



# 2020-2021 MEMBERSHIP PACKET

BGCM USE ONLY	
Membership ID#	
Date Issued	
Staff Name	
Date Entered	Staff Initials

**CLUB:**  Central  Haiku  Kahekili Terrace  Lahaina  Makawao  Paukukalo

**CHECKLIST (all items are required)**

- 2020-2021 Membership Application (Page 1-2)
- Youth Member has read and will adhere to Rules of Conduct (Page 3)
- Parent has read, understood & signed Parent Release Consent (Page 4-5)
- COVID-19 Minor Participant Waiver Release Form (Page 6)
- Hawaii AIM Consent Form (Page 7)
- Copy of Youth's Birth Certificate
- Completed MEO Transportation Application (if needed)
- Annual Membership Fee – Waived until June 2021

**I CAN HELP THE CLUB BY:**

- Donating \$5 or more
- Providing goods/food
- Volunteering for fundraisers

Boys & Girls Clubs of Maui is a nonprofit 501c3 organization and we appreciate your help! Find more information at [www.bgcmaui.org/support](http://www.bgcmaui.org/support)

**RESERVATION REQUESTS:**

**BGCM is not accepting drop-ins until further notice. All members must have a reservation confirmed in writing by the Clubhouse Director to attend on-site Clubhouse Programs.** We recognize that these are uncertain times and appreciate your flexibility as we continue to adapt to the changing needs of our community. Reservation processes and safety procedures in response to COVID-19 County of Maui and HDOE closures are subject to change at any time.

We are currently accepting membership applications and reservation requests for 2020 afterschool programs. Members will be assigned to small groups and remain with the same group for the day, including eating and recreation times. At this time space is limited. Our virtual clubhouse will remain open and all members are welcome to join us virtually from home.

**MEMBER INFORMATION:** (one form per youth, all information is required)

First Name	M.I.	Last Name	Nickname	Age	DOB (mm/dd/yyyy)
Physical Address			City	State	Zip
Mailing Address (if different from above)			City	State	Zip
<b>Gender</b>	<b>Race/Ethnicity (optional)</b>				
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian, Pacific Islander	<input type="checkbox"/> Hispanic, Latino, Spanish		
<input type="checkbox"/> Female	<input type="checkbox"/> Asian, Asian Indian	<input type="checkbox"/> American Indian, Alaska Native	<input type="checkbox"/> Two or More Races		
<input type="checkbox"/> Non-binary	<input type="checkbox"/> Black, African American	<input type="checkbox"/> Middle Eastern, North African	<input type="checkbox"/> Other:		

**RESERVATION INFORMATION:**

School Name:					Grade:		
Schedule Type:	<input type="checkbox"/> On Site	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Virtual	Lunch Program:	<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Neither
Days Attending School On-Campus (if applicable)	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri		
Days Requesting to Attend BGCM On-Site Programs	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri		
<b>Do you have specific reservation needs?</b>							

**PARENT(S)/GUARDIAN(S) INFORMATION:**

What is the best way to contact you?

 Email  Call  Text

First Name	Last Name	Phone Number	Email Address
Employer		Position	Work Phone Number
First Name	Last Name	Phone Number	Email Address
Employer		Position	Work Phone Number

**EMERGENCY CONTACT INFORMATION:** (other than parent/guardian in case you cannot be reached)

Name	Phone Number	Relationship to Youth
Name	Phone Number	Relationship to Youth

**MEDICAL INFORMATION:**

List medical issues and/or allergies: \_\_\_\_\_

List medications the youth is taking: \_\_\_\_\_

List physical or mental limitations: \_\_\_\_\_

In case of an emergency, BGCM has permission to take youth to doctor/hospital:  Yes  No

Youth member has health and/or accident insurance:  Yes  No

Insurance Provider	Primary Doctor	Member ID#
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**GENERAL INFORMATION**

Does your child require 1 to 1 Aide at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please see club director)
Can youth member swim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) Initial: _____ / _____
Was youth a previous member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where: _____
Was parent a BGCM member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where: _____
Movie rating youth is allowed to watch (R rated movies are not shown):	<input type="checkbox"/> G <input type="checkbox"/> PG <input type="checkbox"/> PG-13	

**CONFIDENTIAL/HOUSEHOLD INFORMATION**

To keep membership dues at the current low rate BGCM relies on additional funding through grants, donations, and County funding. The following information is necessary for us to secure funding. The answers you provide are confidential and appreciated. Thank you helping us keep our clubs open and accessible to all Maui county youth.

Is parent(s) active military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch: _____
Completed 2020 Census	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please complete at <a href="http://www.2020census.gov">www.2020census.gov</a>
Single parent household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Youth lives with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent/Step <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Care	

Household Yearly Income	Additional Source(s) of Income/Assistance (check all that apply)		
<input type="checkbox"/> \$0 - \$40,000	<input type="checkbox"/> SSDI	<input type="checkbox"/> Day Care	<input type="checkbox"/> Teen Parent
<input type="checkbox"/> \$40,001 - \$70,000	<input type="checkbox"/> SSI	<input type="checkbox"/> Statewide SNAP	<input type="checkbox"/> Veteran Compensation
<input type="checkbox"/> \$70,001+	<input type="checkbox"/> TANF	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Other: _____



# MEMBER RULES OF CONDUCT

## HEALTH & SAFETY PROCEDURES

I understand that it is my responsibility to know and follow the rules of BGCM and any additional Clubhouse rules. I understand that if I don't follow these rules I will be held accountable for my actions and ultimately may not be allowed to participate at a BGCM Clubhouse. The Member Rules of Conduct are:

- \* Display respect for each individual
- \* Behave peacefully and orderly
- \* Respect privacy, personal beliefs, opinions, property, and rights of others regardless of race, color, national origin, creed, gender, age, or handicap.
- \* Courtesy will be expected at all times
- \* Assume responsibility for property and be accountable for behavior

Due to increased safety standards, inappropriate or unsafe behavior that poses a safety concern will result in a request to pick up the member immediately and potential forfeiture of reservation.

### **HEALTH & SAFETY RULES TO PREVENT THE SPREAD OF COVID-19**

The health, safety, and wellbeing of our Club members and staff is our highest priority. In the face of the COVID-19 pandemic, BGCM has committed to adopting the following rules intended to help limit the potential spread of illness, per the recommendations of the CDC and local boards of health.

#### **All members attending a BGCM clubhouse must:**

\* Participate in daily wellness check to include BGCM staff checking member's temperature prior to entering Club each day.

-If temperature is lower than 100.4 F – Members may enter the building and check in for the day.

-If temperature is 100.4 or higher – The parent, guardian, or authorized emergency contact must pick up the member immediately. Return to Club will require clearance by a doctor's note.

- \* Wear a clean mask to club throughout the day
- \* Maintain 6 feet of distance
- \* Remain in their assigned groups for the day
- \* Bring snacks and a refillable water bottle
- \* Wash hands properly for at least 20 seconds
- \* Keep items separate from others (no sharing)

#### **Parents are required to sign the COVID-19 PARENT WAIVER AND RELEASE FORM (included in this packet) prior to their children attending the Club. Parents are expected to:**

\* Keep their child home if they are sick or if anyone else in their household is sick with COVID-19 or displaying symptoms such as:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Muscle Pain
- Chills
- Sore Throat
- Rash
- New loss of taste or smell

\* Send their child to Club with their own clean cloth mask

\* Pick up their child if they become sick at any point throughout the day

Wear a mask & maintain 6 feet of distance if entering Club or interacting with BGCM staff

#### **In the event of a sick staff member or child**

\* Any sick child or staff must be sent home immediately.

\* While youth wait for their parents to arrive, they are to be moved to the Wellness Area.

\* Youth or staff sick with COVID-19-like symptoms are to have a doctor's note before returning.

\* Symptoms must be non-contagious and not a concern for them to return to the program.

\* In the event of a positive COVID-19 Case, BGCM will notify parents and follow recommended guidelines from the Department of Health.

**Parent Initial** \_\_\_\_\_



# PARENT RELEASE CONSENT

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Maui, Inc. (hereinafter referred to as BGCM), and Boys & Girls Clubs of America (hereinafter referred to as BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

## RESERVATION POLICY

I grant permission for said youth to participate in the planned activities of the program. I understand that BGCM is **not accepting "drop-ins" until further notice** and that youth must have a reservation to attend BGCM programs. In order to meet social distancing guidelines, reservations will be approved for specific days of the week. Your Clubhouse Director will inform you in writing which days of the week your child is approved to attend. An approved reservation does not automatically grant Mon-Fri attendance. I understand that BGCM is not, nor does it claim to be, a licensed day care center.

## DATA COLLECTION / SHARING

I give my permission to BGCM to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. Any and all information received will be kept confidential. I understand that BGCM may share information about the minor child listed on this application and the aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders for research purposes and/or to evaluate the program's effectiveness. Information that could be disclosed includes items provided on this membership application form, information provided by the minor child's school or school district, and data collected by BGCM via surveys or questionnaires. All information provided to BGCA and other stakeholders will be kept confidential.

## MEDIA RELEASE

I give permission for my child's picture, moving pictures, voice, or any other graphic depiction or likeness to be used by BGCM at its programs including activities in conjunction with partner organizations. I understand my child's photo, video, and/or voice may be published online, in print, or on radio. I understand the Boys & Girls Clubs of Maui is not, nor does it claim to be, a licensed day care center.

## MEDICAL TREATMENT

I give permission to BGCM to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

## MISCELLANEOUS (Lost/stolen items, transportation, drop-in center)

I understand that BGCM is not responsible for lost or stolen items. Parents and youth members are responsible for their own transportation to and from the Club. We are not responsible for Club members' whereabouts once they leave the Clubhouse. I understand that BGCM is not, nor does it claim to be, a licensed day care center.

## SCHOOL INFORMATION

I give my permission to BGCM and Hawai'i State Department of Education (HIDOE) to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, at BGCM, and in life. This release is valid for one year and may be revoked at any time by contacting HIDOE or BGCM in writing.

## TECHNOLOGY

As a member of BGCM, your child will have access to the Internet in a designated Tech Lab on BGCM devices. Precautions and software are in place to prevent youth from accessing inappropriate sites. However, BGCM will not be responsible for the consequences of such access made by the youth. BGCM has rules in place to address such behavior.

Parent Initial \_\_\_\_\_

**ADDITIONAL INFORMATION (membership period, club closures, accommodations)**

Membership in BGCM is valid on a yearly basis from July 1st through June 30th. A new completed application is required each membership year. Membership fees are waived for the school year of 2020-2021.

All Clubs are closed on Saturday, Sunday, and observed holidays including: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day (and the day after), & Christmas Day. There are additional Clubhouse closure days as needed. These closures will be posted in advance at the Clubhouse.

BGCM is committed to providing access and reasonable accommodations for all youth members, however we may be limited by Clubhouse and staff capacity. If you have any questions or would like to request accommodations please contact your Clubhouse staff.

**HAWAII ACADEMIC INNOVATION AND MENTORING (AIM)**

BGCM is taking part in the Hawaii AIM Project, which offers Sylvan Learning tutoring, homework help, and other activities to make sure your child succeeds in school. In addition, BGCM is working with Rockman et al (REA), an evaluation team with a lot of experience in studying how after-school activities help children in school, to see what activities benefit children most. REA will be talking to children's schools, BGCM staff, and even some parents at Club gatherings about their experiences in the program. REA will also be reviewing standardized test data and asking your child to complete 1 or 2 short surveys about his/her schoolwork and interest in school.

All the information about your child, including your child's survey responses, will be kept strictly confidential, and no names or personally identifying information will be associated with any reports. There are no risks for your child: If your child feels uncomfortable during a survey, s/he may choose not to answer any question. Withdrawing will not affect your child's grades or access to Hawaii AIM or Club activities and resources. Your child's participation will help Hawaii AIM, the Boys & Girls Club, and Sylvan Learning understand how best to support students, engage them in learning, and ensure their success. By completing and signing the Hawaii AIM Consent Form and BGCM Membership Application you agree to your child's participation in this program. If you have any questions about the evaluation study, please contact BGCM, or call Kay Sloan or Julia Li, toll-free, at (866) 367-8883.

**VIRTUAL PROGRAMMING CONSENT**

BGCM will use software, tools, and applications provided by third parties that members, parents/guardians and staff will access via the Internet and use for purposes of communication and programming. These platforms will include Zoom. I give permission for my child to utilize Zoom for distance-based, virtual Club program purposes. I am aware that each application collects different information about its users and has its own privacy terms and conditions to which members must adhere. Zoom privacy and security terms and conditions can be viewed on the Zoom website zoom.us. In order to participate in virtual programming, parent/guardian will provide:

- Access to a computer, smartphone, or tablet with video camera, microphone, and internet connectivity
- An authorized email address for BGCM to register your child and contact you in case of a concern or emergency.

Only registered members may attend the Virtual Classroom. No unauthorized youth or adults may attend.

**I approve for my child to use the email address below to participate in virtual programs on Zoom:**

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

**I, the parent/guardian of the minor child listed on this application, have completed the application to the best of my knowledge. I agree to have my child participate in the Hawaii AIM Project and REA studies. I have read and will adhere to the PARENT RELEASE CONSENT. My child has read and will adhere to the BGCM RULES OF CONDUCT. I have read, understand, and signed the COVID-19 MINOR PARTICIPANT WAIVER. We understand that providing false information on this application or not adhering to the enclosed documents can result in the child being removed from BGCM membership.**

Parent/Guardian Name \_\_\_\_\_ Youth Member Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

COVID-19 Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING BOYS & GIRLS CLUBS OF MAUI INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

**Assumption of Risk**

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of BOYS & GIRLS CLUBS OF MAUI INC. facilities, services, equipment and premises (“Facilities”) and any participation in BOYS & GIRLS CLUBS OF MAUI INC. programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

**Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that **BOYS & GIRLS CLUBS OF MAUI INC.**, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

\_\_\_\_\_  
Minor Name (print clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (print clearly)

\_\_\_\_\_  
**Parent/Guardian Signature**

CLUB: \_\_\_\_\_ Club Director (print): \_\_\_\_\_



CONSENT FORM FOR DISCLOSURE OF MINOR STUDENT'S CONFIDENTIAL EDUCATIONAL RECORDS

To the State of Hawaii Department of Education (DOE) & \_\_\_\_\_ (name of school that child attends)

Name of minor student as it appears on school records: \_\_\_\_\_ Clubhouse \_\_\_\_\_ Student's Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Attending: \_\_\_\_\_

I am the parent or legal guardian of the student named above. By signing this form, I authorize the DOE & my child's school \_\_\_\_\_ (name of child's school) to disclose information from my child's education records to:

Rockman et al
3925 Hagan Street, Suite 301
Bloomington, IN 47401

These education records could include: Test Scores, Report Cards, DOE ID#, attendance and discipline records, Personal Student background, etc., relating to the minor student named above. Although records may contain personally identifiable information, they are for EVALUATION ONLY, and will be kept strictly confidential.

I also agree for my child to complete surveys about their participation in afterschool/summer academic enhancement services at Boys & Girls Clubs through Hawaii AIM. Responses will also remain confidential.

CONTACT INFORMATION FOR PARENT/LEGAL GUARDIAN

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I reserve the right to revoke this consent at any time and for any reason. If I decide to revoke this consent, I will provide you with a written request signed by me specifically revoking this consent.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This form has been reviewed for FERPA compliance – September 2015