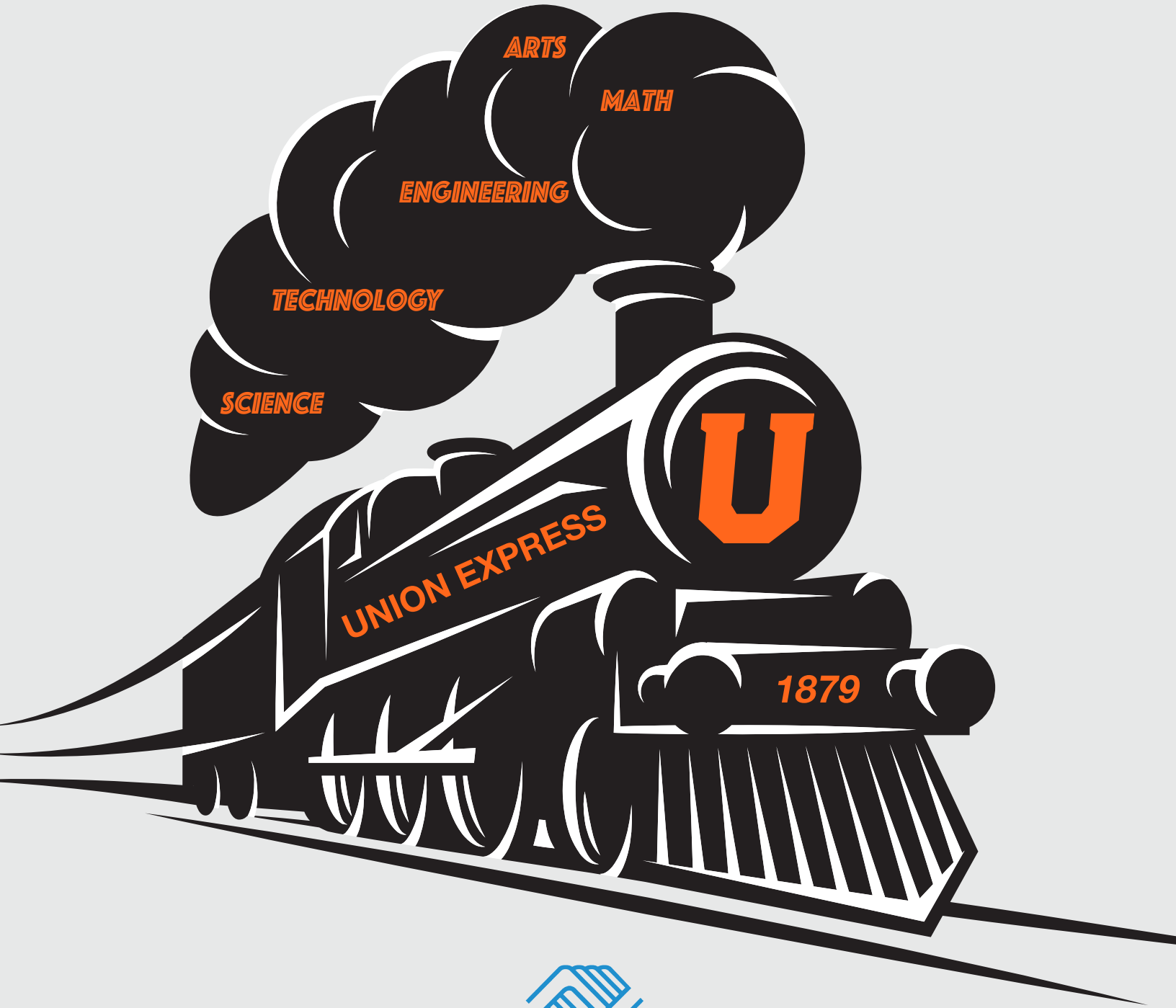


FOLLOW THE STEAM

UNION COLLEGE SUMMER LEARNING PROGRAM



BOYS & GIRLS CLUBS
OF AMERICA

UNION
COLLEGE

PROGRAM POLICY & GUIDELINES

In order to participate in Union College programs, your child(ren) must abide by the following rules:

1. Communicate in a healthy way and speak respectfully to others;
2. Keep hands, feet, and objects to yourself and respect other people's personal space;
3. Take care of Union College property and respect the environment;
4. Do your best when participating in programming that will impact your future; and,
5. Follow the Union College program policy and guidelines in order to have a fun, safe experience.

- No tobacco products of any kind allowed
- No drugs or alcohol allowed
- No one under the influence of drugs or alcohol allowed
- No weapons or look-alike weapons allowed
- No smoking, vaping, or lighting matches allowed

Food and drink is allowed in designated areas only and at designated meal and snack times.

Shoes must be worn at all times; flip-flops may not be worn in the gym or for athletic activities.

Leave personal belongings at home; Union College is not responsible if they are lost or damaged.

Make sure that, when completing the Medical History/Immunization Records, you are as thorough as possible to ensure that your child receives the care he/she needs. Any allergies or medicines need to be on record so that our staff can take care of your child to the best of their ability.

Failure to follow the program rules and guidelines may result in dismissal from the program.

This form is intended to be signed by all participants of any institution sponsored camp program which does not include any strenuous physical activity or water related activity.

UNION COLLEGE SUMMER LEARNING PROGRAM

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK

AND INDEMNITY AGREEMENT

I, (or on behalf of my minor child) _____ (“Participant”), hereby acknowledge that Participant has voluntarily elected to enroll in the UNION COLLEGE SUMMER LEARNING PROGRAM (“Program”), to be held in and around BARBOURVILLE, KY, from JULY 10 – JULY 28. **In consideration for being permitted by Union College to participate in the Program, I hereby acknowledge and agree to the following:**

ELECTIVE PARTICIPATION: I acknowledge that my participation (or my enrollment of my minor child) is elective and voluntary. As a condition of my participation, I hereby grant Union College the right to use, for promotional purposes only, any photographs of me taken by Union College, its employees or agents, during my participation in the Program. I further understand and agree that Union College may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Program.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with Union College policies and procedures that are applicable to Union College Program, including the UNION COLLEGE SUMMER LEARNING PROGRAM POLICY AND GUIDELINES. I further agree to abide by all the rules and requirements of each activity within the Program. If my minor child is the Participant, I agree to ensure that he/she abides by all the rules and requirements of each activity and the Program. I acknowledge that Union College has the right to terminate my/my minor child’s participation in the Program if it is determined that my/my minor child’s conduct is detrimental to the best interests of the group, violates any rule of the Program or for any other reason in Union College’s discretion.

INFORMED CONSENT: I have been informed of and I understand the various aspects of the Program. I understand and agree that I/my minor child will engage in activities which may pose a risk of harm. I understand that these activities include but are not limited to: playing, observing or participating in Program activities, or traveling to and from Program events. I further understand and agree that the risks involved in this Program may include, but are not limited to: travel to and from the Program site, including via private vehicle, common carrier, and/or Union College owned vehicle, injury resulting from game-like activities during the Program as a result of the activity area’s conditions, the acts of third parties or other unknown safety hazards, injuries due to conditions of equipment, unpredictability of weather and conditions, wildlife, first aid operations or procedures of Releases and/or others, and that there may be other risks not known to me or not reasonably foreseeable at this time. By participating, I/my minor child could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only Union College’s actions or inactions, but also the actions, inactions,

negligence or fault of others, the conditions of equipment used, facility conditions, weather conditions, negligent first aid operations and procedures and I understand that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that I/my minor child may sustain by any means is my sole responsibility except for those occurrences due to Union College's gross negligence or intentional acts.

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Union College, its governing board, directors, officers, employees, agents, volunteers and any students (hereinafter referred to as "Releasees") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I/my minor child may suffer as a result of my/my minor child's participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' GROSS NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE PROGRAM, OR ANY ADJUNCT TO THE PROGRAM, OCCURS OR IS BEING CONDUCTED.** I further agree that the Releasees are not in any way responsible for any injury or damage that I/my minor child sustain as a result of my own negligent acts.

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my/my minor child's participation in the Program because the Program includes activities, some of which may be dangerous and which may expose me/my minor child to the risk of personal injuries, property damage, or even death. I understand that these potential risks include, but are not limited to: travel to and from the Program site, including via private vehicle, common carrier, and/or Union College owned vehicle, injury resulting from game-like activities during the Program as a result of the activity area's conditions, the acts of third parties or other unknown safety hazards, injuries due to conditions of equipment, unpredictability of weather and conditions, wildlife, first aid operations or procedures of Releasees and/or others, and that there may be other risks not known to me or not reasonably foreseeable at this time. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THEY ARISE FROM THE RELEASEES' INTENTIONAL OR GROSSLY NEGLIGENT ACTS,** and assume full responsibility for my/my minor child's participation in the Program.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I/my minor child may suffer as a result of my/my minor child's participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS**

THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' GROSS NEGLIGENCE OR INTENTIONAL ACTS.

PERSONAL MEDICAL INSURANCE. I agree to purchase and maintain during the term of the Program personal medical insurance for myself/my minor child. I further acknowledge that I am responsible for the cost of any and all medical and health services I/my minor child may require as a result of participating in the Program.

CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I/my minor child am physically and mentally fit to participate in the Program and that I/my minor child do not have any medical record of history that could be aggravated by my/my minor child's participation in the Program.

MEDICAL CONSENT: I understand and agree that Releasees may not have medical personnel available at the location of the Program or off-site Program event. In the event of any medical emergency, I (initial one) do ___do not___ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that Union College personnel deem necessary for my/my minor child's safety and protection. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Kentucky.

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

Date: _____

(Signature)

(Printed Name of Participant)

Signature of Parent/Guardian for Participants Who Are Minors:

I certify that I have custody of Participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY UNION COLLEGE.

Date: _____

(Signature of Parent or Guardian)

(Printed Name of Parent or Guardian)

Received by:

Date: _____

(Signature)

(Printed Name of Institution Official)

Summer Program Application
Union College Boys & Girls Club
Program Cost - \$50 per week

Participant's Information:

First Name: _____ Middle: _____ Last: _____
Nickname: _____
Gender: ___ M ___ F DOB: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone: _____ Email: _____

Physical Information:

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Guardian Information:

Parent/Guardian Name: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Medical Information:

Doctor's Name: _____ Doctor's Phone: _____
Permission for treatment by Doctor/Hospital: ___ Yes ___ No
Does your family have health and/or accident insurance: ___ Yes ___ No Medicaid: ___ Yes ___ No
Insurance Carrier: _____ Insurance Phone: _____
Policy #: _____ Group #: _____
Special Needs/Health Issues: ___ Yes ___ No If yes, explain: _____

Medications: ___ Yes ___ No If yes, explain: _____

Emergency Contact 1:

Name: _____
Primary Phone: _____ Secondary Phone: _____
Relationship: _____

Emergency Contact 2:

Name: _____
Primary Phone: _____ Secondary Phone: _____
Relationship: _____

General:

Member gives permission to be used in public relations materials: ___ Yes ___ No
Member may participate in all Union College Club activities in or adjacent to campus: ___ Yes ___ No

Participant's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

For Office Use Only Entry Date: _____ Expiration Date: _____ Program Status: ___ New ___ Renewal Membership #: _____ Program Fee (\$50 per week): _____ Processed by: _____
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Scholarship Application

Union College Boys & Girls Club

Program Cost - \$50 per week

We are asking for the following information to assist Boys & Girls Club with determining access to program scholarship opportunities as well as internal reporting and grant writing. All information is optional and will be held strictly confidential.

Participant's Information:

First Name: _____ Middle: _____ Last: _____
Nickname: _____
Gender: ___ M ___ F DOB: _____ Ethnicity: _____ Religion: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone: _____ Email: _____
Club Member Since: _____

School Information:

Current Teacher: _____
School: _____ Grade: _____
Free or Reduced Lunch: ___ Yes ___ No Individual Education Program: ___ Yes ___ No

Parent/Guardian Information:

Parent/Guardian Name: _____
Parent Level of Education: _____
Household Size: _____ Number of Siblings: _____ Number in Household under 18: _____
Household Type (circle one): Both Parents Single Mother Single Father Shared Custody
Other Family Foster Care Group Home Other
Number in Household Employed: ___ FT ___ PT
Annual Household Income Level: _____

Additional Parent/Guardian Name: _____
Living in Above Household: ___ Yes ___ No
Additional Parent Level of Education: _____
Number in Household Employed: ___ FT ___ PT
Annual Household Income Level: _____

Additional Parent/Guardian Name: _____
Living in Above Household: ___ Yes ___ No
Additional Parent Level of Education: _____
Number in Household Employed: ___ FT ___ PT
Annual Household Income Level: _____

Any Parents/Guardians Active Military or Veterans: ___ Yes ___ No Name(s): _____
Any Parents/Guardians former coal company employees: ___ Yes ___ No Last Work Date: _____

General Information:

Birth Certificate on File: ___ Yes ___ No Birth City: _____ Birth Country: _____

Participant's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____