



**COVID-19 Screening Application  
Summer Program 2020 – Bremen Unit  
Ages 5-14**

If your child is already a member, please fill out the information below and complete the questionnaire for each child ages 5-14. Please note this form is to help us determine the need for summer membership during the COVID-19 Pandemic. It does not guarantee your child will have a spot to attend the 2020 Summer Program due to our Limited Capacity policy.

**Member Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Gender: M F Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
 2020-2021 Grade: \_\_\_\_\_ Primary Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name (HOH): \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Primary Household E-Mail: \_\_\_\_\_ (please use a working email, in case of emergencies/updates)  
 Currently employed: No Yes Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
 Other Parent/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Currently employed: No Yes Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

**Please answer each question accurately and honestly:**

1. Please let us know if you have special circumstances for needing childcare:

**Please describe:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Which days will you need your child to utilize our Program? (please check all that apply)

**M** \_\_\_ **T** \_\_\_ **W** \_\_\_ **TH** \_\_\_ **F** \_\_\_

3. We will open our doors starting at 7:30 to allow for temperate checks and check in, what time will you utilize for drop off? (check ONE that applies, please note that an adult must be present during temperature checks)

**7:30 – 8:00** \_\_\_ or **8:00 – 8:30** \_\_\_ or **8:30 – 9:00** \_\_\_ or **9:30 – 10:00** \_\_\_

4. We will close at 5:30 pm, what time will you utilize for pick up? (check ONE that applies, please note that an adult must be present for pickup)

**3:30 – 4:00** \_\_\_ or **4:00 – 4:30** or \_\_\_ **4:30 – 5:00** \_\_\_ or **5:00 – 5:30** \_\_\_

5. Will your child be utilizing our free breakfast program? (You will need to send a packed cold lunch with them daily) (No fast food, pizza delivery, or other food deliveries allowed)

**Club’s Free Breakfast Program** \_\_\_ or **No Breakfast Needed** \_\_\_

6. Has your child experienced any of the following symptoms or illnesses in the last 14 days?

No Yes to any or all of the symptoms listed below:

- α. Cough
- β. Shortness of breath or difficulty breathing Or at least two of the following:
- χ. Fever
- δ. Chills
- ε. Repeated shaking with chills
- φ. Muscle pain
- γ. Headache
- η. Sore throat
- ι. New loss of taste or smell

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you. If you develop any of these emergency warning signs for COVID-19, get emergency medical attention immediately:

- φ. Trouble breathing
- κ. Persistent pain or pressure in the chest
- λ. New confusion or inability to arouse
- μ. Bluish lips or face

7. Does your child have Asthma or other respiratory illnesses?

No Yes If yes, please describe: \_\_\_\_\_

8. Have you or your family traveled around/outside of the Country in the last 14 days and/or has had contact with someone who has?

No Yes

9. Have you or your family knowingly come into contact with someone who has tested positive for COVID-19 in the last 14 days?

No Yes

10. I understand that if you need to contact me because my child is not following the rules outlined in our COVID-19 Guidelines such as wearing their mask, washing their hands as required, staying in their assigned area, and other rules pertaining to the safety of themselves and others as listed within the Guidelines, I must have arrangements made for my child to be picked up immediately.

No Yes

11. I understand that if my child develops any of the symptoms listed above while at the Club they will be quarantined in an isolated area (with any siblings) under staff supervision while I am notified and make arrangements for them to be picked up immediately.

No Yes

Once screening application has been reviewed and your child is selected to attend the summer session, if your child is not a current member or you have not provided us with up to date enrollment forms, please fill out our regular membership application in addition to this form (or your application will be null and void).

## FOR PARENTS/GUARDIANS

### Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

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.

Boys & Girls Clubs of Marshall County 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 Boys & Girls Clubs of Marshall County and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Boys & Girls Clubs of Marshall County may result from the actions, omissions, or negligence of myself and others, including, but not limited to, club employees, volunteers, 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 Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Boys & Girls Clubs of Marshall County, its employees, agents, 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 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.

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Parent/Guardian Signature

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Date

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Printed Name of Parent/Guardian

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Name of Club Participant(s)