



Universal Signature Form School Year 2020-2021 Day School Distance Learning Support

This document must be physically signed and initialed by the child's legal parent/guardian. Online registration is not complete until this form, a copy of the child's Birth Certificate, Immunization Records, current photo, etc. have been submitted. A separate form is needed for each child enrolled.

Name of Child Enrolled: _____ **Location:** El Pomar / E.A. Tutt (circle one)

MEDICAL RELEASE:

In the case of an emergency involving the child on this enrollment form, I authorize Boys & Girls Club of the Pikes Peak Region employees & volunteers to use the information in the medical section for emergency medical treatment under the following conditions:

1. An emergency or unanticipated condition requiring actions for the preservation of the life or health of my child, **and**
2. Reasonable attempts to contact Parent/Guardian/Emergency Contacts have failed.

I further acknowledge that I will be responsible for any medical, hospital fees, or costs associated with my child's medical treatment that may proceed without further authorization.

Parent/Guardian Signature _____ **Date** _____

POLICIES AND PROCEDURES HANDBOOK (downloadable online):

I have read and understand the policies and procedures outlined in the Parent Policies and Procedures Handbook. By signing below, I agree to abide by these policies and procedures.

Parent/Guardian Signature _____ **Date** _____

CONTRACT AGREEMENT:

I understand that enrollment in any service serves as my contract with Boys & Girls Club of the Pikes Peak Region. Because Day School is a grant funded program, it is important that participating youth attend on a daily basis. The Club understands that occasional absences due to special circumstances or illness may be unavoidable, but please be advised that after the third absence, youth may lose their spots in the program and their positions will be reallocated to another child.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Address _____

Parent/Guardian Phone Number _____ **Email** _____

TRANSPORTATION/PERMISSION TO TRANSPORT (for emergencies & field trips):

Parents are responsible for drop-off and pick-up for the Day School Distance Learning Support program Monday-Friday.

I give permission for my child to be transported by foot or vehicle by Boys & Girls Club of the Pikes Peak Region or a contracted third-party transportation service in the event of an emergency situation or for field trip purposes. In signing below, I agree to release Boys & Girls Club of the Pikes Peak Region from all liability to me, my child, and my child’s personal representative, assigns and heirs for all claims and damages which my child or I may have in connection with my child’s attendance at the Club. If, despite this release, my child, I, or anyone on my child’s behalf make a claim against the club, I agree to indemnify and hold harmless Boys & Girls Club of the Pikes Peak Region from any attorney fees, damages, or cost it may incur due to such a claim.

Parent/Guardian Signature _____ **Date** _____

TECHNOLOGY AGREEMENT:

Please ensure that your child(ren) are equipped with the technology (laptop, Chromebook, tablet, etc.) issued by their respective school district for distance learning. Your child(ren) will need to bring this technology with them every day they attend in order to work on their distance learning assignments. I understand this technology agreement and agree that my child(ren) will bring their assigned technology with them each day they attend the COVID Distance Learning Support program.

Parent/Guardian Signature _____ **Date** _____

INTOXICATED PERSONS AT PICK UP:

For the safety of the children, the Boys & Girls Club of the Pikes Peak Region has established a procedure in the event of anyone attempting to pick up a child while under the influence of or impaired by alcohol or drugs. If a staff person suspects intoxication, a conversation will take place and they will call an authorized contact of the child’s to pick up. If the individual insists on leaving with the child, the staff will immediately contact law enforcement and advise them of the situation. Failure to comply with this policy could result in termination of services.

Parent/Guardian Signature _____ **Date** _____

If your child will be absent for any reason, such as an appointment, illness, etc., you MUST call to let the Branch Director know in advance or as soon as you know. Communication with the Branch Director regarding absences or schedule changes is required for safety purposes.

Boys & Girls Club of the Pikes Peak Region RELEASE STATEMENTS
(Initials Required)

- _____ I release and hold the Boys & Girls Club of the Pikes Peak Region harmless for any liability, loss, injury, or other damages arising in any way as a result of the child's participation in program activities.
- _____ I authorize the Boys & Girls Club of the Pikes Peak Region to talk to current Special Education school instructors in order to promote a smooth transition of services from school to after school programming when needed.
- _____ I understand that it is my responsibility to update ALL changes regarding employment status, address, phone numbers for myself or contacts and other relevant information for BGCPPR through the Parent Portal.
- _____ I give permission to Boys & Girls Club of the Pikes Peak Region to provide my child internet access for the Clubs computer learning center. I understand my child will lose internet privileges if it is deemed necessary by staff. I understand that I can take back my permission at any time and that my permission automatically stops at the end of the enrollment period.
- _____ Members and family may be asked to take a non-identifying survey upon registration and asked to take additional surveys during the year.
- _____ I authorize Boys & Girls Club of the Pikes Peak Region to have access to my child's school records, such as report cards for educational purposes.
- _____ I grant permission to the Boys & Girls Club of the Pikes Peak Region for the member to be used in public relations material-names, pictures, news media coverage, and anecdotes for the purpose of educating the public to the services available. I hereby give my consent to use any photographs that may be taken of my child while registered as a member. **YES** _____ **or** **NO** _____
(Please Initial Yes or No Above)

BY SIGNING BELOW, I AM ACKNOWLEDGING THAT I HAVE READ, UNDERSTOOD AND AUTHORIZED, AS INDICATED BY SIGNATURE OR INITIAL, THE ABOVE RELEASE STATEMENTS.

Parent/Guardian Signature _____ **Date** _____