



2024 Summer Camp Registration Fortville Extension - Fortville

Member Information

Full Name: _____

Birthdate: ____ - ____ - ____

Gender: Male Female Non-Binary Transgender

Race/Ethnic Identity (circle all that apply)

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

Asian

Some Other Race

Black or African American

Two or More Races

Don't Know

White

Hispanic or Latino

Is Member in Foster Care? Yes No

Tribal Affiliation? Yes No (if Yes) _____

Address Information

Street Address: _____

City/State/Zip: _____

School Information

School Name: _____ Grade(2024-2025): _____

School Lunch: Free/Reduced Entire School is Free Not Eligible

Is your child enrolled in 21st Century Scholars? Yes No

Does your child struggle or have problems in Reading/English? Yes No

Does your child struggle or have problems in Math? Yes No

Is your child enrolled in Special Education? Yes No

Are you interested in receiving email messages/alerts/updates? Yes No



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Health & Medical

Diagnosed Medical Conditions (circle all those that apply):

ADD/ADHD Anxiety/Depression Asthma Autism Diabetes Hearing Impairment
Oppositional Defiance Disorder (ODD) Seizures Visual Impairment

Other: _____

Other physical/mental/medical limitation: _____

Additional Support in School/community (circle all those that apply):

504 (accommodation) Individualized Education Plan Speech Coach

Meets with school or private counselor

Other: _____

Does your child use an inhaler? Yes No Does your child use insulin? Yes No

Does your child self-administer medication? Yes No

Allergies

Food Allergies (circle all those that apply):

Eggs Gluten Peanuts Seafood/Shellfish Soy Tree Nuts

Other: _____

Environmental Allergies (circle all those that apply):

Bee Stings Dust Grass Mold Pollen

Other: _____

Medicine Allergies (circle all those that apply):

Amoxicillin Aspirin Penicillin

Other: _____

Other Allergies: _____



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Health Insurance

Insurance Carrier: _____

Member/Policy Number: _____

Group Number: _____

Anthem Medicaid (Hoosier Healthwise, Hoosier Care Connect): Yes No

Non-Anthem Medicaid: Yes No

Household Demographics

Member Lives With: _____

Housing Type: _____

Number of Adults in the Household: _____

Number of Youth in Household: _____

Primary Language spoken in the home: _____

Household Income Range: _____

Assistance Programs (circle all those that apply):

None Childcare Assistance Food Stamps/SNAP Housing Assistance Medicaid

Medicare SSDI SSI TANF Veteran's Compensation WIC

Other: _____

Military

Does this child's family include a parent or guardian in the military?: Yes No

If child's family includes a parent/guardian in the military, which branch?: _____

If child's family includes a parent/guardian in the military, are they currently deployed/
deployed in the next 6 months?: Yes No



BOYS & GIRLS CLUBS
OF HANCOCK COUNTY

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Guardian

First Name: _____

Last Name: _____

Relationship: _____

Mobile Phone: _____

Alternate Phone: _____

Email: _____

Additional Guardian

First Name: _____

Last Name: _____

Relationship: _____

Mobile Phone: _____

Alternate Phone: _____

Email: _____

Authorized Contacts

(Please do not list yourself or additional guardians as emergency contacts. In case of an emergency, we will contact primary guardians first, and then anyone listed as an emergency contact.)

First Name: _____

Last Name: _____

Relationship: _____

Mobile Phone: _____

Alternate Phone: _____

Email: _____

Authorized for pickup?: Yes No

Contact in case of an emergency?: Yes No



BOYS & GIRLS CLUBS
OF HANCOCK COUNTY

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Authorized Contacts (continued)

(Please do not list yourself or additional guardians as emergency contacts. In case of an emergency, we will contact primary guardians first, and then anyone listed as an emergency contact.)

First Name: _____

Last Name: _____

Relationship: _____

Mobile Phone: _____

Alternate Phone: _____

Email: _____

Authorized for pickup?: Yes No

Contact in case of an emergency?: Yes No

First Name: _____

Last Name: _____

Relationship: _____

Mobile Phone: _____

Alternate Phone: _____

Email: _____

Authorized for pickup?: Yes No

Contact in case of an emergency?: Yes No

First Name: _____

Last Name: _____

Relationship: _____

Mobile Phone: _____

Alternate Phone: _____

Email: _____

Authorized for pickup?: Yes No



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Financial Assistance Application

If you apply for financial assistance, you will receive an email with additional information that must be completed to apply. Financial assistance applications will be processed after all documentation is received. You will pay after financial assistance is reviewed.

Would you like to apply for financial assistance? Yes No



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Liability Waiver

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 Hancock County, and Boys & Girls Clubs of America, 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.

Medical Treatment

I give permission to the Boys & Girls Clubs of Hancock County 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.

Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible who s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous

I understand who the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. If your child is not able to be photographed, please provide this direction in writing. I also understand who the Club is not, nor does it claim to be, a licensed day care center.

I have read the completed application and this form, understand the rules of the Boys & Girls Club and request who my child be admitted into membership.

Signature

Date



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Records Disclosure Waiver

I authorize that the information I entered is accurate to the best of my knowledge. In addition, by signing, I agree that Boys & Girls Clubs can share my child's information with Indiana Department of Education, Indiana Department of Child Services, ServeIndiana, Indiana Department of Workforce Development and Indiana Family Social Services Administration. **By signing this form, I grant the school my student attends permission to disclose to the Boys & Girls Club the following information. I also grant permission to the Boys & Girls Club to re-disclose the following information to the re-disclosure parties.**

1. **Records Disclosure:** Registration Information/Demographic Data, Assessment Data, Survey Data
2. **Education Records:** Report cards, IEPs, Assessment Scores such as iLearn, iREADY (or school specific tests), and attendance.
3. **Disclosure Parties:** Boys & Girls Club, Local School District/Schools
4. **Boys & Girls Club Re-disclosure Parties:**
 - a. Indiana Department of Education/Indiana Department of Child Services/Indiana Learns
 - b. Contracted statewide evaluators
 - c. United States Department of Education
 - d. Indiana Youth Institute (IYI)
 - e. Praxis Evaluation
 - f. AmeriCorps
5. **Purpose of Each Disclosure:** Collect data to calculate the impact Indiana Kids, 21st CCLC, HB 1008 Learning Recovery Grant Program, REACH, Indiana Learns and AmeriCorps has on student performance, activity levels, and knowledge of program specific content.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the Boys & Girls Clubs and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization. This authorization, to receive services from the Boys & Girls Club and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the Boys & Girls Club, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the Boys & Girls Club has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, Executive Director, Indiana Alliance of Boys & Girls Clubs, 6929 E 10thstreet, # 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: ltaylor@indianabgc.org. I understand the Boys & Girls Club program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

Signature

Date



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Parent Code of Conduct

The staff at the Boys & Girls Clubs of Hancock County wants to promote positive and healthy relationships for youth and their families. Part of this is positive and open communication among staff and parents. Youth will learn by watching adults. We expect the following from parents (this list is not inclusive):

- Keep enrollment information up to date, especially home, work and other emergency telephone numbers and address changes
- Be receptive to communication from staff about your child and work with staff to reach an agreeable solution to problems
- Pay fees on time
- Notify program supervisors of any issue that may cause behavior changes in the child in our care
- If you have a grievance that you would like to discuss with a staff member, please do so in a private area away from youth. We do NOT want any youth to see negative, abusive, or inappropriate adult behavior
- You do not have to agree with the staff at all times, but we do require parents to respect staff at all times, as they will respect you
- Read and understand all membership registration documents including the membership form and Parent Acknowledgements and Agreements

The Boys & Girls Clubs of Hancock County are here to serve youth, and we hope that all parents/guardians will join us in our mission. If a parents/guardians actions and behavior inhibit the staff ability to serve youth, we will have no other option than to reconsider membership.

If you have questions or concerns, please remember that reaching out directly to a staff member at your Club Site or Executive Director instead of your social media community is a MUCH more effective way to answer questions and resolve issues.

Signature

Date



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Signature

Date



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Club Member Code of Conduct

- Respect yourself, other Club members, and Club staff members
- Respect Club equipment and materials
- Club members are responsible for picking up after themselves
- Club members are allowed in supervised areas only
- Keep hands, feet, and hurtful words to yourself
- Fighting is not permitted on Club grounds or at Club events
- Swearing is unacceptable

Harmful threats, harassing, taunting of others, fighting, bullying, and any illegal behavior are unacceptable and will not be tolerated at the Boys & Girls Clubs of Hancock County.

Failure to adhere to this code of conduct may lead to suspension or expulsion of membership to our Club locations.

Signature

Date