

BFNC
Buffalo Federation of
Neighborhood Centers, Inc.



Summer Enrichment 2021

Dear Parent/Guardian

Thank you for your interest in having your child attend our Summer Enrichment Program! The BFNC CAPP initiative is a community based project that is funded by New York State. We offer year round youth development programming to students residing in the city of Buffalo and its surrounding areas. Our programs implement multi-dimensional educational, vocational, economic and recreational opportunities for youth on multiple health and development topics that introduce them to new situations, ideas and people, and challenge them to build or learn new skills.

Summer Enrichment is a six week-long **(July 12-August 20)** program for youth **ages 9-13** in the Buffalo area. The purpose of the program is to promote healthy lifestyle choices, empower youth, and to have fun while building leadership and teambuilding skills. Activities include puberty workshops, sports, ropes course, sexual health education, talent shows, free recreational and educational field trips, leadership training, and much more!

Summer Enrichment will be held this year at **BFNC's Moot Center located at 292 High St. Street, Buffalo 14204**. A healthy breakfast, lunch and snack will be provided to all participants (*free of charge) through the Buffalo Public School's summer lunch program.

BUFFALO FEDERATION OF
NEIGHBORHOOD CENTERS
www.bfnc.org

97 Lemon St.
Buffalo, NY 14204

Phone: (716) 885-1455
E-mail: dbolden@bfnc.org



Important Information to Know Before You Register Your Child:

- 1. Completed registration form and signed waiver release are required**
- 2. Incomplete applications will not be accepted**
- 3. Applications are processed on a first-come, first-serve basis**
- 4. The CAPP program will provide breakfast, lunch and snack for participants**
- 5. Applicants must be 9 years old by July 8, 2021 (birth certificate required)**
- 6. Applicants must live in Erie County (a current report card is required)**
- 7. This is a no-cost program but attendance is mandatory**
- 8. Applications are due by 5pm on June 14, 2021**
- 9. Applicants will be notified of program acceptance by phone**
- 10. Attendance at a mandatory parent meeting is required**

Youth Service-Erie

Summer Enrichment 2021



REGISTRATION FORM

Please complete this form to register your child (one child per form) for **The Buffalo Federation of Neighborhood Center's CAPP Summer Enrichment program 2021, Erie Youth Service**. This application and attached release/waiver forms, report card, and birth certificate must be submitted for each Participant to be enrolled in the program. Incomplete forms will be returned. A parent or guardian must sign this form. Be sure to print all information carefully.

Student Information

Name		Address		DOB ____/____/____
Age	Sex	Email		
Ethnicity <input type="checkbox"/> African-American Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____				
Youth's Telephone		Social Media (ie Facebook, Twitter, Etc.)		

Educational Information

School	Grade	Major
Interest/Hobbies		

***Please attach a copy of the most recent report card.**

Parent/Guardian Information

Name	Address (If different than above)	Email
Day Phone	Primary Mobile #	Secondary Mobile #

Emergency Contact

Name	Relation to the Youth
Email	Mobile #

COVID-19 Acknowledgement of Risk and Consent Form for Students

1. The novel coronavirus (“COVID-19”) is a disease that includes several symptoms according to the Centers for Disease Control (“CDC”), such as fever or chills, cough, shortness of breath, nausea, and can lead to death. COVID-19 is contagious and means that contact with others, even those who are asymptomatic, or contact with surfaces that have been exposed to the virus, can lead to infection
2. Aware of the foregoing, I acknowledge and agree to the following terms as a condition of being allowed to enter the property of the Buffalo Federation of Neighborhood Centers, Inc. (“BFNC”).
3. I understand and acknowledge the New York State Department of Health emergency orders, the Erie County Department of Health guidance, and the CDC guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, state and federal orders and guidance are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates and complying with same at all times while on BFNC’s property.
4. BFNC is dedicated to providing a safe community to its faculty, staff, students, and visitors. However, I understand that it is impossible for BFNC to prevent all risk of infection. I acknowledge that BFNC has done its best to implement recommended CDC, Department of Public Health, federal, state and local guidelines and put in place preventative measures to reduce the spread of COVID-19; however, BFNC cannot guarantee that I will not become infected with COVID-19.
5. I understand that BFNC has put in place new policies and protocols in order to mitigate the spread of COVID-19. I agree to abide by the BFNC’s policies and protocols for COVID-19 at all times while on BFNC’s property.
6. By signing this agreement, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risk of exposure in service to BFNC to those who may be infected with COVID-19. I acknowledge the risk that I may be exposed to or infected by COVID-19 by my presence on the property or in service of the Buffalo Federation of Neighborhood Centers, Inc. and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.
7. I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 at the Buffalo Federation of Neighborhood Centers, Inc. may result from the actions, omission, or negligence of myself and others, including but not limited to, employees, agents, contractors, volunteers, and students.
8. I understand that in the case of possible exposures that I agree that BFNC may share my COVID-19-related information with certain employees and/or public health officials with a legitimate need to know this information.

I HAVE READ THIS FORM BEFORE SIGNING IT AND AGREE TO BE BOUND BY ITS TERMS.

Student’s Name: _____

Parent’s/ Legal Guardian’s Name _____

Parent / Legal Guardian Signature: _____ Date signed: _____

Day Phone: Area Code and Number: _____ - _____ - _____

The Buffalo Federation of Neighborhood Centers CAPP Summer Enrichment Program WAIVER/RELEASE

I, _____, as parent/guardian of _____, desire my child to participate in activities provided by The CAPP Program summer enrichment program to be held at the Buffalo Federation of Neighborhood Centers Moot Center located at 292 High St. Buffalo, NY 14204 from July 12, 2021 until August 20, 2021 and agree to the terms below:

1. **Acknowledgment and Assumption of Risks:** I understand and accept the nature of physical demands of the activities. I understand that the physical demands of such activities, as well as the activities themselves, may result in injury to my child, and that such injury may be severe. I have made The Buffalo Federation of Neighborhood Centers and/or **The CAPP Summer Enrichment Program** aware of any and all medical and physical conditions that may affect my child's participation. I understand that The Buffalo Federation of Neighborhood Centers and **The CAPP Summer Enrichment Program** staffs employ reasonable procedures, but that unforeseen circumstances or accidental events may occur, for which The Buffalo Federation of Neighborhood Centers/ **CAPP Summer Enrichment Program**, its Board of Directors, representatives, volunteers, and employees cannot be held responsible.

2. **Release:** I, acting in my individual capacity and in the capacity as my child's parent, unconditionally **waive and release** The Buffalo Federation of Neighborhood Centers/CAPP Summer Enrichment Program, its Board of Directors, representatives, volunteers, and employees, and agree to hold said persons harmless from any and all claims, rights, or causes of action which may be or could be asserted against The Buffalo Federation of Neighborhood Centers/CAPP Summer Enrichment Program its Board of Directors, representatives, volunteers, and employees as the result of any physical injuries, disfigurement, medical expenses, property damage, loss of earnings, mental anguish, or loss of consortium which may occur as a direct or indirect result of my or my child's use of the services, facilities, instruction, or premises of The Buffalo Federation of Neighborhood Centers, or as a direct or indirect result of my child's participation in activities provided by The Buffalo Federation of Neighborhood Centers/CAPP Summer Enrichment Program s, or from any conduct on the part of The Buffalo Federation of Neighborhood Centers, administration , including any act or failure to act. Additionally, to the extent allowed by the law, I release The Buffalo Federation of Neighborhood Centers/CAPP,

Summer Enrichment Program its Board of Directors, and representatives, volunteers, and employees, and agree to hold said persons harmless from any and all claims, rights, or causes of action that my child could assert against The Buffalo Federation of Neighborhood Centers, its Board of Directors, representatives, volunteers, and employees as the result of any physical injuries, disfigurement, medical expenses, property damage, loss of earnings, mental anguish, or loss of consortium which may occur as a direct or indirect result of the use of the services, facilities, instruction, or premises of The Buffalo Federation of Neighborhood Centers, or as a direct or indirect result of my child's participation in activities provided by The Buffalo Federation of Neighborhood Centers/CAPP Program.

3. **Medical Authorization and Agreement to Pay Medical Bills:** In the event that my child becomes ill or injured during these activities, and I cannot be reached, The Buffalo Federation of Neighborhood Centers and The CAPP Summer Enrichment Program is authorized by me to provide first aid and to take my child to a hospital of its choice for emergency care unless I have indicated otherwise below. If there are any medical or other restrictions, I have indicated these below.

Regardless of the cause of injury, I agree to be financially responsible for any medical treatment, emergency care, transportation, or other expense related to medical care for me or my child, and I also agree that The Federation of Neighborhood Centers Center and The CAPP summer enrichment are not and will not be financially responsible for any emergency care, doctor's treatment, hospitalization, transportation, or other expense related to medical care for me or my child that arises out of activity provided by The Buffalo Federation of Neighborhood Centers or The CAPP Summer Enrichment Program.

4. **Publicity:** I understand that as part of The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment Program, my child may be videotaped; audio taped, interviewed, and/or photographed and agree to allow The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment Program to keep, as their property, the products of such videotaping, audio taping, interviewing, and /or photographing. I also understand that such may be used by The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment Program for publication in a variety of forums including The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment, website, and other publications, and that no compensation will be paid for such use.

5. **Consideration:** I hereby acknowledge the validity and adequacy of the consideration for this release being the offering and provision of The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment Program

6. **Binding Effect:** This agreement is binding upon me and my spouse, heirs, assigns dependents, personal representatives, attorneys, and estates. To the extent allowed by law, this agreement is also binding upon my child or children on whose behalf it is executed and upon any legal guardian thereof.

7. **Entire Agreement:** This document constitutes the entire agreement between The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment Camp, the undersigned, and his or her child regarding the subjects covered hereby. All previous agreements, oral or written, are superseded, and there exist no further oral or written representatives, promises, assurances, or statements of any kind affecting this agreement except those which are expressly set forth in this document. I represent and warrant that I am duly authorized to act on behalf of my child in entering this agreement as either parent or legal guardian. Furthermore, if any portion of this agreement is determined to be invalid, it is agreed that the remaining balance of the agreement shall; notwithstanding, continue in full legal force and effect.

Any medical conditions of which we should be aware:

Please include any medical papers necessary in case of emergency

Any medications your child will be taking while in our program:

Non-prescription medication and prescription medication must be signed in during registration.

Hospital Preference (optional):

AGREEMENT IS ACKNOWLEDGED BY SIGNATURE BELOW:

Students Name _____

Parent/Legal Guardians Name _____

Authorized parent's or guardian's signature _____

Signed this ____ day of _____, 2021