



BOYS & GIRLS CLUBS
OF SOUTH COUNTY

Back2School 2020-2021: *Distance Learning Club*

Session: **November 30, 2020-March 5, 2021***

Hours: **7:30 am– 5:30 pm**

Drop Off Time: **7:30 am– 8:30 am (NO Exceptions)**

Required Everyday: **Sack lunch, 2 Water bottle(s), snacks, mask.**

Weekly Fees: \$150 per member

Annual Membership: \$50 per child (July 2020-June 2021)

Payments must be made by Wednesday at 4:30 PM for the following week. First week's payment plus the membership fee are due at the time of your registration appointment.

Please check all weeks your child will attend:

<input type="checkbox"/> <u>Week 14: Nov 30-Dec 4, 2020</u> Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 22: Jan 25-29, 2021</u> Receipt #: _____ Date: _____
<input type="checkbox"/> <u>Week 15: Dec 7-11, 2020</u> Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 23: Feb 1-5, 2021</u> Receipt #: _____ Date: _____
<input type="checkbox"/> <u>Week 16: Dec 14-18, 2020</u> Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 24: Feb 8-11, 2021</u> (Mon-Thurs) Receipt #: _____ Date: _____
<input type="checkbox"/> <u>Week 19: Jan 4-8, 2021</u> Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 25: Feb 16-19, 2021</u> (Tue-Fri) Receipt #: _____ Date: _____
<input type="checkbox"/> <u>Week 20: Jan 11-15, 2021</u> Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 26: Feb 22-26, 2021</u> Receipt #: _____ Date: _____
<input type="checkbox"/> <u>Week 21: Jan 19-22, 2021</u> (Tue-Fri) Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 27: Mar 1-5, 2021</u> Receipt #: _____ Date: _____

**** All information is subject to change.****

I understand that all fees paid for must be used for the corresponding weeks during Camp. I have reviewed and understand the camp hours, fees, and membership details. I have read and signed the following documentation related to COVID-19 (initial each form/waiver):

_____ COVID-19 Parent/Member Expectation Form

_____ Assumption of the Risk and Waiver of Liability Relating to COVID/19

_____ **I also understand that ALL fees are NON-REFUNDABLE and/or NON-TRANSFERABLE.**

In consideration for permitting my child to participate in these events, I agree to indemnify and hold harmless the Boys & Girls Clubs of South County and its officers, agents, employees and volunteer aides from any liability that may occur during the course of their attendance in the program. I further agree that if a medical emergency should arise during the course of Camp and I cannot be reached, the Boys & Girls Clubs of South County employees or volunteer aides shall have my permission to secure the necessary medical treatment for my child. Furthermore, I am aware that my child can not participate without this written permission slip. **Verbal Permission is not allowed.**

Child First Name: _____ **Child** Last Name: _____ Age: _____

Parent Name: _____ **Parent** Signature: _____ Date: _____

Emergency Number: _____ **Second** Emergency Number: _____