

# \* IMPORTANT \*

To participate in the Dr. Jeanne L. Noble Delta GEMS Institute program, **ALL** application parts must be completed and returned no later than your second meeting attendance. Failure to do this may result in not being able to attend field trips and special events sponsored by the Delta GEMS program.

Please type or print legibly in black or blue ink.

## Items to complete and return:

\_\_\_\_\_ **Code of Conduct Form** (signed and dated by the student and parent/guardian)

\_\_\_\_\_ **Applicant Registration Form** (signed and dated by the student)

\_\_\_\_\_ **Parental/Guardianship Consent Form** (signed and dated by the parent/guardian)

\_\_\_\_\_ **Emergency Medical Treatment Authorization Form** (signed and dated by the parent/guardian)

\_\_\_\_\_ **Non-Prescription Medication Permit Form** (signed and dated by the parent/guardian)

\_\_\_\_\_ **Prescription Medication Authorization Form** (signed and dated by the parent/guardian)

*\* Required for students who need to take prescription medication while attending a Delta GEMS program session or activity.*

\_\_\_\_\_ **The Boys & Girls Club Membership Information Form** (signed and dated by the parent/guardian)

*\* Completed form is required to allow students to participate in the Delta GEMS program. The \$25 membership fee is paid for by the Bloomington-Normal Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and your child may participate in all events, programs, activities and services offered through the Boys & Girls Club of Bloomington-Normal.*

\_\_\_\_\_ **The Boys & Girls Club Authorization for Computer & Internet Access Form** (signed and dated by the student and parent/guardian)

*\* Completed form is required to allow students to use the Boys & Girls Club computers and access the internet while at the Club.*

## Items for your personal information (do not return):

**Confidentiality Policy**  
**Delta GEMS Calendar**

**Medication Administration Procedures**  
**Delta GEMS Brochure**

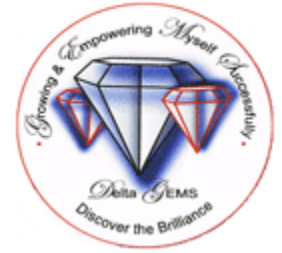
If you have any questions, comments or concerns, please do not hesitate to contact:

Completed registration forms may be hand-delivered or mailed to:

Dr. Jeanne L. Noble Delta GEMS Institute  
Bloomington-Normal Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P.O. Box 0022  
Bloomington, IL 61702-0022

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## CONFIDENTIALITY POLICY



It is the policy of the Bloomington-Normal Alumnae and Theta Delta Core Chapters of Delta Sigma Theta Sorority, Incorporated (“Delta”) to protect the confidentiality of its youth participants and their families. Except as provided below, the Bloomington-Normal Alumnae and Theta Delta Core Chapters will only share information about participants and their families with other Delta chapter members and Delta employees assigned to assist with youth initiative programs, on a “need to know basis.”

To carry out the mission of its Dr. Jeanne L. Noble Delta GEMS Institute Program and to better serve the needs of the youth participants, the Bloomington-Normal Alumnae and Theta Delta Core Chapters must collect certain personal information about youth participants and their families, including, but not limited to, the following “Confidential Information”:

- Name, address, and age of participant
- School participant attends
- Names and addresses of parents or guardian.
- Medications and physical conditions/limitations
- Any distinguishing marks or characteristics (such as disfigurement physical limitations)

**Limits of Confidentiality:** Confidential information may be shared with individuals or organizations as specified below under the following conditions, and *provided that* the party to who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy:

- Delta Officers and Members of the Board have access to any participant’s files only upon directive by the National President. Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; and the period of time during which access shall be granted. Such Officers or Members of the Board granted access shall be required to comply with this Confidentiality Policy and may use the information only for purposes specified in the National President’s directive.
- Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order.
- Information may be provided to Delta’s legal counsel in the event of litigation or potential litigation involving Delta and/or the Program participants or any aspect of the Program.
- Members of the Bloomington-Normal Alumnae and Theta Delta Core Chapters and volunteers who observe or suspect child abuse are “mandatory reporters” and, as such, must disclose suspected abuse to the proper authorities, and in making such reports, may disclose “Confidential Information.”

**Safekeeping of Confidential Records:** The President of the Bloomington-Normal Alumnae Chapter or her designee shall be the custodian of confidential records.

It is her responsibility to supervise the management of Confidential Information in order to ensure safekeeping, accuracy, accountability, and compliance with this Confidentiality Policy.

**Requests for Confidential Information by Other Agencies:** Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participant expressly permitting the release of the requested information.

**Violations of Confidentiality:** Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the chapter president or her designee. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

**No Liability:** There shall be no liability to Delta, the Bloomington-Normal Alumnae Chapter, the Theta Delta Core Chapter, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.

## MEDICATION ADMINISTRATION PROCEDURES



### PRESCRIPTION MEDICATION

1. We require the Medication Authorization Form to be completed by the prescribing physician and the parent or guardian. For each prescription medication ordered, the physician must give the following information: (1) the student's name, (2) the medication, (3) the dosage, (4) the time of administration, (5) the reason for administration, (6) the route of administration, (7) the possible side effects, and (8) any other significant information.

The form must then be signed and dated by the prescribing physician. Signed parental consent is also required for each medication. This consent releases Delta, the Bloomington-Normal Alumnae and Theta Delta Core Chapters youth initiatives program, and their officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns from liability if the medication causes adverse reactions. The Medication Authorization Form is updated annually.

2. The original prescription container must accompany all medication to be given at the Bloomington-Normal Alumnae and Theta Delta Core Chapters youth initiatives program. Medications should be brought to the Bloomington-Normal Alumnae and Theta Delta Chapters youth initiatives program by the parent or guardian and taken to the program leader. The original prescription container should be labeled with the following information: name of student, name of medication, dosage of medication to be given, frequency of administration, route of administration, name of physician ordering medication, date of prescription, and expiration date.
3. If possible, the parent or guardian should provide 1 days' worth of the medication if it is to be given every day. It is the parent's or guardian's responsibility to provide adequate refills on a timely basis.
4. All medication is kept in a locked cabinet or locked container at all times. If not retrieved by a parent or guardian, all medication will be destroyed one week after the expiration date or at the end of the term for the Bloomington-Normal Alumnae and Theta Delta Chapters youth initiatives program.
5. A record will be maintained every time a medication is given. The record includes the student's name, date, time of administration, and dosage.

### NON-PRESCRIPTION MEDICATION

1. Written parental consent for the administration of over-the-counter medication is obtained through the Non-Prescription Medication Permit Form.
2. A record will be maintained every time a medication is given. The record includes the student's name, date, time of administration, and dosage.

**CODE OF CONDUCT  
FOR YOUTH PARTICIPATING IN YOUTH INITIATIVES PROGRAM**



1. Respect all participants (other youths and adult volunteers) by not using foul, hurtful or obscene language or engaging in physical violence, bullying (including cyber-bullying), or other aggressive behaviors that threaten the safety of others.
2. Respect the property rights of others. This means do not damage or deface the building or property within the building where activities are held; do not damage or take the personal property of any other participant or volunteer; and do not use Delta Sigma Theta Sorority, Incorporated's name or any symbol or logo (Delta's intellectual property) on any clothing, books, bags, or other items.
3. Be on time for program meetings and activities. No more than one absence is allowed to qualify to attend the annual year-end activity at no cost to the participant.
4. Return supplies to their proper place after using them.
5. Clean up all work areas properly.
6. Listen carefully to directions and when someone else is talking.
7. Respect designated quiet areas, such as homework/reading area.
8. Stay within the program's designated areas within the building.
9. Cooperate and participate in organized activities.
10. Assume full responsibility for all personal belongings. Please leave valuables at home.
11. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.

**Sanctions for Violating Code of Conduct**

**Bad Language/Abusive Teasing and Related Acts:**

1st Time: Verbal warning, *parent or guardian notified from this point forward*

2nd Time: Loss of privileges

3rd Time: Disqualified to participate in year-end activities

***Next occurrence youth is removed from the program.***

**Physical Violence and Other Misconduct:**

1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*

2nd Time: 1-day suspension from program

3rd Time: Disqualified to participate in year-end activities

***Next occurrence youth is removed from the program.***

**Illegal Substances or Dangerous Weapons**

1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

With my parent or guardian, I have read the *Code of Conduct* and sanctions for violating the *Code of Conduct*. I understand the *Code of Conduct* and the sanctions. I will follow the *Code of Conduct*.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the *Code of Conduct* and sanctions for violating the *Code of Conduct*. I understand that my child's compliance with the *Code of Conduct* is a condition of her participation in the Dr. Jeanne L. Noble Delta GEMS program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**PARENTAL/GUARDIANSHIP CONSENT**



Participant Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City Zip

Email Address: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**WAIVER AND RELEASE**

I, \_\_\_\_\_, Parent/Guardian, on behalf of \_\_\_\_\_ ("Participant Minor Child") do hereby release, waive, discharge, covenant not to sue and agree to indemnify and hold harmless Delta Sigma Theta Sorority, Incorporated ("Delta") and the Boys and Girls Club of Bloomington-Normal ("B&GC"), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively "Releasees"), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor Child's participation in the Dr. Jeanne L. Noble Delta GEMS Institute Program ("Delta GEMS").

I authorize my Participant Minor Child to receive medical examinations and emergency treatment by a licensed physician or trained medical caregiver, if necessary and without my prior approval, while participating in Delta GEMS, including travel and field trips. I understand that I will be notified by the quickest means possible if this authority is exercised. I fully understand that none of the Releasees pay for such medical or emergency services, nor has the duty to provide them. I agree to pay all bills related to medical and emergency service received by the Participant Minor Child, which my insurance does not cover.

I also authorize my Participant Minor Child to travel on Delta GEMS sponsored trips and affairs in vehicles supplied or coordinated by Delta GEMS while she is enrolled as a participant. I understand that there may be dangers involved in traveling. This includes, but is not limited to the possibility of accidents during, to, from, and at the final destination, and contact with people over whom Delta GEMS has no control, and exposure to different and unfamiliar places, environments, and accommodations over which Delta GEMS has no control.

I understand that in order for the Delta GEMS program to maintain a safe and healthy environment for all children, drugs, alcohol, violence, abusive language, and misconduct will not be tolerated at any activity. Therefore, I understand that it will be my responsibility to pick up my Participant Minor Child immediately if she needs to be sent home for disciplinary reasons.

I grant permission to make photographic records (website, newsletter, flyers, and grant applications) for documentation and promotional purposes without recourse or compensation.

My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee. I understand that, without limitation of the foregoing, neither Delta, nor the B&GC, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child's personal property.

**AFFIRMATION:** I, \_\_\_\_\_, Parent/Guardian, under penalty of perjury, do hereby affirm to the Bloomington-Normal Alumnae and Theta Delta Core Chapters of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of authorize my dependent, \_\_\_\_\_, Participant Minor Child, in the Bloomington-Normal Alumnae and Theta Delta Core Chapters' youth initiatives program (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**



Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Please List Any Special Needs:**

Access: \_\_\_\_\_

Medical: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary: \_\_\_\_\_

**Emergency Contacts:**

Parent / Guardian Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.*

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*In the event that the Delta GEMS Program leader is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**  
(con't)



Participant Name: \_\_\_\_\_

**PHYSICIAN & INSURANCE INFORMATION**

Name of Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital:  Advocate BroMenn Medical Center  OSF St. Joseph Medical Center

Health Insurance Company \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Name of Policy Holder's Employer: \_\_\_\_\_

**NON-PRESCRIPTION MEDICATION PERMIT**

PLEASE CHECK those medications you give permission for your child to receive (generic equivalent may be used). I understand that medications will be administered with discretion by an authorized Delta GEMS Program leader and in accordance with established protocols developed by the Delta GEMS Program.

The following non-prescription medications may be available to your child:

- For headaches/fever/muscle aches/pain/cramps:** Acetaminophen (e.g., Tylenol, including Junior Strength), Ibuprofen (e.g., Advil, including Children's liquid, Motrin), Naproxen (Aleve), Midol, & Excedrin.
- For bites/allergic rashes:** Anti-itching lotion (e.g., Calamine or Hydrocortisone cream 1%), Benadryl liquid or capsules.
- For nasal congestion/sinus pressure:** Decongestant
- For sore throat:** Throat lozenges (e.g., Cepacol lozenges)
- For coughs:** Cough drops/lozenges or cough suppressant.
- For upset stomach:** Antacid liquid or chewable tablets (e.g., Mylanta)
- For sun protection:** Sunscreen lotion SPF 30.
- I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD.**

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PRESCRIPTION MEDICATION AUTHORIZATION**

(To be filled out by the physician dispensing the medication)



Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time of administration: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Route of administration: \_\_\_\_\_

Possible side effects and significant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's signature: \_\_\_\_\_

Physician's telephone number: \_\_\_\_\_

**ADMINISTRATION OF PRESCRIPTION MEDICATION - PARENTAL PERMISSION**

I hereby give permission for \_\_\_\_\_ to take

\_\_\_\_\_ at the Bloomington-Normal Alumnae and Theta Delta Core Chapters of Delta Sigma Theta Sorority, Incorporated youth initiatives program as ordered by her physician identified above. I understand that it is my child's responsibility to report to the program leader at the appropriate time for the administration of the medication. I further understand that it is my responsibility to furnish this medication and any authorized refills. I further understand that Delta Sigma Theta Sorority, Incorporated ("Delta"), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, assigns, the Bloomington-Normal Alumnae and Theta Delta Core Chapters youth initiatives program, its agents, and/or any employee who administers any drug to my child, in accordance with written instructions from the prescriber, shall not be liable for damages as a result of an adverse drug reaction or any other injury suffered by my/our child due to the administration or failure to provide the drug. The Bloomington-Normal Alumnae and Theta Delta Core Chapters youth initiatives program reserves the right to refrain from administering medication if in the judgment of the Bloomington-Normal Alumnae and Theta Delta Core Chapters youth initiatives program, or other authorized Program officer, agent, or employee the circumstances do not warrant medication administration.

I understand that the medication must be brought to the Bloomington-Normal Alumnae and Theta Delta Core Chapters youth initiatives program by me in the original appropriately labeled container. If I cannot bring the medication to the Bloomington-Normal Alumnae and Theta Delta Core Chapters youth initiatives program, I will call the Bloomington-Normal Alumnae and Theta Delta Core Chapters youth initiatives program to inform them that my child will be bringing it, indicating the amount of medication in the container.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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# Membership Application School Year 2015/2016

Boys and Girls Clubs Bloomington Normal

1615 Illinois St - Bloomington

309-829-3034

### Membership Status

- Full Time Clubhouse
- Full Time Club (BJHS)

### Please return to either location:

1615 Illinois St, Bloomington IL  
 901 Colton Ave, Bloomington IL

**PLEASE COMPLETE ENTIRE FORM**

Date: \_\_\_\_\_

*Our focus is on academic success. In order to best serve your child we need access to their school attendance, missed assignments and grades. Please include a copy of their most recent report card with this application.*

Parent Skyward Username \_\_\_\_\_

Parent Skyward Password \_\_\_\_\_

Name \_\_\_\_\_

Nickname \_\_\_\_\_

First

Middle

Last

Address \_\_\_\_\_

Number & Street

City

Zip Code

### Primary Phone

Gender

- Male
- Female

Can Swim?

- Yes
- No

### Emergency Contact Name

Ethnicity

- African American
- Asian American
- Multi-Cultural
- Native American
- Hispanic American
- Caucasian (white)

### Relation to Youth

Family Information (lives with):

- Father
- Mother
- Both Parents
- Relative
- Grandparent
- Other
- Sisters
- Brothers
- Family Size \_\_\_\_\_

Health Insurance

yes

Preferred Hospital:

- Advocate BroMenn
- OSF Saint Joseph
- Swedish American
- Other \_\_\_\_\_

Date of Birth \_\_\_\_\_

month / day / year

Age \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Physician \_\_\_\_\_

2015/2016

Bus # \_\_\_\_\_

Free/Reduced Lunch?  yes

How did you hear about us?

- School
- Parent
- Other
- Other Non-Profit

Should the Boys & Girls Clubs be aware of any special medical conditions, allergies, ect., in relation to your child? Taking medications?

- no
- yes

Please explain: \_\_\_\_\_

Additional Person Authorized to Pick Youth Up: (name and number) \_\_\_\_\_

Unauthorized Person (can not pick up youth) \_\_\_\_\_

**1** Parent / Guardian \_\_\_\_\_

Gender \_\_\_\_\_

Address \_\_\_\_\_

same as youth

Number & Street

City

Zip Code

### Primary Phone

### 2nd Option Phone

### Primary Email Address

Employer

Phone

Job Title

Occupation

Income Level

- below \$9,000
- \$9,001-12,000
- \$12,001-\$15,000
- \$15,001-\$19,000
- \$19,001-\$23,000

- \$23,001-\$28,000
- \$28,001-\$32,700
- \$32,701-\$37,500
- \$37,501-\$42,000
- above \$42,001

Additional Information:

- Free / Reduced School Lunch Program
- General Assistance
- Food Stamps
- Medicaid

**continue on back**

**2**

Parent / Guardian \_\_\_\_\_

Gender \_\_\_\_\_

Address \_\_\_\_\_

same as 1

Number & Street \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

2nd Option Phone \_\_\_\_\_

Primary E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Phone \_\_\_\_\_

Job Title \_\_\_\_\_

Occupation \_\_\_\_\_

\* As a member, I understand membership expectations and I agree to be drug and alcohol free and to participate in activities as directed by volunteers and staff, and carry and represent my **CLUB** card when attending all Club activities.

Date: \_\_\_\_\_

Youth Signature \_\_\_\_\_

\* As a Parent/Guardian I understand membership/Clubs' expectations and have explained them to my child. I waive, release, and forever discharge any and all rights and claims for injuries and/or damages which may have or which may hereafter accrue due to membership and release from liability all staff, volunteers, administration and/or members of the Board of Directors as part of this membership/After School application & agreement.

\* I also give my consent for Boys & Girls Clubs to release photos my child taken within programs and facilities of the purpose of promotions, publications and news related articles. Please note that information completed on application will NOT be released to others and will be held strictly confidential.

\* As the legal parent/guardian of \_\_\_\_\_, I authorize the school district and/or the educational institute my child attends to release the following information to the Boys & Girls Clubs of Bloomington Normal on a regular basis; grade point averages, photocopies of report cards, school attendance, grade advancement information, assessment data, IEP and behavioral and graduation information. In addition, I support open communication with the school regarding my child's needs.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**OFFICE USE ONLY: TO BE COMPLETED BY STAFF MEMBER**

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Club Name \_\_\_\_\_

**Status**

- New
- Renew (# \_\_\_\_\_)
- Referred

**Payment Type**

- Cash
- Check (# \_\_\_\_\_)
- Credit Card (# \_\_\_\_\_)

**ID Numbers - Office Use Only**

- School ID # \_\_\_\_\_
- Kid Trax Card # \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Scholarship Amount \$ \_\_\_\_\_

Report Card received

**Club Operational Hours 2:45pm - 6:30pm @ The Clubhouse; 2:45pm - 6:30pm @ The Club**  
**Friday Teen Night @ The Clubhouse 6:30pm - 10:00pm All Members 12+ are welcome!**  
**\$25.00 membership fee for each Club Member for the School Year**



**BOYS & GIRLS CLUB  
OF BLOOMINGTON-NORMAL**

**Authorization for Computer & Internet Access**

All use of the Internet and Computer Network shall be consistent with Boys & Girls Club of Bloomington-Normal mission of promoting educational excellence by facilitating technological resources sharing, innovation and communication. This Authorization does not attempt to state all required or prescribed behavior by users. However, some specific examples are provided. **Failure of any user to follow the terms of the Authorization for Computer/Internet Access will result in the loss of privileges, disciplinary action and/or appropriate legal action.** All parties will be required to give a signature acknowledging receipt of a copy of this policy.

**Terms & Conditions**

1. **Acceptable Use:** Access to the Boys & Girls Club, herein referred to as B&GCB-N. Computer/Internet is a privilege and inappropriate use may result in cancellation of the privilege. The Program Director in consultation with the Executive Director will make all decisions regarding whether or not an individual has violated the Computer/Internet Use Policies and may **deny, revoke** or **suspend** access at any time.
2. **Unacceptable Use:** Users are responsible for their actions and activities involving the B&GCB-N Computer/Internet.

**Examples of unacceptable use include:**

- **Intentionally using the Internet for any illegal activity including violation of copyright or other contracts, or transmitting any material in violation of any U.S. or State regulation.**
- **Downloading copyrighted material personal used without permission.**
- **Using the Internet for commercial gain.**
- **Invading the privacy of individuals.**
- **Using another user's account or password without that user's permission.**
- **Intentionally posting of material authored or created by another without his/her consent.**
- **Intentionally posting of anonymous messages.**
- **Accessing, submitting, posting or displaying any defamatory, abusive, obscene, profane, pornographic, threatening, racially offensive, gang-related, harassing, illegal materials and material of a sexual nature that is inappropriate in the Boys & Girls Club of in an educational environment.**
- **Using the Internet while access privileges are suspended or revoked.**

3. **No Warranties:** B&GCBN makes no warranties of any kind, whether expressed or implied, for the service it is providing. B&GCBN will not be responsible for any damages an individual suffers. This includes loss of data resulting from delays, non-deliveries, missed deliveries or service interruptions caused by unforeseen network problems or a user's errors or omissions. Use of any information obtained via the Internet is at a user's own risk. B&GCBN specifically denies any responsibility for the accuracy or quality of information obtained through its services.
4. **Telephone Charges:** The B&GCBN assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per minute surcharges and/or equipment or line costs.
5. **Net Etiquette:** All users are expected to abide by the generally accepted rules of Internet etiquette. These include, but are not limited to, the following:
  - a. **Be polite. Should not become abusive in message to others.**
  - b. **Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.**
  - c. **Do not reveal the personal addresses or telephone numbers of any students or teachers.**
  - d. **Recognize that electronic mail (e-mail) is not private. People who operate the systems have access to all mail. Messages relating to or in support of illegal activities will be reported to the authorities.**
  - e. **Do not use the Internet in any way that would disrupt its use by other users.**
  - f. **Consider all communications and information accessible via the Internet to be private property.**
6. **Vandalism:** Vandalism may result in cancellation of privileges and other disciplinary actions. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Computer/Internet System or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.
7. **Security:** Network security is a high priority. If the user can identify a security problem on the Network/Internet, the user must immediately notify the classroom teacher or program coordinator.
8. **Violation of Policies:** Any user who violates these policies shall be subject to disciplinary action including, but not limited to, written warnings, suspension from the Club and the dismissal from the program and/or prosecution by legal authorities depending on the nature or severity of the violations. Any user who intentionally or negligently damages or destroys any B&GCBN hardware and/or software will also be responsible for all costs associated with the repair and/or replacement parts and services.





**BOYS & GIRLS CLUB  
OF BLOOMINGTON-NORMAL**

**Authorization for Computer & Internet Access**

I acknowledge receipt of the Boys & Girls Club of Bloomington-Normal Computer/Internet use, terms and conditions. I understand the above policies and expectations and agree to abide by them.

USER'S NAME: \_\_\_\_\_

CIRCLE ONE:      STAFF      CLUB MEMBER      VOLUNTEER      PARENT

USER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLUB OFFICIAL \_\_\_\_\_ DATE: \_\_\_\_\_