

AFTER SCHOOL PROGRAM – STAR ENROLLMENT FORM

2022-2023 School Year



Powered By



BOYS & GIRLS CLUBS
OF CENTRAL ORANGE COAST

Important – To avoid delays in processing, please complete **ALL** requested information.

Student Information

*Name _____ *Age _____ *Gender _____ *Birth date _____

*School _____ *22-23 Grade Level _____ *Student I.D. _____

Does your child receive a free or reduced-cost school lunch? Yes No

*Ethnicity (Please check one)

Hispanic White Asian American Indian or Alaska Native Black or African American
 Native Hawaiian/Pacific Islander More than one Other _____

Household Information

Address _____ Apt # _____

City _____ *Zip _____ Email Address _____

() _____ () _____ () _____
Home Phone Cell Phone (Mother) Cell Phone (Father)

Mother's Name _____ Father's Name _____

Mother's Place of Employment _____ Occupation _____ Phone () _____

Father's Place of Employment _____ Occupation _____ Phone () _____

*Child lives with: Single Parent Both Parents Other Guardian (please list): _____

Parent/Guardian Military Status: Not Applicable Active Military Military Veteran

*Total # of families in household: _____ (Household is described as all people living together at one address)

*What is the primary language spoken with the children at home? English Spanish Other _____

The following questions are for Boys & Girls Club purposes only:

Does your child have medical Insurance? Yes No

Does your child have a computer at home? Yes No Does your child have internet access at home? Yes No

Emergency Contact Information

Please provide **at least one (1)** emergency contact.

Emergency Contact Name _____ Contact Number _____ Relationship _____

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PARENT RELEASE

Important – Please read the following statements and indicate that you have read them by initialing where designated.

Medical Information		
Does your child have any medical conditions, allergies, or other special needs or problems of which we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide detailed information: _____		
Medical Treatment Authorization		
In the event my child suffers an illness or accident, I authorize the Boys & Girls Clubs of Central Orange Coast to seek medical help and assistance by contacting 911 emergency services or otherwise securing treatment at a medical facility. I also acknowledge that the Boys & Girls Clubs of Central Orange Coast does not provide medical coverage for participants. <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____		
Student Photo/Video/Product Release		
I give my consent for photographs and/or videos in which my son/daughter may appear, to be used for publicity as determined by the Boys & Girls Clubs of Central Orange Coast. <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____		
Information Release Agreement		
I understand that, as part of my child's participation in the Boys & Girls Clubs of Central Orange Coast Program(s), the school and/or the school district may share data including, but not limited to, demographic, contact information, attendance, report cards, assessments and test scores with the Boys & Girls Clubs of Central Orange Coast to enable the Boys & Girls Clubs of Central Orange Coast to understand student needs, track student progress, and promote quality programs. In addition, the Boys & Girls Clubs of Central Orange Coast will administer surveys and assessments to evaluate student progress and program impact. Initials: _____		
Youth Development Program		
I understand the Boys & Girls Clubs of Central Orange Coast's mission is to enable all young people, especially those who need us most, to reach their full potential as caring, productive, responsible citizens. I understand that in the course of serving my child and fulfilling their mission the Boys & Girls Clubs of Central Orange Coast staff may develop a mentoring relationship with my child. I understand that this relationship should be constrained to official BGCCOC activities and events. Initials: _____		

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of Boys & Girls Clubs of Central Orange Coast, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Boys & Girls Clubs of Central Orange Coast, its Board of Directors, employees, and agents from liability from any and all claims including the negligence of the Boys & Girls Clubs of Central Orange Coast, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regarding the care taken to avoid injuries. The Boys & Girls Clubs of Central Orange Coast has facilities for and provides for activities such as running, aerobic activities classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity which places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD HARMLESS the Board of Directors of the Boys & Girls Clubs of Central Orange Coast, the employees and/or representatives from any and all claims, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees brought as a result of my involvement at the Boys & Girls Clubs of Central Orange Coast, and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read or have been read this waiver of liability, assumption of risk, and indemnity agreement, fully understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Printed Name of Parent or Guardian _____ Signature of Legal Parent/Guardian _____ Date _____

Signature of Child _____ Date _____

Please do not write below this line

OFFICE USE ONLY	Enrollment form received by: _____	Date: _____
	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Renewal <input type="checkbox"/> Waitlist # _____	Date entered into system: _____