



**BOYS & GIRLS CLUBS
OF NEWPORT COUNTY**

Boys & Girls Clubs of Newport County

Presents

Instructional Basketball
League

held at:

95 Church St

Newport, RI

02840

For ages 6-12

THURSDAY'S

6:00 – 8:15PM

(Begins DECEMBER 2)

(Ends JANUARY 20)

BASKETBALL LEAGUE APPLICATION

Participant Information

First Name: _____ Last Name: _____

Date of Birth: _____ Grade: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent(s)/Guardian Information

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contacts in addition to parents – name & phone:

I give permission for my child's photo or likeness to be presented for the purpose of promotion (i.e. website, social media and/or printed material).

Please initial if you DO NOT give permission _____ (initials)

I have read and understood the recreational policies, COVID-19 screening tool, and procedures.

Basketball League Fees:

Active BGC members = **\$20**

*Non-BGC members = **\$50***

Please send application and check made out to the "Boys & Girls Clubs of Newport County" to:

John Doe
100 Anywhere St.
Portsmouth, RI 02871



Director of Athletics
c/o Boys & Girls Clubs of Newport
95 Church Street
Newport, RI 02840

Permission to treat:

All activities involve risks. In the event of a serious medical emergency, I authorize Boys & Girls Clubs personnel to have my child treated by emergency medical technicians and a local hospital. Furthermore, I agree not to hold Boys & Girls Clubs, its employees or agents liable for any incidents that may arise from my child's participation in this.

I have read and understood the above recreational policies, procedures, and payment expectations.

Signature: _____

Date: _____

*If you have any questions or concerns, please contact
Blake Boutiette, Director of Athletics, at:
401-924-3322 ext. 124 or
bboutiette@bgcnewport.org*

If you are not a current Boys and Girls Clubs member, you MUST fill out the following membership form. All players must be a BGC member to participate in the league

(for office use only)

- North End
- Central Clubhouse
- Adult
- Punch Card League/
Program
- Yearly Membership
Military



Membership Application

- Teen (13-18)
- Pre-Teen (5-12)
- Pre-School (0-4)
- Adult (19-55)
- Adult (55+)
- New Renew

Date entered: _____

Processed by: _____

INFORMATION

Member's Name: _____ Gender: M _____ F _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Date of Birth: ____/____/____ Age: _____ E-mail: _____

(Youth only) School: _____ Grade: _____ On time grade progression? Yes No

Teacher's Name (elementary school only): _____

PRIMARY & EMERGENCY CONTACT INFORMATION

Primary Contact: _____ Relationship to member: _____

Cell _____ Other _____ Email _____

Authorized to pick-up member Yes No

Secondary Contact: _____ Relationship to member: _____

Cell _____ Other _____ Email _____

Authorized to pick-up member Yes No

Emergency Contact: _____ Phone/Cell: (____) _____ Relationship: _____
(other than parent/guardian & over 18 years old) Authorized to pick-up member Yes No

Emergency Contact: _____ Phone/Cell: (____) _____ Relationship: _____
(other than parent/guardian & over 18 years old) Authorized to pick-up member Yes No

Youth lives with: Both Parents Mother Father Guardian Stepmother Stepfather Grandparents

MEDICAL INFORMATION

Please list any medical restrictions, allergies, or dietary restrictions: _____

Any restriction of activity for physical, emotional or psychological reasons? Yes No Explain: _____

Any condition now requiring regular medication? Yes No Name of medication: _____

Does your family have health and/or accident insurance: Yes No

Family Health Plan Name: _____ Policy #: _____ Group #: _____

Permission for Treatment by Physician/Hospital: Yes No

Physician's Name: _____ Physician's Phone: (____) _____

PLEASE READ AND SIGN THE FOLLOWING:

I understand that the Club and its personnel are not responsible for personal injury or loss of property. I agree to observe whatever rules are decided upon as best for the welfare of all. The Boys & Girls Club of Newport reserves the right to dismiss a Member from the Club. Refunds will not be made due to dismissal.

In accordance with Section 7-6-9 of the RI General Laws entitled "Exemption from Liability", I hereby waive any liability that the Boys & Girls Club of Newport, its officers, directors, trustees, agents, servants and employees might have and agree that said Boys & Girls Club of Newport, shall not be liable for any and all bodily injury to the participant incurred while such participant is engaged in programs or services. This includes practicing for, or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Newport; and hereby assume the risk of any bodily injury to such participant incurred while such participant is practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Newport.

The health history on the reverse of this form is correct so far as I know, and the herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by and the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injections or surgery.

Boys & Girls Club of Newport - Hours for Drop-In Members - Pre-Teen - During the School Year:

Monday - Friday 2:30 p.m. to 8:00 p.m.

Boys & Girls Club of Newport - North End Hours - Teen Members - During the School Year:

Monday - Thursday 2:30 p.m. - 7:00 p.m., Friday 2:30 p.m. - 6:00 p.m.

Members will be held accountable for their actions to ensure a safe and fun environment for all. As a drop-in facility, I understand that the Club is not responsible for Club members' whereabouts. Additionally, I will not send toys, CD players, MP3 players, jewelry, cell phones, handheld games or other valuables to the Club. I understand the Boys & Girls Club of Newport is not responsible for lost, damaged or stolen items.

(Youth only) I give my permission to the Boys & Girls Club of Newport to share information about my child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information disclosed to BGCA may include: the information provided on this membership application form; information provided by the minor child's school or school district; and any other information collected by the Boys & Girls Club of Newport, including but not limited to data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

(Youth Only) I understand that as a member of the Boys & Girls Club of Newport, my child will have access to the Internet. While precautions are taken, it is possible s/he may access inappropriate sites. The Boys & Girls Club of Newport has rules and consequences for such behavior. All children must abide by the Club Member Technology Rules & Regulations.

(Youth Only) Among the many services available during the after-school program, the Club provides a wide variety of homework help, academic support programs and social/ emotional competency programs. In order for us to assess and monitor the needs of our members and provide appropriate services, the Boys & Girls Club of Newport would like to collect the report cards, NECAP scores and any behavioral information for your child in addition to having them participate in a diagnostic online survey. **I authorize the Club to access this information.** This release is valid for one year and may be revoked at any time by contacting the Boys & Girls Club of Newport in writing.

(Youth Only) I hereby consent and authorize the Boys & Girls Club of Newport to survey my child about their Club experience, behaviors, skills and attitudes using a variety of survey instruments.

I hereby consent for my child to utilize Club transportation including club vans, busses or walk to/from home. **In order to opt out of the transportation release, please complete a letter requesting the opt out and leave it with the front desk.**

I hereby consent and authorize the Boys & Girls Club of Newport to use and reproduce photographs and video taken of myself or my child for publicity, advertising and marketing purposes of every description. **In order to opt out of the photo release, please complete a letter requesting they opt out option and leave it with the Front Desk.** I also consent to my child utilizing the transportation offered by the Boys & Girls Club of Newport. Additionally, I consent to my child participating in all Club activities in or adjacent to the Club building.

Parent/Guardian Signature: _____ Date: _____

REOPENING RI COVID-19 Screening Tool: Please read and familiarize yourself with the REOPENING RI COVID-19 Screening Tool. Before each practice you'll be required to review the screening tool to ensure your child is in compliance. If your child is experiencing any symptoms, you cannot participate until you are symptom free.

REOPENING RI COVID-19 Screening Tool

Recommended tool to screen employees, clients, and/or visitors for symptoms of COVID-19.

SYMPTOMS

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST THREE DAYS THAT ARE NOT EXPLAINED BY ALLERGIES OR A NON-INFECTIOUS CAUSE?	YES	NO
COUGH		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
FEVER OR CHILLS		
MUSCLE OR BODY ACHES		
SORE THROAT		
HEADACHE		
NAUSEA OR VOMITING		
DIARRHEA		
RUNNY NOSE OR STUFFY NOSE		
FATIGUE		
RECENT LOSS OF TASTE OR SMELL		

RISK FACTORS

	YES	NO
Have you been in close contact (less than six feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days? ¹		
Have you traveled anywhere outside the 50 United States in the past 14 days?		
Have you traveled to Rhode Island for a non-work-related purpose from another city, town, county, or state that currently has a stay-at-home restriction, a shelter-in-place restriction, or a similar restriction, declaration, or announcement due to a COVID-19 outbreak? ²		
Have you been directed to quarantine or isolate by the Rhode Island Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end?		
<p>IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, AND YOU CANNOT EXPLAIN THESE SYMPTOMS BY KNOWN ALLERGIES OR NON-INFECTIOUS ILLNESSES, THEN YOU CANNOT ENTER THIS BUILDING FOR THE SAFETY OF OTHERS</p> <ul style="list-style-type: none"> • Employees: Please contact your supervisor and your Human Resources representative. • Visitors: Please call to discuss when you can return to this facility. 		

¹ Does not apply to people who come into contact with people with symptoms of COVID-19 during the course of their daily work while wearing full and appropriate personal protective equipment (PPE). See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> for more information.

² Public health, public safety, and healthcare workers are exempt. Does not apply to anyone traveling for medical treatment, to attend funeral or memorial services, to obtain necessities like groceries, gas, or medication, to drop off or pick up children from day care, or to anyone who must work on their boats.

