



**BOYS & GIRLS CLUB**  
OF THE UMPQUA VALLEY

# 2024 Summer Registration

1144 NE Cedar St.  
Roseburg, OR. 97470  
541-440-9505  
contactus@bgcuv.org

**Family Information:**

Primary Parent/Guardian Name				Other Parent/Guardian Name					
Mailing Address		City	State	Zip	Mailing Address (if different)		City	State	Zip
Cell Phone	Other Phone	E-Mail (Primary)			Cell Phone	Other Phone	E-Mail (Primary)		
Employer				Work Phone		Employer		Work Phone	

**Camper Information:**

Child's Name	Birthdate	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	School	Current Grade	Age
Ethnic Information: (Check all that apply) Caucasian/White ___ Asian ___ Hispanic ___ Native Hawaiian/Pacific Islander ___ African American ___ Native American ___ Other _____					

**Household Information:**

Living With: Both Parents \_\_\_ Mother Only \_\_\_ Father Only \_\_\_ Mother & Step-Father \_\_\_ Father & Step Mother \_\_\_ Other \_\_\_\_\_  
 # in your Household \_\_\_\_\_ Family Income: \$ \_\_\_\_\_ (This information is kept confidential and helps in receiving grants and providing scholarships)

**Insurance Information:**

**Emergency Contacts: (Not Parent/Guardians Listed Above)**

If you do NOT have insurance coverage at this time you must obtain coverage before registering your child to participate in the Athletics Program.		Emergency Contact Person		Relationship to child
Insurance Name	Insurance Policy/ID #	Cell Phone	Other Phone	Permission to Pick-Up Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any medical problems or allergies? Yes ___ No ___		Emergency Contact Person		Relationship to child
If yes, please explain:		Cell Phone	Other Phone	Permission to Pick-Up Yes <input type="checkbox"/> No <input type="checkbox"/>

**Parent/Guardian Consent to Participate**

**Please read and initial each statement:**

\_\_\_\_\_ I am the parent or legal guardian of the child named above and give permission for my child to participate in the Boys & Girls Summer Camp Program.

\_\_\_\_\_ I give permission for the Club to use photographs and/or videos in which my child appears for publicity or programming purposes.

\_\_\_\_\_ I give permission for my child to take part in Club activities. I understand reasonable measures will be taken to safeguard the health & safety of all participants. I waive any claims against the board, staff or volunteers except claims arising from gross negligence or willful acts of the board or its agents that may arise from participation in Club activities.

\_\_\_\_\_ I understand that my child will be participating in planned daily activities on-site. I also give my child permission to participate in any off-site activities under the supervision of Boys & Girls Club staff and volunteers.

\_\_\_\_\_ I understand that the Club opens for campers at 7:30 am. I may not leave my child at the Club before 7:30 am and I must pick up my child no later than 12:00 pm for non-club members or a late fee will apply.

\_\_\_\_\_ I understand that if I am called to pick up my child due to illness, injury or for disciplinary reasons, I must pick up my child within one hour or a late fee will apply.

\_\_\_\_\_ I understand that if my child is sent home at any time during a camp due to disciplinary reasons, he/she may lose privileges to participate in some or all future camps and **no refund will be given.**

**Office Use Only**

Club Member _____	Non Club Member _____	BGCUV # _____	Scale _____
Notes: _____			
_____			
_____			

Child's Name \_\_\_\_\_ Grade in Fall \_\_\_\_\_

CAMP DATES	STEAM 1st - 5th 60 max.	CLUB 1st -5th 30 max.	SPORTS CAMP 3rd - 6th & 40 max. unless noted	STEAM 6th - 12th 20 max unless noted	TEEN CLUB 6TH - 12TH 15 max.	Payment Record (Office Use Only)
Week 1 6/10 - 6/14 Charge Date: May 31	Space Expedition ○	CLUB ○	Gymnastics ○ 20 max.	Maki Makers ○	TEEN CLUB ○	Date _____ Amt _____ Rcpt _____ SI _____ Cash Credit Check _____
Week 2 6/17 - 6/21 Charge Date: June 7	Edible Science Experiments ○	CLUB ○	Martial Arts ○	Digital Storytellers ○ 8 max.	TEEN CLUB ○	Date _____ Amt _____ Rcpt _____ SI _____ Cash Credit Check _____
Week 3 6/24 - 6/28 Charge Date: June 14	Animal Kindom ○	CLUB ○	Basketball ○	Truffles & Treats ○	TEEN CLUB ○	Date _____ Amt _____ Rcpt _____ SI _____ Cash Credit Check _____
Week 4 7/1 - 7/3 *3 day Charge Date: June 21	Builders & Engineers ○	CLUB ○	Yard Games ○	Ingenious Contraptions ○	TEEN CLUB ○	Date _____ Amt _____ Rcpt _____ SI _____ Cash Credit Check _____
Week 5 7/8 - 7/12 Charge Date: June 28	Lab Explorers ○	CLUB ○	Lacrosse ○ Grades 3rd-8th	Quick Cuisine ○	TEEN CLUB ○	Date _____ Amt _____ Rcpt _____ SI _____ Cash Credit Check _____
Week 6 7/15 - 7/19 Charge Date: July 5	Around the World ○	CLUB ○	Volleyball ○	Adventure Trek ○	TEEN CLUB ○	Date _____ Amt _____ Rcpt _____ SI _____ Cash Credit Check _____
Week 7 7/22 - 7/26 Charge Date: July 12	Rainforest Adventure ○	CLUB ○	Olympics Week ○	DIY Delights ○	TEEN CLUB ○	Date _____ Amt _____ Rcpt _____ SI _____ Cash Credit Check _____
Week 8 7/29 - 8/2 Charge Date: July 19	Inventor's Challenge ○	CLUB ○	Bike Safety & Pickleball 20 max.	Visionaries ○	TEEN CLUB ○	Date _____ Amt _____ Rcpt _____ SI _____ Cash Credit Check _____
Week 9 8/5 - 8/9 Charge Date: July 26	Music Around the World ○	CLUB ○	Dance & Cheer ○ 20 max.	Screen to Table ○	TEEN CLUB ○	Date _____ Amt _____ Rcpt _____ SI _____ Cash Credit Check _____
Week 10 8/12 - 8/16 Charge Date: August 2	Jurassic Dinosaur Adventure ○	CLUB ○	Flag Football ○	Fantasy Fellowship ○	TEEN CLUB ○	Date _____ Amt _____ Rcpt _____ SI _____ Cash Credit Check _____
Week 11 8/19 - 8/23 Charge Date: August 9	Under the Sea ○	CLUB ○	Summer Vibes ○ 20 max.	Cookie Crafter ○	TEEN CLUB ○	Date _____ Amt _____ Rcpt _____ SI _____ Cash Credit Check _____

**Payment Information**

Your child is only guaranteed a place in camp if camp fees are paid in full or you have put a credit card # on file. I authorize BGCUV to charge my credit card for each camp on the dates indicated in the **CAMP DATES** column above.

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date mm/year: \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_ Zip \_\_\_\_\_

The following scales are based off of household size and income, and you must provide proof at time of registration.

Scale A \$75 Scale B \$100 Scale C \$125 Scale D \$150 \*Week 4 Scale A \$45 Scale B \$60 Scale C \$75 Scale D \$90

Name as appears on card \_\_\_\_\_ Signature \_\_\_\_\_



# Now that you've signed up for 2024 Summer Camps....



## *Please read and initial all statements*

### Camp Arrival, Pick-Up & Transportation Policies

\_\_\_\_\_ Please make sure your child is checked in by 8:30 am. If your child arrives late for an off-site camp, especially sports camps, you will be responsible for transporting them to the location of the camp.

\_\_\_\_\_ Please make sure your youth has eaten breakfast as we do not provide breakfast, this will fuel their mind & bodies for active participation in camp activity.

\_\_\_\_\_ Following lunch, Club programming starts and all non-member participants must be picked up by 12:00. Summer Clubhouse programming is designed to keep kids learning, active, and engaged throughout summer break. Please remember the Club closes at 5:30 pm during summer.

### **All passengers will:**

\_\_\_\_\_ Wear their seat belt and remain seated at all times.

\_\_\_\_\_ Be considerate of the driver and fellow passengers.

\_\_\_\_\_ Keep the vehicle clean and follow the group rules.

### Summer Dress Code Policies

\_\_\_\_\_ Wear comfortable play clothes, they may even get wet or dirty. No spaghetti straps or strapless shirts.

\_\_\_\_\_ Wear tennis shoes, they must be kept on at all times. No flip flops or other open-toed shoes.

\_\_\_\_\_ Wear sunscreen when outdoors and a hat for protection. (apply at home)

\_\_\_\_\_ Members that do not follow the dress code will not be able to participate in all programs, and may be sent home.

### Camp Cancellations, Refund & Behavior Policies

\_\_\_\_\_ Your child is only guaranteed a place in camp if fees are paid in full or if you have put a credit card number on file at the time of registration for weekly automatic deductions.

\_\_\_\_\_ To cancel a camp enrollment, please contact the office **7 days prior to the camp's start date**. No refund will be given for camp cancellations that are requested **after the 7 day deadline**.

\_\_\_\_\_ If your automatic payment is declined, you must have the payment made within 5 days of the camp start date or the enrollment will be cancelled for the non-paid week.

\_\_\_\_\_ Your child is expected to fully participate in the camp they are enrolled in. If they chose not to participate they will be moved to the alternative club camp if room is available.

\_\_\_\_\_ Violations of any Club rules may result in different levels of consequences as listed on the Code of Conduct. If your child is disruptive in any programs or camps, they will be pulled out of activities and a parent/guardian will be called to pick them up. If you are called to pick up your child for disciplinary reasons, the child must be picked up within one hour or a late fee will apply. No refund will be issued if your child is asked to leave camp for disciplinary reasons.

**continued on next page**

## Medical Policies

\_\_\_\_\_Members cannot attend if they have any of the following contagious illnesses: head lice &/or eggs, staph infection, impetigo, ring worm, pink eye, chicken pox or scabies. This includes colds, flu and COVID-19. If your youth is experiencing any of these symptoms, we must ask that they stay home from the Club. Sore throat, cough, chills, new rash, nausea, vomiting, diarrhea, fever, body aches, new loss of taste or smell, shortness of breath.

\_\_\_\_\_The staff of the Boys & Girls Club cannot administer medication, and all medication must be kept in the administrative office. Please request the full medication policy, as well as the form that needs to be filled out from the administrative office.

\_\_\_\_\_We do not have designated space or supervision for sick or injured children. Most often, members that are sick or injured would be more comfortable at home. Although staff provides basic first aid, we may require a parent/guardian to pick up their child. If you are called to pick up your child, the child must be picked up within one hour or a late fee will apply.\

# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING BOYS & GIRLS CLUB OF THE UMPQUA VALLEY FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

## Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of Boys & Girls Club of the Umpqua Valley facilities, services, equipment and premises (“Facilities”) and any participation in Boys & Girls Club of the Umpqua Valley programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Boys & Girls Club of the Umpqua Valley, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

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Minor Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)



## PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

Note to Parents/Guardians: Because the Boys & Girls Club works in partnership with the Roseburg School District to provide academic support for Club members, the Club is requesting your permission to release information that will assist us in better serving your child.

I, the undersigned, hereby request and authorize Roseburg Public Schools to release the information which I have indicated below to Boys & Girls Club of the Umpqua Valley:

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

School (Roseburg District Only) \_\_\_\_\_ Grade \_\_\_\_\_

Please select the items you give permission to release:

- Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and reading/math assessment results, and other achievement test results)
- Behavior records, plans and current information
- Medical and/or related health records
- Educational team reports and other related reports
- Individualized education programs
- Other (specify) \_\_\_\_\_

Or,

- I choose to opt-out from this opportunity

\_\_\_\_\_  
Signature of Parent, Legal Guardian

\_\_\_\_\_  
Date

**This release form is valid for one year from date of signature, unless specified otherwise.**



ROSEBURG PUBLIC SCHOOLS