



## 2022 SUMMER PROGRAM APPLICATION



**BOYS & GIRLS CLUB**  
OF FALLON PAIUTE  
SHOSHONE TRIBE

# Welcome to the 2022 Boys and Girls Club of the Fallon Paiute Shoshone Tribe Summer Recreation Program!!!

(BGCFPST/Community Learning Center (CLC) Summer Recreation Program. This year's program will run June 13-August 5, 2022 and the cost is \$50 per student. Payments can be made to the FPST Finance Department prior to the start of the program. Payment plans are available for those in need but payment agreements must be made prior to the start of the program and full payment must be received by July 13<sup>th</sup>. All information submitted to the Boys & Girls Club of Fallon Paiute Shoshone Tribe (BGCFPST) FPST Community Learning Center (CLC) 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.

MEMBERSHIP INFORMATION			
Participant's Last Name	Participant's First Name		MI
Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Date of Birth	Age	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Grade in School for 2021-2022 Year		Home Phone Number	
Student Email Address		Student Cell Number	
Race/Ethnicity* <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other			
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:		

## PARENT/GUARDIAN INFORMATION

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 BGCFPST. The small group activities at the BGCFPST are planned but will not be implemented until the BGCFPST facility and transportation methods are officially deemed safe for group occupancy.

Transportation is provided only for children who are participating in the Summer Recreation Program and within guidelines. 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 BGCFPST program.

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

### 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>Parent/Guardian Signature:</u>
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### COMMUNICABLE DISEASE:

I understand that 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>Parent/Guardian Signature:</u>
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## EMERGENCY TREATMENT PERMISSION

I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of a parent or legal guardian is necessary for unmarried minors (under 18) except in such cases. Written consent is required for all other treatment. Accordingly, as a parent and/or guardian, I do hereby authorize the treatment of the minor enrolling in this program in the event of a medical emergency, including administration of first aid, as appropriate, and further agree that I will be responsible for payment of any and all medical services rendered. I understand that the Fallon Paiute Shoshone Tribe, the Boys & Girls Club of Fallon Paiute Shoshone Tribe, and the Community Learning Center does not provide medical insurance for program participants.

I agree that any person or entity, including any doctor, or healthcare provider, may rely on a photocopy of this document the same as if it were an original.

## 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.

Participant Name:

Insurance Name

Policy #:

Parent/Guardian Name Printed

Parent/Guardian Signature:

Date:

## OUTCOME TRACKING:

I give permission for my child to participate in the tracking of BGCFPST outcomes/goals, which includes taking surveys, pre/post tests, participating in focus groups and tracking progress against goals.

**Mark as Agreed:**

<u>Agree</u>	<u>Do Not</u> <u>Agree</u>	<u>Parent/Guardian Signature:</u>
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## 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 Boys & Girls Club of Fallon Paiute Shoshone Tribe program and other approved Tribal Activities. My child has permission to be used in public relation materials which may include, but is not limited to, having his/her photo or name in newspapers, newsletters, TV, BGCGL website, YouTube, BGCGL Facebook and Twitter pages). 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</u> <u>Authorized</u>	<u>Parent Signature:</u>
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## CELLPHONE/ELECTRONIC DEVICE

**ELECTRONIC DEVICE RULES:**

As a member of the Boys & Girls Club, my child will have access to the internet. While precautions are taken by the Boys & Girls Clubs of Fallon Paiute Shoshone Tribe, it is possible that s/he may access sites inappropriate for him/her. The Boys & Girls Clubs will have rules and consequences for such behavior. However, I will not hold the Boys & Girls Clubs of Fallon Paiute Shoshone Tribe or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child.

Personal electronic devices include cell phones, iPads, iPods and any other electronic devices are not the responsibility of the program or program staff and therefore any damage, loss or destruction of property will be the responsibility of the member while participating in a program. All devices must be in a backpack unless a child has permission from an adult in charge to ensure security measures are followed. 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</u> <u>Agree</u>	<u>Participant Signature:</u>
<u>Agree</u>	<u>Do Not</u> <u>Agree</u>	<u>Parent/Guardian Signature:</u>

# FIELD TRIP PERMISSION

## Field Trip Permission Slip

### 2022 Summer Field Trip Schedule

Trips are tentative but are subject to change according to weather, scheduling, and other unforeseen circumstances. Parents will be notified of changes ahead of time to allow for proper planning.

Due to rapid changes with allowable activities due to the statewide reopening guidelines with the COVID-19, the BGC FPST will send permission slips for all trips one week prior to the event.

Summer field trips will be scheduled based on the site availability, adequate supervision to meet required student to adult safety ratios, transportation availability, large group reservation availability, and any other safety (Covid-19 or other) restrictions and/or guidance measures.



## DISCLAIMER/WAIVER AND RELEASE

I recognize that there is an element of risk in any out of the home settings, including the Boys and Girls Club of the Fallon Paiute Shoshone Tribe (BGCFPST) and FPST Community Learning Center (“BGCFPST”). My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions or other unanticipated events. I authorize my child to participate in the educational, athletic, cultural and recreational programs of the BGCFPST and CLC and in any and all field trips away from the BGCFPST/CLC. On behalf of my minor child, I assume all risks associated with my child’s participation in these programs. I hereby release and agree to hold harmless the Fallon Paiute Shoshone Tribe, the Community Learning Center, their employees, agents, officers, directors and all volunteers from any and all liability, loss or damage, actions, claims and demands which now have or which may hereafter arise from my child’s participation in the activities of the BGCFPST/CLC. This release is intended to be binding upon my heirs, executors and/or personal representatives. I hereby certify that my child is in normal health, and to my knowledge, is capable of participating safely in the educational, athletic, cultural and recreational programs of the BGCFPST/CLC. Should any injury occur to my child during participation in said programs, I authorize the Fallon Paiute Shoshone Tribe, Boys and Girls Club of the Fallon Paiute Shoshone Tribe and/or the Community Learning Center, and their employees, agents and volunteers to arrange for or to provide emergency medical treatment and to arrange for or provide transportation to the nearest qualified medical facility. I give the Fallon Paiute Shoshone Tribe, the Community Learning Center and the medical treatment staff permission to administer medical treatment to my child should my child be injured while attending activities at the BGCFPST. I also understand that the Fallon Paiute Shoshone Tribe, the Boys and Girls Club of the Fallon Paiute Shoshone Tribe and the Community Learning Center do not carry medical insurance for the participants and it is my responsibility to pay all bills associated with such action.

### **Coronavirus / COVID-19 Warning & Disclaimer**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The Fallon Paiute Shoshone Tribe, the Boys and Girls Club of the Fallon Paiute Shoshone Tribe and the Community Learning Center have put in place preventative measures to reduce the spread of COVID-19. However, the BGCFPST cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the BGCFPST could increase your risk and your child(ren)’s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the BGCFPST and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the BGCFPST may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BGCFPST employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the BGCFPST or participation in BGCFPST programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Fallon Paiute Shoshone Tribe and the BGCFPST, their employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes, but is not limited to, any Claims based on the actions, omissions, or negligence of the BGCFPST, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

### **Acknowledgement**

I have read and fully understand the registration policies, the Disclaimer/Waiver and Release and Hold Harmless Agreement. This release is completed and signed of my own free will even though I understand it is a requirement for participation in this program.

Participant Name Printed
Parent/Guardian Name Printed
Parent/Guardian Signature:
Date:



## **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 BGCFPST and CLC Center 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 Summer Recreation 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. The BGCFPST/CLC staff is understanding so please communicate with the staff if your student will be absent. Students with 3 or more unexcused absences run the risk of losing their spot in the program to a participant on the waiting list. Those that lose their seats due to unexcused absences will be placed on a waiting list and allowed back if space becomes available.

**COVID-19 RESUMPTION RULES:** The BGCFPST/CLC will follow all of the Standard Protocols, listed in the FPST Covid-19 Tribal Government Resumption of Operations Policy. In addition, the following additional rules will also apply:

1. All children, youth, and volunteers are required to wear face coverings (one will be provided if they don't have one). Individuals cannot participate in any summer recreation or after-school services if they don't have a face covering. The only exception is that individuals that are fully vaccinated and provide documentation of such do not have to wear a mask while indoors.
2. Parents/legal guardians should put their child's name on their face covering. The BGCFPST and Tribe are not responsible for any lost face coverings.
3. Children, youth, and volunteers that have a fever of 100.4° F or higher, cough, or shortness of breath will be asked to return home until they are fever and symptom free for at least 48 hours.
4. During indoor activities, space between seats/chairs will be set at "arm's length". Staff will also remind children/youth to maintain a safe distance "arm's length" from each other.
5. The BGCFPST may create cohorts for its services depending on number of participants, staffing levels, etc. which may rotate times/dates. Cohorts are groups of children/youth and staff that stay together throughout the day to minimize exposure to other people while at BGCFPST services. Cohorts will typically have the same staff with the same group of children/youth and remain together as much as possible. Limit mixing between cohorts.
6. Staff will remind children/youth regularly to cough or sneeze into their upper arm and to clean and wash their hands throughout the services.
7. There will be zero tolerance for unhealthy behaviors such as spitting, licking, biting, scratching, fecal smearing, and grabbing employees' personal protective equipment (PPE) such as masks, gloves, etc.

8. Water fountains should only be used for filling water bottles. Children may bring a water bottle that staff will fill and/or water will be provided.
9. Field Trips may be limited due to COVID-19. If field trips are planned, all participants must wear face coverings and maintain social distancing.
10. Parents/legal guardians that are dropping off their children/youth for services must wait until the temperature check process is complete in case a child/youth is sent home. Once they are cleared, the parent/legal guardian may leave the area.
11. Staff will conduct a daily temperature check before a child/youth is picked up for transportation. If a child/youth has a fever at or above 100.4 degrees Fahrenheit, they need to stay home.
12. Children/youth should wear fresh/clean clothing each day to help reduce any exposure.
13. No parents/legal guardians or visitors will be permitted in building unless they have passed the screening process (temperature check and COVID-19 screening questions).
14. Parents/legal guardians must provide a current cell phone and at least 2 emergency contacts that are able to pick the child/youth immediately in case of any emergency or exposure.
15. Parents/legal guardians are asked to notify staff if any children/youth participating in the services have symptoms or have potentially been exposed.
16. Children/youth will be reminded to keep their hands to themselves and maintain distance when playing group games as much as possible.
17. Meals may be provided (either by the Tribe or other local agency) or children/youth may bring their own lunch in a disposable container.
18. Meals will be eaten outside if safe and weather conditions permit, and children/youth are not allowed to share utensils or serving tools.
19. Hand sanitizer will be available at the entrance for all individuals to use.

**PARTICIPATION:** Program participants will have an opportunity to participate in a variety of activities, including academics, health and wellness, Paiute/Shoshone culture and traditions, library, interpersonal relationship, computer skill development, arts and crafts, substance abuse prevention and much more. We request that our participants join with an open mind and the willingness to learn, participate, be respectful and have fun. We ask that parents/guardians give support when needed to assure that all participants are completing all activities as a way to ensure that supplies are not wasted

**BEHAVIOR AND DISCIPLINE:** The BGCFPST 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 Summer Recreation Program is a privilege. A child must abide by program rules: Be safe, Be Respectful, Be Responsible and Have fun. Disruptive or disrespectful behavior toward other students or Program staff is a 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 Summer Recreation 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. The Summer Recreation program is drug, alcohol and violence-free. Any 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 BGCFPST/CLC 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).

**LIBRARY/COMPUTER ROOM RULES:**

1. All books must be returned to the BGCFPST every week.
2. Participants assume responsibility for the care and timely return of the materials.
3. If books are damaged while in your possession, the participant's parent/guardian will be responsible for the replacement cost. The book replacement must be taken care of promptly in order to retain BGCFPST library privileges.
4. It is recommended that food and/or drinks are not used while reading books from the BGCFPST library in order to preserve their good condition.

5. Social media may be a form of communication for activity instructions, to provide a way to show participants' completed projects and to give program updates. We ask that parents/guardians assist the participants in posting pictures and to view the social media pages as needed.
6. When using the library, all participants will enter in a quiet and calm manner and be respectful of other participants using the library and/or computer lab.
7. No food or drinks into the library and/or computer lab. Chewing GUM is strictly forbidden!!
8. 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.
9. Visit only approved or appropriate Internet sites for your assignment. Safe "Surfing the Net" Only!
10. Participants will not use unauthorized passwords, disclose confidential passwords, or enter or try to enter any unauthorized areas of the computer.
11. 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. All programs must be approved.
12. Students may not change, modify, or update computer configurations unless authorized. (i.e. screen savers, wallpapers, printers, network properties, screen properties, etc.).
13. Copying, shoplifting, (stealing) of software is strictly prohibited.
14. 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 BGCFPST/CLC staff for permission to print.

#### **VAN AND BUS SAFETY RULES:**

1. No running to the van or bus! Wait until you are directed to approach the van for pick up or drop off.
2. Seat belts are mandatory and no student will be allowed to ride in the front seat of any van during program activities.
3. Do not disturb the driver while the vehicle is in motion.
4. No inappropriate behavior, eating or drinking allowed in the van/bus.
5. No body parts will be allowed outside of the windows.
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:**

- 1<sup>st</sup> Offense - Warning and participant must stop the unacceptable behavior.
- 2<sup>nd</sup> Offense - Warning, loss of privileges & parent notification.
- 3<sup>rd</sup> 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 understand that there may be a waiting list and if my attendance is deemed inconsistent I will lose my spot and will be added to the waiting list. 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 of the Fallon Paiute Shoshone Tribe and Community Learning Center Programs.

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

