

BGC'S 2023 Summer Program Parent Information Sheet 5/30/23 - 8/09/23

A. Summer Packet

All forms must be signed & returned to your child's Club or info@bgccitrus.org
 Club Rules & Consequences; Permission to Travel; T-Shirt Form; Attendance
 Agreement

B. Breakfast/Lunch/Snack/Water

- Breakfast/Lunch/Snack will be provided please provide food allergy info
- Please provide your child with a water bottle daily (we have water fountains to refill)
- No Club Members are to share or trade food
- Refrigerator will NOT BE AVAILABLE to our Members
- Microwave will **NOT BE AVAILABLE** to our Members

C. Field Trips

- Members MUST wear their T-Shirts on ALL field trips
- Members MUST come dressed in swim suit on swim days
- Field trip schedule will be provided
- Ratio 1 staff to 10 Members on field trips

D. Signing In/Out

- All Parents/guardians MUST show some type of identification when they are signing out their child(ren) until staff become familiar with each person
- NO EXCEPTIONS All Parents MUST sign your child(ren) in & out on a daily basis
- Only authorized adults designated on the contact list page of membership form will be allowed to sign Members out

E. Summer Hours

- 6:30am-6:30pm, NO EARLIER NO LATER.
- Habitually late pick-ups will result in removal of summer program

F. Parent Communication/Contact Information

Central Ridge Club Remind app – text: @centralrid to: 81010 Evelyn Waters Club Remind app – text: @evelynwa to: 81010 Robert Halleen Club Remind app – text: @rhc352 to: 81010

- Joining the Remind App for communication with Club is mandatory
- Please keep us updated with current numbers, addresses, etc.
- Please remember that only designated adults on the contact list will be allowed to sign Members out

G. Daily Schedule

- Weekly themes Each week the Club will have activities to go along with each week's theme
- To maintain a daily schedule, ALL Members MUST be signed in no later than 9:00 am (certain field trips may require an earlier start time)

H. Dress Code

- No open toe shoes (sandals, flip flops, crocs, or heels) please tennis shoes/sneakers only
- No sleeveless shirts
- No short-shorts or skirts
- Girls- must wear one-piece bathing suits only for any water involved activities or field trips
- Boys swimwear-swimming trunks
- Crocs/water shoes are permitted on any water activity days

I. Medication Policy – Physician's Authorization for Prescribed Medication and Authorization for Prescription and Non-Prescription Medication Forms MUST be submitted before any medications can be stored and dispensed

J. Personal Property

• Electronics such as cell phones and tablets are prohibited

** CLUB IS NOT RESPONSIBLE FOR LOST, STOLEN OR DAMAGED ARTICLES **

Please keep this sheet for a quick guide to summer information.





BGC'S 2023

SUMMER CAMP

Please turn in all completed summer registration to the Club your child would attend.

GREAT FUTURES START HERE

Welcome to the 2023 Summer Program!

Some important information that pertains to you and your member:

Summer Program begins Tuesday, May 30th and ends Wednesday, August 9th.

Our hours are 6:30am – 6:30pm. Members should be signed in by 9:00 am daily (no later please).

VERY IMPORTANT: We close promptly at 6:30pm **Please note that habitually late pick-ups will result in removal of program. **

An authorized adult must sign children in and out daily. Please be aware that staff will only release children to persons listed on the authorized pick up list. All persons picking up children will be asked to show a picture ID until staff becomes familiar with authorized adults.

All children attending the summer program must have a signed copy of the Boys & Girls Club Code of Conduct in their file and adhere to the rules.

All children attending the summer program will be given a BGC t-shirt to be worn on field trips. Additional shirts may be ordered at a cost of \$10.00 per shirt while supplies last.

Breakfast/Lunch/Snack will be provided daily. PLEASE provide your child/children with a water bottle. Water will always be available from our water fountain for refills. PLEASE NO microwavable food or food that needs to be prepared or refrigerated as we do not have the facilities to accommodate this.

Please remember to keep your child's records updated with any changes. Examples: new phone numbers, address change, emergency contacts, etc.

PHONE – Please feel free to call if necessary. Club phone numbers are: 352-621-9225

- Beverly Hills 352-621-9225 ext 6
- Homosassa 352-621-9225 ext 7
- Inverness 352-621-9225 ext 8

You may reach the administrative office between the hours of 8:30am - 4pm at 352-621-9225. If you need to talk to your child call the specific club at the above number. **Member cell phone use is prohibited.**

LABEL EVERYTHING: Please be sure to label your child's lunch box, clothing, towels, etc.

As always, thank you for your help and support. Our staff is looking forward to a great summer with your children!



BGC T-SHIRT ORDER FORM		Boys & Girls Clubs of Citrus County		
HILD'S NAME: _				
Youth Small	Youth Medium	Youth Large		
Adult Small	Adult Medium	Adult Large Adult XLarge		
arent / Guardian S	Signature:			



PERMISSION TO TRAVEL

Child's Name:	
Has my permission to travel with the Boys & Summer Program.	Girls Clubs of Citrus County to the field trips for the 2023
I understand that my child must be on site no lapproximation and may vary.	later than the departure time and that return times are an
I give my permission for the Club's staff or re Club's staff or representative to authorize & o	presentative to administer first aid. I give permission for the btain permission for emergency treatment.
I understand that I will be responsible for any	damages incurred as a result of my child's actions.
I understand that all policies and procedures w	vill apply.
Parent/Guardian Name (please print)	Parent/Guardian Signature
Phone Numbers	Date Signed



CLUB CODE OF CONDUCT

SIGN IN EVERYDAY BE RESPECTFUL TO STAFF & CLUB MEMBERS RESOLVE DISAGREEMENTS IN A POSITIVE WAY

NO CELL PHONES OR OTHER ELECTRONICS

APPLAUD THE EFFORTS OF OTHER MEMBERS

DRESS APPROPRIATELY AT ALL TIMES

NO RUNNING INSIDE THE BUILDING USE APPROPRIATE LANGUAGE

LISTEN DURING CLUB ASSEMBLY AND WHEN INSTRUCTIONS ARE BEING GIVEN PLAY FAIR AND BE HONEST

TAKE CARE OF CLUB EQUIPTMENT

THE CLUB IS
NOT
RESPONSIBLE
FOR PERSONAL
ITEMS BROUGHT
FROM HOME





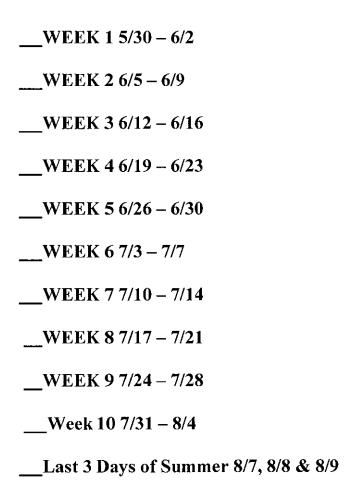
BOYS & GIRLS CLUBS OF CITRUS COUNTY RULES

> Stay in assigned area
Respect staff & other members at all times
➤ Keep hands & feet to yourself
➤ Walk inside of the building
Consequences for Actions
➤ 1 st ReferralWarning
➤ 2 nd ReferralWarning
> 3 rd ReferralOne Day Suspension
4 th ReferralTwo Day Suspension and Parent Conference
> 5 th ReferralWithdrawal from Program
Members MUST NOT
➤ Fight or intentionally inflict physical harm on other club members or staff
Vandalize or steal property from the club or its members
➤ Use inappropriate language or obscene gestures
Consequences for Actions
> 1st OffenseOne Day Suspension
> 2 nd OffenseTwo Day Suspension
> 3 rd OffenseThree Day Suspension
> 4 th OffenseWithdrawal from program
If a referral is written while on a field trip, it will be up to the Director's discretion to suspend the child from the next field trip. Some circumstances may warrant immediate parent pickup.

We have read, discussed and understand the above rules, consequences & Code of Conduct listed above.
Members name: Members signature:
Parent/Guardian Signature:
Date Signed:

PLEASE CHECK THE WEEKS YOUR CHILD WILL BE ATTENDING:

(We require accurate Member attendance estimates for staffing and grant purposes. Please only commit to a week if you are sure your child(ren) are attending).



LAST DAY OF SCHOOL FRIDAY, 5/26 - & FIRST DAY BACK TO SCHOOL Thursday, 8/10

2022/2023 MEMBERSHIP APPLICATION



Unit Name:Central R	idge (Beverly Hills)	Evelyn Waters (Inverne	ss)Robert Halleen (Crys	tal River/Homosassa)		
First Name:	Mi	ddlo:	Last			
			_ Last: Nicknan			
			Age:			
		7				
			County:			
Phone:	Email: _		F 2			
School Information: Current Teacher:			Are you enrolled in:	Free Lunch Reduced Lunch		
				Not Eligible		
			:			
Physical Challenges: Disabilities: Allergies (include allergy to any medication):						
Additional Medical In	ormation:					
Physical Characteri	stics:					
Eye Color:	Hair Color:	SI	kin Color/Features:			
Height:	Height: Weight:					
FOR OFFICE USE ON	LY: Membership #:	Student ID #				
Entry Date:	Expiratio	n Date:	Status:			
Type:	New/Rer	newal Member:	Processed I	oy:		



Household:	NOTE: Th	is demographic infor	mation is co	ollected for Gr	ant writing µ	ourposes ONLY			
Member lives with: _	Mom _	Step Mom	Dad	Step D	ad	Grandparent			
_	Foster p	parent(s)Ot	her:						
Annual		\$0 - \$5000			- \$35,000		\$60,001 - \$	65,000	_
Income	\$	5001 - \$10,000		\$35,001	- \$40,000		\$65,001 - \$	70,000	_
Level:	\$10	,001 - \$15,000		\$40,001	- \$45,000		\$70,001 - \$	75,000	_
	\$15	,001 - \$20,000		\$45,001	- \$50,000		\$75,001 - \$	80,000	_
li li	\$20	,001 - \$25,000		\$50,001	- \$55,000		\$80,001 - \$	85,000	_
	\$25	,001 - \$30,000		\$55,001	- \$60,000		\$85,001 - \$9	90,000+	-
Is there a Member of	the Househo	old 65 years old or	older:	Yes	No				
Current Head of Hous	ehold:	_FemaleM	1ale	_Both	Milita	ry Branch:			
Total Number in Hous	ehold:		Number	in Househo	old under	18:			
Is there a Member of	the Househo	old Handicapped:	Yes	No					
Current Single Parent	:Yes	No Liv	ves on Mil	itary Base: ˌ	Yes	No			
			TERMS	& CONDITION	ONS				
PLEASE <u>INITIAL</u> THAT Y				c Clubs of Ci	trus Counts	, handbook and	agroo to the T	Torms & Condition	one on
Page 13 of the Parent Hai		erved a copy of the	boys & Gill	s Clubs of Cl	irus County	riiaiiubook ailu i	agree to the 1	emis a condition)II3 OII
CLUB RULES & CO		OUCT I agree to revi	ew the Club	os rules and o	consequen	ces along with th	e Code of Co	nduct	
Report Cards and S	with my children. I understand that membership can be suspended or revoked should behavior warrant such action. Report Cards and Student Grades I agree to provide my child's grades each nine weeks as part of membership to the Boys & Girls Clubs of						lubs of		
Citrus County. I understa	Citrus County. I understand that my child's membership may be suspended or discharged in the event my child/children does not submit Report						port		
Cards within one week of	request.								
PICTURE RELEASE	E I release th	e right to all photo	graphic ma	iterial that th	e Boys &	Girls Club might	t use for pro	motional activition	es without
Obligations to me or my cl	hild/children.								
RELEASE OF INFO									
For all those served must			to grant re	quirements a	nd that this	data will only be	used for pro	gram monitoring	l,
Funding, coordination and		Section 10							
MOVIE RELEASE I	give my child/	children permission	to watch Po	movies in ti	ne event of	rain, early releas	se days or as	optional activity	•
г									
It is expressly understood		2.50		S-70.			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
I understand that I am res	ponsible for a	iny damages that my	/ child/child	ren's actions	may incur	and that membe	rship could be	e suspended uni	til restitution
is made.	01.11			e				F 1 11	
I give my permission for the							150 10		
I hereby authorize the Boy The parent/guardian hereby a					35.1			Ŧ	
student from the program. T contract tort or otherwise, for of the Boys & Girls Clubs ager immunity. This provision is n	The parent/guar any and all injunts, officers, and	dian voluntarily and kn iries arising out of action d employees to the exte	owingly relea ons by other s ent and limit	ases and agree students, other provided by Se	s to save Boy individuals, ction 768.28	ys & Girls Clubs of or employees of Bo , Florida Statutes,	Citrus County I ys & Girls Clubs	nc. harmless from except for certain	all liability, in tortuous acts
I fully understand and agr	ee to all terms	s and conditions stat	ed on this f	form.					
Parent/Guardian Si	gnature: _					Date:			_



MEMBERSHIP APPLICATION - CONTACTS



Member's Name:	

PRIMARY CONTACT 1	PRIMARY CONTACT 2		
Name:	Name:		
Parent/Guardian: Emergency:	Parent/Guardian: Emergency:		
Person Authorized to Pick up Member:	Person Authorized to Pick up Member:		
Relationship to Member:	Relationship to Member:		
Phone: Type:	Phone: Type:		
Phone: Type:	Phone: Type:		
Employer:	Employer:		
Name:	Name:		
Parent/Guardian: Emergency:	Parent/Guardian: Emergency:		
Person Authorized to Pick up Member:	Person Authorized to Pick up Member:		
Relationship to Member:	Relationship to Member:		
Phone: Type:	Phone: Type:		
Phone: Type:	Phone: Type:		
Name:	Name:		
Parent/Guardian: Emergency:	Parent/Guardian: Emergency:		
Person Authorized to Pick up Member:	Person Authorized to Pick up Member:		
Relationship to Member:	Relationship to Member:		
Phone: Type:	Phone: Type:		
Phone: Type:	Phone: Type:		
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Citrus County School District

PARENT/GUARDIAN/ADULT PERMISSION FOR RELEASE OF STUDENT RECORDS



Name of School:		Date:				
Address:						
Street/PO Box	Ci	ty	State	Zip	p	
Note: If records have been transition to release the three t	• •			ntion/agenc	y/office holdi	
tudent's Name						
Last		First		Ml		
Address:						
Street/PO Box		City	State	e Zij	p	
Grade: Date of	of Birth: —/—/	Student N	umber:			
Please release the following:						
Achievement Test Scores Mo	st recent IEP					
	l/current year					
The records indicated at	ove are to be release	ed to;				
Name of Institution/Age	ency/Individual: Bo	ys & Girls (Clubs of Citrus (County.		
Address: PO Box 907	Lecanto	FL	34460			
Street/PO Box ATTENTION:	City State	e Zip				
I authorize the release understand that I have a been informed that I ha prior to their release.	right to review all r	ecords being	g forwarded, prior	r to their rel	lease. I have als	
 Date		Signature o	f Parent/Guardia	n/Adult Stu	dent	



CITRUS COUNTY Waiver and Release of Liability

Participant's Name:	's Name: Participant's Date of Birth:			
Parent/Guardian Name:				
Phone Number:	Secondary Number:			
Email Address:	Driver's License #:			
tially dangerous activity. You are agree activity, there is a chance you or your cent in the activity which cannot be avour personal representative's and you sonal injury, including death, to you or you have a sonal injury, including death, to you or you have a sonal injury, including death, to you or you have a sonal injury, including death, to you or you have a sonal injury, including death, to you or you have a sonal injury, including death, to you or you have a sonal injury, including death, to you have a sonal injury, including death, to you have a sonal injury, including the sonal injury.	eing that, even if Citrus County, Florida uses reasonable care in providing this eing that, even if Citrus County, Florida uses reasonable care in providing this hild may be seriously injured or killed because there are certain dangers inherided or eliminated. By signing this form, you are giving up your, your child's restate's right to recover from Citrus County, Florida in a lawsuit for any perfour child or any property damage that results from the risks that are a natural to refuse to sign this form, and Citrus County, Florida has the right to refuse to refuse to sign this form, and Citrus County, Florida has the right to refuse to refuse to sign this form, and Citrus County, Florida has the right to refuse to refuse to sign this form, and Citrus County, Florida has the right to refuse to refuse to sign this form, and Citrus County, Florida has the right to refuse to refuse to sign this form, and Citrus County, Florida has the right to refuse to refuse to the county sign that the right to refuse to the county sign that the right to refuse to the county sign that the right to refuse to the county sign that the right to refuse to the county sign that the right to refuse to the county sign that the right to refuse to the county sign that the right to refuse to the county sign that the right to refuse t			
acknowledge the fact that this piconditions where injuries to myse exposures to risk associated with may result from such activities, I a child arising out of the aforementiagrees to indemnify Citrus County, and all claims, demands, costs, liab	ian of participant, I,, involves activities and/or lf/my child may occur. In recognition of the inherent nature of the che program and in recognition of the fact that bodily injury or death assume all liabilities and risk for all hazards and injuries to myself/my oned program, and forever holds harmless, releases, discharges, and Florida, its employees, officers, commissioners, and agents from any oilities, suits or causes of action involving injuries to myself/my child ected with the aforementioned activity.			
I am aware that Citrus County, its e unsupervised children.	mployees, officers, commissioners, and agents are not responsible for			
- ·	, its employees, officers, commissioners, and agents to obtain medical hospital should I/my child become injured while participating in			
I understand that I give and gra exclusive right to publish, dup photograph(s) of myself and my c	nt to Citrus County, without the expectation of remuneration, the icate in whatever form or mode my photograph and/or the nild/children. I understand that photograph(s) could be posted on a nd Recreation Section and could be viewed by anyone with access to			
THE UNDERSIGNED ACKNOWLEI	GES that he/she has read the above provisions and agrees to the			
contents thereof.				
Participant Signature	Witness Dated:			
Darant /Cuardian Cianatura				

Parent/Guardian Signature (if under 18 years old)