for COVID-19, and BGCDOC will also inform other parents in the cohort of a positive case (while maintaining privacy).
- E. I understand that my child(ren)'s temperature will be taken each morning, and if that temperature is 100.4 F or higher, my child(ren) will not be allowed to attend the club. In this instance, I will follow the protocols outlined in the BGCDOC Plan regarding when my child(ren) can return to the club.
- F. I understand that my child(ren) will be required to wear a mask during their time at BGCDOC. I will supply my child(ren) with properly fitting masks, support the club by practicing mask wearing, and understand that refusal to wear a mask will result in my child being sent home.
- G. I agree that my family will follow federal (CDC), state (NCDHHS) and local (Durham County Public



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Health) guidelines when it comes to COVID-19. Additionally, I agree that my family will adhere to current CDC guidelines when traveling.

H. My child(ren) and I and any other parent or legal guardian will abide by all rules adopted by and all directions and instructions of BGCDOC and its employees, and volunteers, as well as the directives of club leaders. This includes but is not limited to all of the COVID-19 related requirements above.

I. I have read and understand BGCDOC's protocols and procedures. Further, I understand that these protocols and procedures serve to mitigate risk. They cannot guarantee protection against the transmission of COVID-19.

J. I understand that, if my child(ren) shows any sign or symptom of illness or if there is a medical event or emergency involving my child(ren), I, for myself and on behalf of my child(ren) and any other parent or legal guardian, authorize and permit BGCDOC and its employees, volunteers, and camp leaders to seek and obtain diagnosis, examination, testing, care, treatment, injection, hospitalization, anesthesia, surgery, transfusion, or any other medical intervention or procedure for or on behalf of my child(ren), as recommended by a healthcare provider, until I or another parent or legal guardian of my child(ren) is present. This authorization and permission further allows BGCDOC and its employees, volunteers, and camp leaders to transport my child(ren) to a health care provider. BGCDOC and its employees are also authorized to inform or notify any government agency, official, or any other person or entity of any injury, sickness, illness, disease, or sign or symptom of illness relating to my child(ren) of which BGCDOC or its employees become aware.

**I HAVE READ THIS ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITIES, FULLY UNDERSTAND ITS TERMS, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**I AUTHORIZE BGCDOC TO RELY ON MY ELECTRONIC OR HANDWRITTEN SIGNATURE AND I UNDERSTAND AND ACKNOWLEDGE THAT IT IS LEGALLY BINDING.**

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Name of participant

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Parent/Guardian signature

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Date signed