



**BOYS AND GIRLS CLUB
FALLON PAIUTE-SHOSHONE TRIBE
AFTER SCHOOL PROGRAM APPLICATION**

All information submitted to the Boys and Girls Club Fallon Paiute-Shoshone Tribe will be handled in a confidential manner. Prior approval will be obtained from the parent or legal guardian before participant information is released to outside agency or individual.

Participant Last Name		Participant First Name		MI
Mailing Address		City	State	Zip
Physical Address		City	State	Zip
Date of Birth		Age	Home Phone Number	
Student Email Address			Student Cell Number	
School			Grade	
American Indian: Y <input type="checkbox"/> N <input type="checkbox"/>	Tribe:		Enrollment No.	
Is this Child Ward of Court: Y <input type="checkbox"/> N <input type="checkbox"/>		Court Jurisdiction:		
Primary Parent/Guardian Last Name		First Name		Relationship to Child
Mailing Address		City	State	Zip
Parent/Guardian Email		Parent/Guardian Home Phone		Parent/Guardian Work Phone

Parent/Guardian Cell Phone	Text Notification? Y <input type="checkbox"/> N <input type="checkbox"/>	Group Text Notification? Y <input type="checkbox"/> N <input type="checkbox"/>	
Secondary Parent/Guardian Last Name	First Name	Relationship to Child	
Mailing Address	City	State	Zip
Parent/Guardian Email	Parent/Guardian Home Phone	Parent/Guardian Work Phone	
Parent/Guardian Cell Phone	Text Notification? Y <input type="checkbox"/> N <input type="checkbox"/>	Group Text Notification? Y <input type="checkbox"/> N <input type="checkbox"/>	

EMERGENCY CONTACT INFORMATION

Name	Relationship to child	Phone No.
Name	Relationship to child	Phone No.

PICK UP/DROP OFF INFORMATION

The following individuals have my permission to pick up my child and/or be dropped off at the following addressees by the BGC After School Program. Transportation is provided only for children who are participating in the After School Program. I understand that my child will not be released to anyone or dropped off anywhere, other than the people/addresses on this list. Additional individuals may be added to this authorized list by providing written authorization to the BGC FPST program.

Name:	Relationship to child:	Address:
Name:	Relationship to child:	Address:
Name:	Relationship to child:	Address:
Name:	Relationship to child:	Address:
Name:	Relationship to child:	Address:

MEDICAL INFORMATION/CONSENT FOR MEDICAL TREATMENT

Does the participant have any past or current medical condition(s)? (Asthma, seizures, ADHD, surgeries, special disabilities, etc.) Y N If yes, please list:

Does the participant have any allergies? (Food, medicine, etc.) Y N If yes, please list:

Does the participant take any medication? Y N If yes, please list:
If Yes, name of Medication(s) and Special Instructions:

Name of Family Physician:

Address:

Phone No.

On behalf of myself and on behalf of my child identified below hereby waive, release, hold harmless and forever discharge the Fallon Paiute-Shoshone Tribe (“FPST”) and its officers, directors, employees, agents, affiliates, successors and assigns (individually and collectively referred to herein as the “Parties”) of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that the undersigned ever had or may have, arising from or in any way related to me or my child being transported to the event referred to above by the BGC FPST, its staff, contractors and/or volunteers and related to my child’s participation in the program. I further authorize the BGC FPST Employees to obtain the services of a licensed physician or emergency personnel for any emergency treatment or hospital services deemed necessary for my child. The undersigned understands and fully agrees to the terms of this waiver and release, and signs this agreement freely, voluntarily, under no duress, or threat of duress, without inducement, promise or guarantee. The undersigned’s signature below is proof of his/her intent to execute a complete and unconditional WAIVER AND RELEASE of all liability of the Parties to the fullest extent of the law.

Participant Name:

Insurance Name

Policy #:

Parent/Guardian Name Printed

Parent/Guardian Signature:

Date:

AUDIO/VISUAL RELEASE:

PERMISSION TO TAKE AND USE VISUAL/AUDIO IMAGES:

I grant permission to Fallon Paiute-Shoshone Tribe to take and use visual/audio images of myself and/or my child participating in the program and other approved Tribal Activities. Visual/Audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompany written descriptions. The images may be used in any manner or media without notifying me, such as Tribe-sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-Tribe use

Mark as Authorized:

<u>Authorized</u>	<u>Not Authorized</u>	<u>Parent Signature:</u>

CELLPHONE/ELECTRONIC DEVICE:

ELECTRONIC DEVICE RULES:

Electronic devices include cell phones, iPads, iPods and any other electronic devices. NO electronic devices are allowed out while child is participating in a program. All devices must be in a backpack unless a child has permission from an adult in charge to ensure Education Department security measures. I understand that NO electronic devices are allowed. I have read the rules regarding electronic devices and my child and I are aware of the rules. I will be responsible to pick up my child's electronic device if he/she has it confiscated by staff.

Mark as Agreed:

<u>Agree</u>	<u>Do Not Agree</u>	<u>Participant Signature:</u>
<u>Agree</u>	<u>Do Not Agree</u>	<u>Parent Signature:</u>

MANDATED REPORTER:

I understand that by law, if any staff suspects any form of abuse (sexual, physical, emotional, etc.) they are mandated to report it.

Mark as Agreed:

<u>Agree</u>	<u>Do Not Agree</u>	<u>Participant Signature:</u>

COMMUNICABLE DISEASE:

I understand that by if my participant has a communicable disease (chickenpox, head lice, etc.) I understand that he/she will not be allowed in the program until the communicable disease has been cured.

Mark as Agreed:

<u>Agree</u>	<u>Do Not Agree</u>	<u>Participant Signature:</u>

GENERAL RULES:

The following are some of the general rules that we ask be adhered to. This is a general list and may not include every scenario but provides a framework for acceptable BGC FPST behaviors.

ENROLLMENT: Enrollment is limited to center capacity and transportation space availability. Our hope is to have enough room for all children wishing to participate in the Afterschool Program. Registration will be taken on a first come, first served basis. Children who register after program enrollment capacity is reached will be placed on a waiting list.

HOMEWORK: Program participants will have an opportunity to complete assigned homework with individual assistance for program staff. The Afterschool Program does not guarantee that all homework will be completed. Help is always available upon students' request. For those students that do not have assigned homework, academic activities will be provided during homework time which will include reading, writing, math facts, etc. Learning is fun and we want our students to have fun and learn at the same time.

BEHAVIOR AND DISCIPLINE: The BGC FPST Program strives to provide a warm and welcoming environment for students, families and community members. We expect everyone; adult and children, in our community to behave in a respectful, responsible and caring manner toward one another. Any form of lewd behavior, bullying, aggression, violence, disrespect or foul language will not be tolerated. Clothing, toys, books or any other objects depicting, displaying or supporting any of the aforementioned will not be allowed. Participation in the Afterschool Program is a privilege. A child must keep program agreements: Be safe, Be Respectful, Be Responsible and Have fun. Disruptive or disrespectful behavior toward other students or Program staff is reason for dismissal. Acts of violence toward another person will not be tolerated. We encourage you to discuss concerns about your child's behavior with the Program Director.

PARENTAL SUPPORT: Though the Program staff is committed and qualified, your help is needed to make the Afterschool Program be the very best it can be. You are an important partner in our program's success, and we look forward to your help with field trips, events and activities, tutoring and other projects.

GENERAL SAFETY RULES:

1. This is a drug, alcohol and violence-free activity. Violation of these rules will not be tolerated.
2. No inappropriate behavior, action or being disruptive will be allowed at any time.
3. Be respectful and use appropriate manners **at all times**, during activities and transportation.
4. Participants are expected to participate in daily activities; homework, reading, computer room, cultural activities, health/fitness and any other planned activities.
5. No leaving the BGC FPST center or activity site unless given permission by staff.
6. Participants are not allowed in staff offices unless permission is given by staff.
7. If someone is bothering or trying to fight you, you must tell any **staff member** immediately. Do not bother or fight the person back, if you do - you will both be at fault.
8. No Stealing.
9. No Destruction of Property (site or other participants).
10. Insubordination to any staff will not be allowed or tolerated (includes but not limited to: noncompliance, lying, disruptive behavior, rude behavior, talking back and not listening).

TRIBAL GYM RULES:

1. No profane, vulgar, obscene, or otherwise unacceptable language will be tolerated.
2. Must have on gym shoes.
3. No Destruction of Property (special care of the gym walls/floor, gym equipment etc.).
4. No fighting or disrespectful behavior NO BULLYING.
5. Children 5 years old and under must be accompanied by an adult.
6. No food or drink other than water is allowed in the gym during sporting activities.
7. Clean up after yourself (throw away trash and sweep the floor daily).

COMPUTER ROOM RULES:

1. All books and backpacks must be put away in the appropriate place.
2. Participants will enter in a quiet and calm manner and be respectful of other participants using the computer lab at all times.
3. No food or drinks into the computer lab. Chewing GUM is strictly forbidden!!
4. Participants may not touch any computer equipment without permission. Participants may not manipulate the equipment in such a way that might cause damage such as unplugging or plugging equipment cords, turning switches on or off to the computer monitors, or printers, or mistreating the equipment in any way.
5. Visit only approved or appropriate Internet sites for your assignment. Safe "Surfing the Net" Only!
6. Participants will not use unauthorized passwords, disclose confidential passwords, or enter or try to enter any unauthorized areas of the computer.
7. Students are not allowed to install or use any outside software in the lab. This includes: AOL Messenger, Yahoo Messenger, ICQ or any messenger/chat software, games and other online programs.
8. Students may not change, modify, or update computer configurations unless authorized. (i.e. screen savers, wallpapers, printers, network properties, screen properties, etc.).
9. Copying, shoplifting, (stealing) of software is strictly prohibited.
10. Students are not allowed to use the lab resources or printers for personal use. If you are using the lab then you must be working on CLC staff for permission to print.

VAN AND BUS SAFETY RULES:

1. Participant must wear a seatbelt and remain seated at all times while the van/bus is in motion.
2. No running to the van or bus, wait until you are directed to get in and out.
3. No body parts will be allowed outside of windows.
4. Do not disturb the driver while the vehicle is in motion.
5. No inappropriate behavior, eating or drinking allowed in the van/bus.
6. Participant must listen and follow directions given by the driver and staff at all times.
7. Clean up after yourself.

CONSEQUENCES FOR NOT FOLLOWING THE RULES:

- 1st Offense - Warning and participant must stop the unacceptable behavior.
- 2nd Offense - Warning, loss of privileges & parent notification.
- 3rd Offense - Parent conference and possible 3-day suspension from the program.
- Continued Offense - Suspension from the program.
- Depending on the severity of the behavior, the staff may impose stricter consequences than stated herein, and may proceed immediately to suspension if circumstances warrant such action.

GENERAL RULES ACKNOWLEDGEMENT/AGREEMENT:

I understand that I make decisions that affect my actions. **I make choices and I am responsible for my own behavior.** I also understand that if I do not abide by the rules, I may lose some or all of my privileges. I have read the rules and consequences and I agree to follow the rules and abide by all of the consequences in the Boys and Girls Club Fallon Paiute-Shoshone Tribe.

Participant Name Printed
Participant Signature:
Date:
Parent Name Printed
Parent Signature:
Date:

Additional Information Parents or Participants Want the staff to know or be aware: