

Required Waivers

If you have questions, please email info@bgcncr.org or call (914) 235-3736.

Health Attestment:

I acknowledge, that I will comply with all provided program participation guidance and attest that I will not send my child to Boys & Girls Club of New Rochelle Programs, unless all criteria are met.

I understand program requirements for healthy Participation, and that my child cannot attend if they are unable to comply.

Parent Name _____ Date Acknowledged: _____

Enrollment Expectations:

I understand it is my responsibility to advise Club staff of any changes in the information provided in the application as they occur.

I understand that my member may be suspended from the Club due to unacceptable behavior.

I understand that I may be required to pick my member up if he/she is suspended.

I understand that the Boys & Girls Club of New Rochelle is not responsible for lost or stolen property. Members are encouraged to not bring personal items of value to the Club.

I understand all off-site activities require the expressed, written consent of a guardian.

Parent Name _____ Date Acknowledged: _____

Pick Up Policy / Late Fees:

I understand that if my child is not picked up on time when the Club has closed, I will be charged a fee of \$1 per minute for lateness.

Parent Name _____ Date Acknowledged: _____

Required Waivers

If you have questions, please email info@bgcncr.org or call (914) 235-3736.

Liability Clause:

I understand the Boys & Girls Club of New Rochelle shall not be responsible or legally liable for any bodily injuries, or the result thereof incurred and suffered by my son/daughter on any property of the Club or while engaged in any of its activities away from the Club, unless such loss or injury results directly from gross negligence or a willful act of any employee at the Club acting within the scope of his/her employment.

I understand that this constitutes a release of the Club from liability relating to such loss or injury, and a waiver of our right to bring legal action related to such loss or injury.

Parent Name _____ Date Acknowledged: _____

Medical Emergency:

I consent, in the event of medical emergency, that my child be given medical attention and if necessary medical treatment at a local healthcare agency. I understand that I will be responsible for the costs of any care provided to my child.

Parent Name _____ Date Acknowledged: _____

Promotional Release:

I understand that certain Club events may include the media or other promotional activities and as such I consent to the use of photographs, videotaping or quotes of/from my child being used as part of his/her participation for publicity, brochures, or other promotions etc.

Parent Name _____ Date Acknowledged: _____