

Rapid City Club for Boys

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19 and Infectious Disease**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely dangerous** 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 Rapid City Club for Boys ('the Club') has put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Club 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 Club 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 Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

In exchange for my child(ren) being permitted to attend the Club and participate in Club programming I voluntarily assume all of the above 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 Club or participation in Club programming. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from any claims, including all liabilities, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Infectious Disease

I further acknowledge, understand, appreciate, and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume **full** responsibility for my participation and exposure.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Club Participant(s)

Check if does not apply

The Club for Boys - School Transportation Permission Form 2022-2023



Dear Parents and Guardians:

As we start the new school year, we felt it was very important to make sure that all families who will be utilizing the transportation from the school to the Club for Boys understand our expectations, rules, and procedures. We are very fortunate to be able to offer this service but must make sure that safety is our number one priority. Please review the attached rules and expectations for riding the club bus with your son.

<u>School</u>	<u>Arrive at School</u>	<u>Bell Time</u>	<u>Depart for Club</u>
Horace Mann	2:45	2:50	2:55 - Depart for North Middle School
Rapid Valley	2:45	2:50	2:55 – Depart for East Middle School
Valley View	2:45	3:00	3:05
Robbinsdale	2:45	3:00	3:05
East Middle School	3:02	3:07	3:12
North Middle School	3:02	3:07	3:12
South Middle School	2:52	2:57	3:02

The Club for Boys is not responsible for members who do not board the bus before it departs. In the event that the bus is full, the driver will call for another vehicle and stay until another adult is present to watch the members.

Closings

The Club for Boys does not transport members on days when the Club is closed, when school is closed, or when inclement weather occurs. If adverse weather conditions are forecasted, the Club will make the decision to close by 10:45 am and contact the schools and media. **We will not contact parents directly.**

Behavior Issues

The safe transportation of all members from school to the Club is our number one priority. In cases of misbehavior, the bus driver may choose to pull over and have the offending rider move to a different seat or call for assistance from the Club program staff. Members who are warned about their behavior and continue to misbehave will need to meet with the Director of Individual Services. After the first warning, parents will be contacted regarding their son's behavior and asked to help remind them of the rules. Parents will be contacted about subsequent violations and bus privileges may be terminated if the behavior does not change. **Please keep the above listed information and return the lower portion to the Club.**

Permission to utilize the Club for Boys Transportation Program

The Club for Boys transportation program is a privilege for Club members and the Club reserves the right to refuse this service to any member whose behavior does not meet our expectations.

I give permission for _____ Card # _____ to be transported from _____ School to the Club for Boys. I understand that I am still responsible for picking my son up before the Club closes.

Parent/Guardian Printed Name _____

Signature: _____

Date: _____



BEHAVIOR RULES FOR BUS RIDERS

1. Boys must be seated at all times while the bus is moving.
 2. Backpacks must be placed on your laps.
 3. All body parts must remain inside the bus.
 4. Put toys and other items away during the ride.
 5. No eating or drinking while on the bus.
 6. Keep noise down. Talking is ok, yelling is not.
 7. No horseplay or other behavior that distracts the bus driver.
 8. You must set a good example. Any member who makes a rude gesture or yells rude comments out the windows will lose bus privileges for one week.
 9. Bus Drivers may assign seating to boys that are misbehaving or being disruptive.
- * **Bus privileges may be terminated if boys do not follow the bus rules.**

Check if does not apply



2022 SUMMER ACTIVITIES PERMISSION SLIP

MEMBER NAME: _____ **MEMBER CARD #:** _____

One of our goals is to expose our members to opportunities that they may not otherwise get the chance to do. The summer months provide us with lots of time to do that by taking members on field trips. To streamline our process of collecting permission slips and filling all the spots for trips, we have one permission slip to cover the summer. If there is any trip that does not fall under one of the three categories listed below, a separate permission slip will be sent home for parents to sign if they wish for their child to participate.

Field trips are limited to a certain number of seats, depending on the activity. It is important to know that each trip will be first come, first serve. Staff will make every effort to take different boys each time so that everyone may have a chance to participate in a field trip.

We will update the list of boys who are able to participate in each option every Friday, so our staff know which boys they may take from the Club. **We ask that if you do not wish for your child to leave the Club on any certain day due to an appointment, early pick up or any other reason that you let our front office know by 8:00 a.m. on that day.** You may call our front office at any time to see if your child is on a trip.

Please look over each of the options below and initial the activities that you give permission for your child to participate in.

WACKY WATER ACTIVITIES (on-site) – Each day between 1:00 p.m. – 3:00 p.m., provided the weather is at least 80°, staff may run water activities to keep boys cool. During these activities, your son will get wet and dirty. Towels and sunscreen will be provided, but not required to be used. Members must wear shorts to participate.

____ Initial

FIELD TRIPS (off-site) – Field trips will periodically be scheduled between 8:30 a.m. – 12:30 p.m. and 12:30 p.m. – 3:30 p.m. Trips may include but are not limited to places like local parks and tourist attractions, Elks theatre, and swimming pools.

____ Initial

DAY TRIPS (off-site) – The outdoor program will be taking day trips between 8:00 a.m. – 4:00 p.m. during the week. These trips may include, but are not limited to places like the Badlands, Custer State Park, Hill City, and Spearfish. Activities may include, but are not limited to hiking, canoeing, lake swimming, rock climbing, and local attractions.

____ Initial

All trips will be staffed by at least two adults trained in CPR and first aid.

In case of an accident, we need your full consent to obtain medical assistance for your son should it be required. Although the boys will have adequate adult supervision continuously, an accident may happen. Realizing every safety precaution will be taken, I agree not to hold the Club for Boys responsible for any accident or injury. I hereby give my consent to obtain professional medical help for my son _____ as deemed necessary by The Club for Boys leaders.

ALLERGIES: Please list any allergies on the lines provided.

___ No Known Allergies
___ Food Allergies _____
___ Medication Allergies _____
___ Environmental Allergies (insect stings, hay fever, etc.) _____
___ Other Allergies (please list) _____

PHYSICAL LIMITATIONS: Please list any physical limitations that the Club for Boys staff should be aware of on the lines provided. Ex: asthma – needs inhaler, does not know how to swim, etc.

It is important that parents keep contact information up to date in case we need to contact you regarding an emergency or behavior situation. In the case that we have incorrect contact information your child will be removed from the master list and must reapply for permission to attend field trips.

CONTACT INFORMATION

First Parent/Guardian Name: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Second Parent/Guardian Name: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

PARENT SIGNATURE: _____ **DATE:** _____

Confidential Information:

In order to qualify for certain federal, state and local grant funding, the Club for Boys needs to gather the following information. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both necessary and appreciated.

Family Setting – (Please check who the member lives with):

- | | | |
|--|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Grandparents(s) |
| <input type="checkbox"/> Other Relatives | <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Other |

Race: Asian Black/African American White/Caucasian
 Native American More than 1 Race Native Hawaiian or Other Pacific Islander

Are you Hispanic? No _____ Yes _____

Yearly Household Income: \$ _____ We receive TANF and/or food stamps

Total People living in Household: _____

Household Type: Apartment House Mobile Home Motel Other _____

At any time during the past year have you lived in a motel, at the Cornerstone Rescue Mission, WAVI shelter or with others because you did not have a permanent home? _____ Yes _____ No

At any time during the past year, has a close family member of your son been in jail? _____ Yes _____ No

Member Medical Information

1. Does your son have any serious food allergies? ___No ___ Yes (If “yes” please list them here. If you have a medical form from his Dr., please give a copy to the front office for his file):

2. Does your son have any medical/physical limitations that we should know about? _____ No ___ Yes
If so, please list the condition (allergies, diabetes, asthma, heart murmur, etc.)

3. Has your son been diagnosed with a physical or mental disability/condition? _____No ___Yes
If so, please write the disability or condition (such as ADHD, cerebral palsy, Down syndrome, FAS)?

(Please let us know if your son requires special accommodations.)

4. Is your son currently taking any medications? ___No ___Yes If so, please list: _____

(Please see the office if you need us to keep any medication on site for your son.)

Parent/Guardian authorizations for: _____

(Print Member Name)

1. **Medical Treatment:** I give the Club for Boys permission to seek emergency medical treatment for my minor child if I cannot be reached. I release the Club for Boys, its officers, staff, volunteers and donors from liability and responsibility. I am aware and understand that I will be responsible for the cost of any/all medical attention and treatment necessary. _____ (Please initial)

2. **First Aid-** I give the Club for Boys permission to provide first aid and preventative measures for my son. This may include applying over the counter topical ointments, sunscreen, and bug spray.
***Note: Your son is subject to body temperature testing at the Club. If your tests at 100.4°F, you will be required to pick your son up immediately.**
_____ (Please initial)

3. **Pictures and Video:** I give permission for my child’s picture, video, or any other graphic depiction or likeness, to be used by the Club for distribution and social media (website, social media platforms, marketing materials, and community partnerships.) Yes_____ No_____ (Please Initial)

4. **School Contacts:** I give permission for my son’s school and the Club for Boys to discuss my son’s progress in schoolwork, behavior, and attendance.
Yes_____ No_____ (Please Initial)
Grade _____ School Attending (**Fall** School Year 2022-2023) _____

Date _____ Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

All Applications, Paperwork and Payments must be signed and completed and turned in by the parent/guardian before the application will be accepted.

Office Use Only

Family Income Level: Free _____ Reduced _____ Paid _____ No Info Paid _____

Date Paid _____/_____/_____ Receipt # _____ Amount Paid \$ _____ Staff Initials _____

Date entered: _____/_____/_____ Staff Initials _____

It is the policy of the Club for Boys not to discriminate on the basis of race, color, religion, national origin, age or disability in its programs, activities, or employment policies.