

Admin Office
 705 Frontage Rd. Ste. B
 Kenai, AK 99611
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Membership Form

Clubhouse:
NNSE

GREAT FUTURES START HERE.



Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. *Required fields are denoted with an asterisks (*)*
The Boys & Girls Clubs of the Kenai Peninsula is an equal opportunity provider and employer.

Head of Household/ Primary Contact (Please Print)

First Name:* **Last Name:*** **Relationship to Child:***

Family Income:*

- \$0-\$20,280
- \$20,281-\$27,469
- \$27,470-\$34,658
- \$34,659-\$41,847
- \$41,848-\$49,036
- \$49,037-\$56,225
- \$56,226-\$63,414
- \$63,415-\$70,603
- \$70,604-\$77,792
- \$77,793-\$84,981
- \$84,982-\$92,170
- \$92,172-\$99,359
- \$99,360-\$106,548
- \$106,549-\$113,737
- Over \$113,738

Address:*

(Line 1)

(Line 2)

(City) (State) (Zip Code)

Address Type:*

Home

Work

Phone Number:*

() -

() -

Phone Type:*

Home Work

Home Work

E-Mail Address:*

E-Mail Type: Home Work

Family Size:*

Second Parent/Guardian (Please Print) Required fields are denoted with an asterisks (*)

First Name:* **Last Name:*** **Relationship to Child:***

Address:*

(Line 1)

(Line 2)

(City) (State) (Zip Code)

Address Type:*

Home

Work

Phone Number:*

() -

() -

Phone Type:*

Home Work

Home Work

E-Mail Address:*

E-Mail Type: Home Work

Military Information (Please Print) Required fields are denoted with an asterisks (*)

Service Member First Name:* <input type="text"/>	Service Member Last Name:* <input type="text"/>		
Current Service Type:* (Retired, Active , Etc.) <input type="text"/>	Dates of Service:* <input type="text"/>		
Military Branch:* <input type="text"/>	Veteran:* <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharged:* <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Type:* <input type="text"/>

Participant Information (Please Print) Required fields are denoted with an asterisks (*)

First Name:* <input type="text"/>	Last Name:* <input type="text"/>
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Nick Name: <input type="text"/>	Birth Date:* <input type="text"/> / <input type="text"/> / <input type="text"/>
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Gen- <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:* <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Missing/Refused/Unknown <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____
Ethnicity:* <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

Address:* (Leave Blank if Same as Household) (Line 1) <input type="text"/>	Address Type:* <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	
(Line 2) <input type="text"/>		
(City) <input type="text"/>	(State) <input type="text"/>	(Zip Code) <input type="text"/>

Phone:* () - <input type="text"/>	Phone Type:* <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____
() - <input type="text"/>	

E-Mail Address:* <input type="text"/>	E-Mail Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____
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School:* <input type="text"/>	Grade:* <input type="text"/>
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Disabilities:*

Medications to be administered: *(Please fill out Medical Release Form)*

Medical Problems/Allergies:

Household Type:*

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent (s)
<input type="checkbox"/> Other	

Qualifies for Free/Reduced School Lunch Program:*

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Unknown

Pick Up Information *(Please Print)* Required fields are denoted with an asterisks (*)

People Authorized to Pick Up Member:

1) First Name:

Last Name:

<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> _____	<input type="checkbox"/> Lives With Member

2) First Name:

Last Name:

<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> _____	<input type="checkbox"/> Lives With Member

3) First Name:

Last Name:

<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> _____	<input type="checkbox"/> Lives With Member

4) First Name:

Last Name:

<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> _____	<input type="checkbox"/> Lives With Member

I, _____ grant permission to the Boys & Girls Clubs of the Kenai Peninsula Unit Director and tutors to exchange information regarding my son/daughter _____ with Kenai Peninsula Borough School District for the purpose of enhancing his/her academic education and for the purpose of program evaluation. This information may include but is not limited to my child's academic progress, report cards, CBM's, SBA's and any additional assessments, including access to Powerschools.

As parent or legal guardian of the above named child, I hereby give my consent for him/her to participate in any and all club activities or athletic programs for which s/he is registered. I give my consent for the Club to utilize photographs and video of my child taken during his/her involvement in the Club and waive all rights of compensations. I am aware of the inherent risk involved in the participation with some club activities or programs; which may include paralysis, death or other permanent physical injury, and will ensure that my child is fully prepared for participation. I take full responsibility for any and all accidents and injuries which may be sustained by my child during this activity and understand that Boys & Girls Clubs of the Kenai Peninsula does not assume responsibility for accidents or injuries that may occur. If my child becomes ill or is injured while participating in his/her registered club activity or athletic program and I cannot be reached immediately, I give my permission for my child to be treated promptly at an emergency medical facility.

I understand that upon gaining membership, my child (if age 5 and in Kindergarten – 18 yrs.) is able to participate in Clubhouse activities.

REFUND POLICY: B&G Club dues are non-refundable. Activity fees (exp. Athletics/dance/guitar) will be refunded up until one week before the date of the first scheduled game or class (minus a 20% admin. fee). After that time, no refunds will be issued. If the child is physically unable to participate and a doctor's note is provided, an 80% refund will be issued. Additional fees are charged above the membership dues for the Summer Clubhouse Program.

I/We, _____ the parents of _____, have received, read, have had the opportunity to ask questions about, understand and agree to abide by the policies set forth in the Boys & Girls Clubs of the Kenai Peninsula's parent handbook.

Furthermore, I/We agree to abide by the policies set forth in the manual. I/We understand that the policies described in the parent Handbook are not conditions of enrollment, and the language does not create a contract between Boys & Girls Clubs of the Kenai Peninsula and the parents/guardians. BGCKP reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

I/We also understand that future questions regarding policies in the parent handbook may be directed to the Unit Director or the Main Office.

I have read, understand, and agree to all terms and conditions stated above.

Signature of Parent/Guardian

Date

For Office Use Only

Program Fee: _____ Total Paid: _____

Credit Card: _____ Exp. Date: _____

Security Code: _____

Cash: _____ Check #: _____ Scholarship Level % _____

Staff Initials: _____

FOR PARENTS/GUARDIANS

Acknowledgements for Clubhouse

As a requirement of public health mandates, the State of Alaska, and recommendations from the CDC and WHO we, the Boys & Girls Clubs of the Kenai Peninsula, are requiring all parents to agree to, and acknowledge the following guidelines related to Clubhouse participation. It is important to note that regardless of what illness you may believe it to be, if you or your child exhibits any symptom of COVID19, they **may not** come to the Clubhouse activity and they **may not** participate until they are symptom free for 72 hours. In the event this occurs, you are required to contact info@bgckp.com to document the reasoning for your absence in order to receive a pro-rated refund for the days that you are absent. Refunds are not provided to anyone who is not sick, and the email documenting the child is sick must occur the day of, or prior to the missed days of Clubhouse programming.

1. No child may attend Club if they are not currently registered or registered for the program prior to the closure of the registration period.
2. Parents must be available to pick up their child within a half an hour of a phone call should the child become ill or need to be picked up for any reason.
3. Parents must drop wait until the health screening has been completed before they are allowed to leave their child each day.
4. Parents must adhere to social distancing and may not stand closer than 6' to another family that does not live within your household.
5. Parents are not allowed to enter the premises. Parents must call the Clubhouse number to notify the Club they are there to pick up their child and their child will be escorted out.
7. You have received and acknowledge our COVID-19 mitigation plan.
8. You acknowledge and agree to ensure that you have provided the correct **mailing** address for you and your child(ren).
9. You accept and agree to the pre-screening requirements for participation in our Clubhouse Programming. Failure to complete the screening document prior to each day of participation will result in your child having to return home.
10. You accept and acknowledge that your child may not participate in Clubhouse programming, and must stay home if he or she exhibits any of the symptoms of COVID19. This includes but is not limited to fever, runny nose, and body aches.

11. All youth who wish to participate must be a Member of the Club in which they wish to participate prior to registration.
12. Unpaid fees and unpaid balances must be brought current prior to acceptance of registration.
13. Youth who are registered at a Club may not change to a different Club without approval from the Operations Director and Administrative offices.
14. We do not, and cannot take cash or check payments related to activities. This is in line with the health mandates recommendation. All payments for Clubhouse activities will be done online.
15. All registrations must be completed before the deadline. Failure to do so may result in your child's inability to participate in the program.
16. If your child was sick, or exhibited any of the symptoms of COVID19, you will not return to the programming until 72 hours has passed from the end of the symptom and/or fever.
17. You agree to send an email to info@bgckp.com in the event that your child is sick the day of the missed practice or the day before. Failure to do so results in the inability to receive a refund for the missed practice.
18. If you have been exposed to COVID19 or believe you have been exposed to COVID19, you agree to notify info@bgckp.com and refrain from attending Clubhouse programming for no less than two weeks after that exposure. In the event this occurs, and you send us an email, you will receive a refund for the prorated amount of time that you have missed.
19. If you, your child, or anyone in the household has been tested for COVID19 you agree to remain home until the test returns as a negative otherwise you will remain home until it has been 14 days from the initial test or 72 hours from the last exhibited COVID19 symptom, whichever is later.
20. If you have not been in the state for 14 days, have someone living in your home that has recently returned from out of state within the last 14 days, or have been ordered to self-quarantine, you agree to notify info@bgckp.com and to not have your youth participate in Clubhouse programming for 14 days or return unless you and your youth have been symptom free for 14 days.
21. You agree to notify info@bgckp.com in the event that you or your youth is sick or has become sick within 7 days of participating in an Clubhouse activity.
22. You agree that if you or your youth becomes sick 7 days from Clubhouse activities, you will practice the recommended social distancing measures until you have been 72 hours symptom free.
23. You agree to our refund policy:

- a. No refunds will be issued for an absence unless you have notified info@bgckp.com that your absence is related to an illness the day of the absence or prior to the missed absence.
- b. Refunds that are issued will be pro-rated for absences that meet the criteria above and will be based on the number of days of Clubhouse activity that has been missed.
- c. Refunds will be issued in the event the season is cancelled for changes in health mandates or additional restrictions or guidance from State or Federal agencies, the Boys & Girls Clubs of the Kenai Peninsula will refund the remainder of the fees-prorated based on the number of practices that have been cancelled as a result.
- d. Failure to notify of the illness in a timely manner is forfeiture of the refund.
- e. Refunds will be issued to the mailing address on record per the form.

24. You agree and acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you or your child(ren) may be exposed or infected. You understand the risk of becoming exposed or infected, and you assume all of the forgoing risks and accept sole responsibility for any injury to you or your child(ren). You agree to all items in the COVID-19 Warning and Waiver form which you have signed.

25. You understand and agree that unexpected cancellations may occur as a result of modified or changed mandates from the State or Federal agencies related to COVID-19. In that event you will receive a refund that is prorated based on the time the cancellation occurs.

26. You agree to use hand sanitizer or have another method to ensure both you and your child has sanitary hands prior to beginning the Clubhouse programming. Hand sanitizer will be available if you do not have any of your own.

27. You agree to bring adequate hydration for your youth, or ensure your youth participates with adequate hydration. Water fountains are closed. In the event you cannot provide safe drinking water or hydration for that youth, you will email info@bgckp.com and we will facilitate clean drinking water for them.

28. Additional requirements for Clubhouse programming may be required as a result of future health mandates. You agree to adhere to them, and acknowledge that if you refuse to do so, you forfeit your registration fee and are not allowed to participate until you have completed those requirements.



Signature of Parent/Guardian

Date

Name of Parent/Guardian

Name of Club Participant(s)