



BOYS & GIRLS CLUBS
OF SOUTH COUNTY

Back2School 2020: *Distance Learning Club*

Session: August 31, 2020-November 20, 2020*

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 1: August 31-September 4, 2020</u> Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 7: October 12-16, 2020</u> Receipt #: _____ Date: _____
<input type="checkbox"/> <u>Week 2: September 8-11, 2020*</u> Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 8: October 19-23, 2020</u> Receipt #: _____ Date: _____
<input type="checkbox"/> <u>Week 3: September 14-18, 2020</u> Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 9: October 26-30, 2020</u> Receipt #: _____ Date: _____
<input type="checkbox"/> <u>Week 4: September 21-25, 2020</u> Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 10: November 2-6, 2020</u> Receipt #: _____ Date: _____
<input type="checkbox"/> <u>Week 5: September 28-October 2, 2020</u> Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 11: November 9-13, 2020</u> Receipt #: _____ Date: _____
<input type="checkbox"/> <u>Week 6: October 5-9, 2020</u> Receipt #: _____ Date: _____	<input type="checkbox"/> <u>Week 12: November 16-20, 2020</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: _____