



BOYS & GIRLS CLUBS
OF CARSON

Welcome parents and thank you for registering your child/children for the 2020-2021 BGCC Main St. Boys & Girls Clubs of Carson Program. Our school year program will begin on **Tuesday, August 18th, 2020** and end on **Friday, June 11th, 2021**. We are open to students ages 6 years old to 8th grade only. Summer Camp and Winter Camp are offered. Additional information provided upon request. Please note transportation will also begin when the after school program re-opens on August 18th, 2020. School year hours will be from school dismissal – to 7:00p.m., Monday through Friday.

Please review your packet to ensure it is complete. Here is a checklist to assist you:

- Completed General Membership Registration Form
- Completed Beneficiary Qualifications Statement Form
- Signed Clubhouse Rules & Consequences
- Additional Authorized Pick-ups
- Signed Payment Policy Form
- Signed Member Technology Policy
- Membership Payment

For Scholarship Only:

- Financial Assistance Application Form
- Three most recent employment pay stubs (monthly or biweekly).
- Proof of any additional income support services
- Copy of 2019 tax forms

Transportation Only:

- Complete Transportation Application Form
- Signed Transportation Rules & Expectations

BGCC is committed to making another successful year for all Club members!



Please **complete** the form and **print clearly**.

The following information is kept confidential and the required data is for self-certification and contact purposes.

Youth Member Information:

New Member Returning Member (please fill out updated information below)

Last Name: _____ First Name: _____ Age: _____ Grade: _____

Birth Date: _____ / _____ / _____ Gender: Male Female School: _____
(Month) (Day) (Year)

Address: _____

City: _____ Zip Code: _____ Home Telephone: (_____) _____

Pre-existing medical conditions (i.e. allergies, seizures, etc.)? If yes, please comment: _____

Relatives that are BGCC members? No Yes, Please list: _____

Parent(s)/Guardian(s) E-mail Address (for club & event info only): _____

Member Lives with: Father & Mother Father Only Mother Only Other _____

Father/Guardian Information:

Name: _____

Permission to pick up child? Yes No

Place of employment: _____

Work phone #: (_____) _____

Cell Phone: (_____) _____

Mother/Guardian Information:

Name: _____

Permission to pick up child? Yes No

Place of employment: _____

Work phone #: (_____) _____

Cell Phone: (_____) _____

Other family/Guardian Information:

Name: _____

Permission to pick up child? Yes No

Place of employment: _____

Work phone #: (_____) _____

Cell Phone: (_____) _____

Relationship to member: _____

Other family/Guardian Information:

Name: _____

Permission to pick up child? Yes No

Place of employment: _____

Work phone #: (_____) _____

Cell Phone: (_____) _____

Relationship to member: _____

BGCC Office Only - Do Not Fill In

DATE: _____ / _____ / _____
MEMBERSHIP #: _____
STAFF INITIALS: _____

MONEY ORDER _____
CREDIT CARD _____

MEMBERSHIP \$ _____
SCHOLARSHIP \$ _____
SDC/WDC/ TRANSPORTATION \$ _____
TOTAL PAID \$ _____

DATE ENTERED INTO VISION SYSTEM: _____ / _____ / _____



2020-2021 CDBG BENEFICIARY QUALIFICATIONS STATEMENT

This statement must be completed and signed by each person or head of household (legal guardian) receiving benefits from the described project/activity. **Please answer each of the following questions. This information you provide on this form is for the Community Development Block Grant (CDBG) Program purposes only and will be kept confidential**

- How many persons are in your household? _____**
A household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members.
- CIRCLE your combined gross annual income.**
(Note that a list of the 2019 Income categories is presented below. Please calculate the combined gross annual income of all persons living in your household from all sources of income).

CDBG Income Limits* for PY 20120

Source: U. S. Department of Housing and Urban Development (HUD)
(Based on median family income for Los Angeles-Long Beach-Glendale HUD Metro FMR Area)

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<i>Extremely Low (0%-30%)</i>	\$23,700	\$27,050	\$30,450	\$33,800	\$36,550	\$39,250	\$41,950	\$44,650
<i>Low (31%-50%)</i>	\$39,450	\$45,050	\$50,700	\$56,300	\$60,850	\$65,350	\$69,850	\$74,350
<i>Moderate (51%-80%)</i>	\$63,100	\$72,100	\$81,100	\$90,100	\$97,350	\$104,550	\$111,750	\$118,950

- (Per HUD regulations effective FY 2006) You may identify both a Race and a Hispanic Ethnicity.** This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary. (Please check which best applies)

RACE:

- | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Hispanic/Black African American |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic/Asian |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic/American Indian/Alaskan Native |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hispanic/Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Hispanic/American Indian/Alaskan Native & White |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Hispanic/Asian & White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Hispanic/Black/African American & White |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> Hispanic/American Indian/Alaskan Native & Black/ |
| <input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am | <input type="checkbox"/> African American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Hispanic/White | |

HISPANIC/LATINO ETHNICITY?

- | | | | |
|------------------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Mexican/Chicano | <input type="checkbox"/> Cuban | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic | | |

- Current Head of Household: Male Female Both
- Single Parent: Male Female Other _____
- Does your child qualify for lunch at school? Free Reduced None

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INCOME AND HOUSEHOLD STATEMENT MADE ON THIS FORM ARE TRUE.

Print Name: _____ **DATE:** _____

ADDRESS: _____ **PHONE NO:** _____

APPLICANT SIGNATURE: _____

AGENCY APPROVAL: _____ **DATE:** _____



MAIN ST. CLUBHOUSE RULES AND CONSEQUENCES

1. Chewing Gum or Seeds	1 st offense: Written Report/Behavior Contract 2 nd offense: Expulsion
2. Sharing any foods, snacks, or drinks with others.	1 st offense: Written Report/Behavior Contract 2 nd offense: Expulsion
3. Running Inside	1 st offense: Verbal Warning 2 nd offense: Written Report 3 rd offense: 1 Day Suspension/Behavior Contract
4. Rough Playing	1 st offense: Written Report/Behavior Contract 2 nd offense: Expulsion
5. Using Inappropriate Language	1 st offense: Verbal Warning 2 nd offense: Written Report/ Clean up 3 rd offense: 1 Day Suspension/Behavior Contract 4 th offense: 1 Week Suspension/Review Behavior Contract
6. Misuse, Damaging Equipment or Property of the Club or other Member's (includes tech)	1 st offense: Written Report/Parent Payment 2 nd offense: 2 Day Suspension/Parent Payment/ Behavior Contract 3 rd offense: 2 Week suspension/Parent Payment/Review of Behavior Contract
7. Not following Instructions/Directions	1 st offense: Verbal Warning/ Written Report 2 nd offense: 2 Day Suspension/Behavior Contract 3 rd offense: 1 Week suspension/Review Behavior Contract
8. Intentionally Crossing PODS, Spitting on others, or Coughing on others.	1 st offense: Expulsion
9. Fighting, Bullying or Harassing Another Member	1 st offense: Written Report/Behavior Contract 2 nd offense: Expulsion
10. Stealing	1 st offense: 1 Day Suspension/Written Report 2 nd offense: 1 Week Suspension/Behavior Contract 3 rd offense: Expulsion
11. Disrespecting Staff	1 st offense: 2 Day Suspension/Written Report 2 nd offense: 1 Week Suspension/Behavior Contract 3 rd offense: Expulsion

I have read and understand the rules and consequences for the Boys & Girls Clubs of Carson, and agree to observe and follow these rules during my participation at the Club.

Member Signature

Date



GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUBS
OF CARSON**

Parent/Guardian Signature

Date



**BOYS & GIRLS CLUBS
OF CARSON**

PAYMENT POLICY

All payments are due in advance for all activities (transportation, fieldtrips, camp fees, etc.). Payments for Summer/Winter Camp are due in full each Wednesday by 6:00pm for the upcoming week. Members may not attend the program the following week unless **FULL** payment and **ALL** late fees have been paid up to date. Payments can be processed Monday through Wednesday for the following week. **A late fee of \$5.00 dollars per day will be applied on Thursday to account.** Persistent late payments are grounds for termination of services. A waiting list will not be available for any field trips. A spot will be saved upon payment received.

Boys & Girls Clubs of Carson will **ONLY** accept the following forms of payments: credit cards, debit cards and money orders. **Cash and Checks WILL NOT BE ACCEPTED.**

All payments are **non-refundable and non-transferable at all times.** (transportation, fieldtrips, camp fees, etc.). Due to the high demand of our programs, there will be no exceptions to this policy, even in cases of illness where participants are unable to attend. If a payment deadline is not met, your spot will be made available to other participants.

Please note: If you dispute a payment, an original receipt with a description must be provided. BGCC Staff will provide you with receipts of payments for all transactions. Please keep a copy of all payments for your records.

Thank you.

I have read and understand the payment policy. I agree to the above guidelines.

Printed Parent/Guardian Name

Date

Signature of Parent/Guardian

Member's Name



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Additional Authorized Pick Ups

Name of Student: _____ Grade: _____

I, _____, am the legal parent/guardian of _____, and
(print parent/guardian's name) (print student's name)

effective _____ give the following individuals listed in this form authorization to pick up _____
(date) (print student's name)

from the after school program.

Legal Parent/Guardian Signature: _____ Date: _____

*Please note that staff members have the right to check pick-up's identification information.

The following individuals are authorized pick-ups:

Full Name: _____ Relationship to member: _____

Contact Information 1: _____ Contact Information 2: _____

Full Name: _____ Relationship to member: _____

Contact Information 1: _____ Contact Information 2: _____

Full Name: _____ Relationship to member: _____

Contact Information 1: _____ Contact Information 2: _____

Full Name: _____ Relationship to member: _____

Contact Information 1: _____ Contact Information 2: _____

Full Name: _____ Relationship to member: _____

Contact Information 1: _____ Contact Information 2: _____



Financial Assistance Application Information & Guidelines

The Boys & Girls Clubs of Carson has financial assistance available for qualifying applicants. We require that all financial assistance applications be complete when applying for financial aid. Applications take 1-2 weeks for approval by the Unit Director.

- Scholarship applications must be complete before they are submitted and include all necessary paperwork. Scholarship applicants must submit the following to be considered:
 - **COPIES OF 3 most recent paychecks and 2018 or if filed 2019 Federal Tax Return**
- If primary documentation is not available, families can submit the following:

Source of Income	Documentation
Salary (PRIMARY DOCUMENTATION NEEDED)	<ul style="list-style-type: none"> • Copies of last 3 paychecks and 2018 or if filed 2019 Federal Income tax return • Employment and salary documentation form and Federal income tax returns
SSI/SSD- Supplemental Security Income/Disability	<p><i>(the following information must not be older than six months)</i></p> <ul style="list-style-type: none"> • Copy of applicant's monthly award check • Form SSA-2458 (request from local Social Security Office) • Copy of applicant's award letter
Aid for Families with Dependent Children (AFDC)	<ul style="list-style-type: none"> • Award letter stating the amount of applicant's benefits • Copy of applicant's most recent check • Written statement from Caseworker stating the applicant's benefit amount
Pension	<ul style="list-style-type: none"> • Copy of applicant's most recent pension check • Copy of pension award letter showing monthly benefits
Alimony/Child Support	<ul style="list-style-type: none"> • Copy of applicant's weekly or monthly check • Court decree establishing payments, (divorce papers)
Foster Child	<ul style="list-style-type: none"> • Copy of applicant's weekly or monthly check
Unemployment Insurance	<ul style="list-style-type: none"> • Copy of award notice stating applicant's benefits • Copy of unemployment checks
Self-Employed Profits	<ul style="list-style-type: none"> • Account of financial records • Most current quarterly income tax return <i>(not older than 6 months)</i>

- Please make a copy of all documents as originals will not be accepted. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

You will be asked to volunteer your time in return for a reduction of fees.

Please check the area where you would be willing to volunteer:

- Help put together newsletters Deliver flyers to schools
 Clerical Work "Done in a Day" Volunteer Projects
 Other: _____



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Financial Assistance Application

Name of club member(s) 1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____
4. _____ Age: _____

Support Information:

List all people who provide a source of income for children listed. As a requirement, validation is required and it is necessary to have complete information for determination. For confirmation, it is required that you **bring a copy of your most recent annual tax filing and a copy of your (three) most recent paychecks.**

Person 1

Name: _____ Relationship: _____ Phone: _____
Place of employment: _____ Work Phone: _____
Gross income: \$ _____ () Weekly () Bi-Weekly () Semi-Monthly () Monthly

Person 2

Name: _____ Relationship: _____ Phone: _____
Place of employment: _____ Work Phone: _____
Gross income: \$ _____ () Weekly () Bi-Weekly () Semi-Monthly () Monthly

Other income

Social security \$ _____ Child Support \$ _____
Unemployment \$ _____ Other \$ _____

Total Income from all sources

Total monthly gross income for this family \$ _____ Number of people in the household _____
Total yearly gross income for this family \$ _____ Number of people in the household _____

Other information:

Has your child/children attended the Boys & Girls Club of Carson in the past? () Yes () No
Is there any other information you want to share that might help our determination?

Applying for:

SERVICE REQUESTED	WHAT I CAN PAY (weekly)		
<input type="checkbox"/> Transportation - \$20 per child, weekly	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Winter Break - \$85 per child, weekly	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50 Other: _____
<input type="checkbox"/> Summer Camp - \$85 per child, weekly	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50 Other: _____

Scholarships are determined by using HUD guidelines

FOR OFFICE USE ONLY Date: _____

SERVICE REQUESTED	2020-2021 Transportation	2020-2021 Winter	2020 Summer
Parent Contribution	\$ _____	\$ _____	\$ _____
Expiration Date	Application approved by: _____		
Reason for Modification/Decline of Application	_____		



**BOYS & GIRLS CLUBS
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AFTER-SCHOOL TRANSPORTATION PROGRAM

The Boys & Girls Clubs of Carson provides transportation for members from their school to our Main Street Clubhouse. The fee for transportation services are \$20 per student per week. All payments are due on the Wednesday prior to the week of pickup.

Our transportation program includes the following schools:

Annalee Elementary School	Dolores Elementary School
Broadacres Elementary School	232 nd Place Elementary School
Stephen M. White Middle School	Carnegie Middle School
Carson Street Elementary School (Walking)	Caroldale Elementary/Middle School

Transportation Program Expectations:

Members are expected to observe all safety rules during the van ride which includes:

1. The driver is in charge at all times. Members must follow the driver's instructions.
2. Riders must be at the designated pick up location immediately after school dismissal. Driver will leave after five minutes of arrival time.
3. Members must never move toward the youth van until it has come to a complete stop.
4. The youth van is not permitted to proceed until children have fastened their seat belts and members must remain seated from the time they board the van until they arrive at their destination.
5. Always use appropriate language on the youth van.
6. Oldest member will always ride in the front seat.
7. Always keep the aisles clear.
8. Be safe, be respectful, be responsible.
9. Do not distract or conduct in unnecessary conversations with the youth van driver.
10. Keep all body parts inside of the youth van at all times.
11. Members may not throw objects out of the youth van windows.
12. Eating, gum chewing, and drinking is not permitted on the youth van.
13. Skateboards, bicycles, weapons, or any object or substance that could be dangerous will not be transported.
14. Unless directed to do so by the driver, members shall not touch emergency equipment and driver operated mechanisms, (i.e., fire extinguisher, reflectors, doors, driver's seat, and vehicle controls.)
15. Talk quietly, make no unnecessary noise. Be absolutely quiet when approaching and crossing railroad tracks.

Members who do not follow the directions of the Boys & Girls Clubs of Carson staff or fail to comply with established rules may lose transportation and membership privileges. ***Parents please note that transportation might arrive up to 10 minutes after designated pick up time. Each vehicle has multiple pick up locations. ***

****IF YOUR CHILD IS NOT GOING TO BE PICKED UP ON ANY DAY,
PLEASE CALL THE CLUB IN ADVANCE AND NOTIFY STAFF AT (310)
549-7311.**



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MEMBER'S NAME: _____ ID/CARD#: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ AGE: _____

SCHOOL: _____ DISMISSAL TIME: _____

PARENT/GUARDIAN NAME: _____ DAYTIME PHONE #: _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

PHONE: _____

Waiver of Liability & Disclaimer: In consideration of my child's membership, and any participation in the activities and special programs (transportation program) or events of the Club, on behalf of me and my child and any heirs or assigns of me or my child, waive, release, and agree to defend and hold harmless the Boys & Girls Clubs of Carson, and its sponsors, staff members, board of directors, and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any Club-related event, activity, program, or property. I attest and verify that I have full knowledge of the risks involved in Club-related events, activities, programs, and properties and that I will, on behalf of my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of the Club.

Emergency Authorization: I, the undersigned, as the parent/guardian of my child, hereby authorize the staff of the Club, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel.

I HAVE READ AND ACCEPT THE POLICIES/CONDITIONS OF THE BOYS & GIRLS CLUBS OF CARSON'S TRANSPORTATION PROGRAM. I GIVE MY CONSENT FOR MY CHILD TO PARTICIPATE IN THE AFTER-SCHOOL TRANSPORTATION PROGRAM, WHICH PROVIDES TRANSPORTATION BETWEEN MY CHILD'S SCHOOL AND THE BOYS & GIRLS CLUBS OF CARSON'S MAIN STREET FACILITY.

PARENT/GUARDIAN SIGNATURE

DATE

MEMBER'S SIGNATURE

BGCC Office Only - Do Not Fill In

DATE: ____/____/____

MEMBER #: _____

Payment Amount: _____

STAFF INITIALS: _____



Transportation Program Rules

1. The driver is in charge at all times. Members must follow the driver's instructions.
2. Riders shall be at the designated pick up location (5) minutes prior to scheduled departure time.
3. Members must never move toward the youth van until it has come to a complete stop.
4. Seat belts must be worn at all times when the van is in motion.
5. No yelling or loud talking allowed on the van. No foul language.
6. Oldest member will always ride in the front seat.
7. Unless the van is full, no one is to sit in the front seat.
8. Always keep the aisles clear.
9. Do not distract or conduct in unnecessary conversations with the youth van driver.
10. All body parts must be kept inside of the youth van at all times.
11. All windows on the van must remain up unless instructed by the van driver.
12. Members may not throw objects out of the youth van.
13. No eating or drinking is allowed on the van. NO EXCEPTIONS.
14. No fighting or horseplay. No arguing or bullying.
15. Any vandalism to the van will be paid for by that member's parents/guardians.
16. Skateboards, bicycles, weapons, or any object or substance that could be dangerous will not be transported.
17. Unless directed to do so by the driver, members shall not touch emergency equipment and driver operated mechanisms, (i.e., fire extinguisher, reflectors, doors, driver's seat, and vehicle controls.)
18. Be absolutely quiet when approaching and crossing railroad tracks.
19. If a van rider violates transportation program rules, the following consequences are in place:
 - 1st notice: Written warning
 - 2nd notice: 1-day suspension from transportation program
 - 3rd notice: 2-day suspension from transportation program
 - 4th notice: Dismissal from the transportation program

Your child's safety is our #1 priority. I _____, (Parent name) have read the Boys & Girls Clubs of Carson **Transportation Program Rules**. I hereby agree to ensure that my child follows all transportation program policies, rules, and procedures.

Parent/Guardian Signature

Member Signature

Date



**BOYS & GIRLS CLUBS
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Member Technology Policy

The Member Technology Policy serves to maintain a safe and secure environment for our members. The Boys & Girls Clubs of Carson recognizes that electronic devices can serve as both a valuable learning tool as well as a critical communication tool in the event of an emergency. Main St. Clubhouse allows members to bring many of their own technology devices, including laptops, tablets and/or smartphones, to the Club for educational use in our facilities. However, members are never required to bring their personal technology to the Club. **The Boys & Girls Clubs of Carson is not liable or responsible for any personal devices.**

Cell phone use at the club requires members to complete a technology safety usage orientation. The orientation focuses on the following topics:

- Cyberbullying
- Computer Security
- Online Socializing
- Online Virtual Worlds
- Private/Personal information
- Mobile Phone usage at the clubhouse

Guidelines:

1. The **member will take full responsibility for all damage of Club technology** obtained from misuse or failure of following pre-set policies.
2. The **member is responsible for the proper care of the Club Technology**. Members will follow all rules, procedures, and staff directions when using Club owned technology.
3. Members should only use technology to access services, networks, files, relevant to Club sanctioned programs. In the event of free-play, **members will visit only approved sites**. If a member would like to visit a site outside the scope of the approved site list, they are responsible to ask a staff first. Approved sites are based on age-appropriate level and to the discretion of the YDP in charge.
4. Members may **not use any Club technology to record, transmit, or post pictures, video** or other information of or about a person or persons at the Club. Nor can any images, video or other information recorded at the Club be transmitted or posted at any time without the express permission of Club Staff.
5. Members at the Clubhouse **must use the Club's secured wireless network**. The clubhouse network info can be found posted on the wall around the clubhouse. For any members at a LAUSD site, please use your LAUSD my-mail account and connect to the "LAUSD" network. NOT "LAUSD-Guest."
6. The Club reserves the right to **inspect a member's use of any Club technology**. Parents/Guardians will be notified of any misconduct or denial of inspection by the member.
7. Members must comply with staff requests to shut down or turn off any Club owned technology when asked. Failure to do so may result in the member **being barred from using Club owned technology**.
8. Violations of any Club policies, administrative procedures or Club rules involving personal and/or Club owned technology may result in the loss of use of Club owned technology and/or Club disciplinary action.



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9. If members do not comply with the technology policy, we reserve the right to hold onto member's devices and release them only to a parent/guardian.
10. Absolutely no eating or drinking while using Club owned technology.

Acceptable Member Use of Technology

1. Use only during times and in locations designated by Club staff.
2. Use in a way that is consistent with staff instructions and expectations during those designated times.
3. Allow Club staff to monitor the use of member cell phone during those designated times.
4. Absolutely NO photo, audio, or video recordings during any designated Club program or activity, unless otherwise noted.
5. Keep devices in your pocket on silent mode at all other times.
6. Assist Club staff in sharing pertinent information regarding their safety and location in the event of an emergency.

Unacceptable Member Use of Technology:

1. Absolutely **NO** photo, audio, or video recording will be permitted without staff permission.
2. Members will not be allowed to use any electronic device during program time and/or power hour.
3. Members will not be permitted to engage in any type of cyber-harassment or cyber-bullying.
4. Members will not be permitted to use cellular device to call home and change pick-up arrangements. Any changes to pick-up **MUST** go through the front desk and parent/guardian who is on member's file.

I, the undersigned, as a member of the Boys & Girls Club of Carson, have reviewed the Acceptable Use Policy and guidelines. I understand that any violation of the policy or guidelines may result in revocation of technology privileges and possible further disciplinary action.

Member's name: _____ Member's Signature: _____

Date: _____

I, the undersigned legal guardian, have reviewed the Acceptable Use Policy and guidelines for the Boys & Girls Club of Carson. My child, _____, is also aware of the terms and conditions.

Parent's name: _____ Parent's Signature: _____

Date: _____