



CNH | KEY CLUB

CENTENNIAL KEY CLUB | D15S | REGION 13

Welcome to the Centennial Key Club Meeting!

4/30/21



CNH

California-Nevada-Hawaii Key Club District
District Education



Key Club Pledge

I pledge on my honor,
to uphold the objects of Key Club
International ;

To build my home, school and community;

To serve my nation and world;

And combat all forces which tend to
undermine these
institutions.





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Old Business



CNH

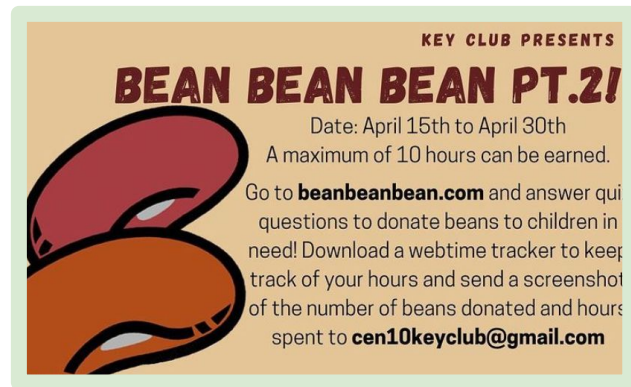
California-Nevada-Hawaii Key Club District
District Education



Bean, Bean, Bean Pt.2

- **Date:** April 15th - April 30th
- **Maximum Hours:** 10 Hours
- **How can you participate?**
 - Go to beanbeanbean.com & answer questions to donate beans
 - Utilize a [webtime tracker](#), send screenshot of beans & time to cen10keyclub@gmail.com

ENDS TODAY!!





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bruh join the remind smh

NEW REMIND!
@cen10key21

how else are you gonna get annoying messages from us, just join the remind

└ ʘ_ʘ ┘

For the
174391471348237
93194th time, join
the remind



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Merch Distribution Reminders

- If you are a **DUES PAID** member, you still have to pick up your
 - membership card, certificate, and pin
- If you paid for a t-Shirt, a crewneck, and/or stickers, but have not picked them up yet:
 - *Bro what are you doing*
- PICK THEM UP IN **RM 819** BEFORE OR AFTER YOUR COHORT:
 - AM Cohort: After
 - PM Cohort: Before

Please pick up
your merch...
They're lonely in
Rm 819.





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I believe I can flyyyy

New Business



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NEW MEETING POWERPOINT TEMPLATE!!



RIP Centennial Manta Rays gg
ಥ_ಥ




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April DCM Recap

- **New Mascot:** SHEEEEEEE(P)SH (sheep) 
- **New Colors:** tea green, black, white
- **New Division Leadership Team Members**
- **April messing up on Family Feud answers**
- **Rose River Service Project**
 - (don't forget to submit your hours to cen10keyclub@gmail.com)



So, who's your new Division 15 South Leadership Team?

Drum roll pls... (or not)

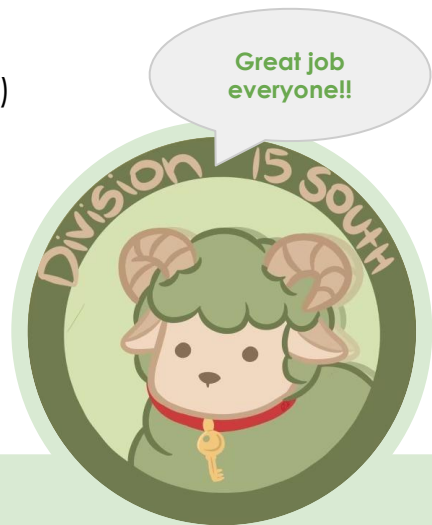




April DCM Recap

Division 15 South Leadership Team!

- **LTG**
 - April Lonh (Centennial)
- **Executive Assistants**
 - Ellorie Mariano (Centennial)
 - Nathan Nguyen (Centennial)
- **Secretary**
 - Sean Nguyen (Centennial)
- **Head Spirit Coordinator**
 - Clemens Kang (Roosevelt)
- **Head Fundraising Coordinator**
 - Pruthva Mania (Centennial)
- **Division Tech Editor**
 - Ambreen Fahimullah (Centennial)
- **Division News Editor**
 - Desiree Valdez (Corona)
- **Historians**
 - Chloe Wu (Roosevelt)
 - Harini Sathees (Centennial)





May CS - Promenade Park Cleanup

- **Date:** Saturday, May 8th
 - 12:00pm - 2:00pm
- **Location:** Promenade Community Park
- **Provided:** Trash bags, gloves, DONUTS!
- **Required:** Masks, *COVID LIABILITY FORM*, *MRF*
 - *Forms located in our Linktree: @cen10keyclub*
- **Sign Up Now!!** tinyurl.com/cleanpark (also on Linktree)

VIEW NEXT SLIDE FOR IMPORTANT FORMS





Important Forms & Process

- **Park Clean Up Required Forms**
 - *Google Sign Up, COVID LIABILITY FORM , MRF*
- **Where can you find these forms?**
 - **LINKTREE:** @cen10keyclub
- **What to do:**
 - 1. Create a **copy** of forms, **fill out**/sign, **save** as PDF
 - 2. Submit (2 methods, choose one)
 - **Print** out forms to bring on May 8 **OR**
 - **Email** forms to cen10keyclub@gmail.com by May 7
- **Sign Up Now!!** tinyurl.com/cleanpark (also on Linktree)





Important Forms: COVID-19 Waiver

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individual named below (hereinafter referred to as "Member") is a member of Key Club International (club or District) (hereinafter the "Company"), and the individual's parent or legal guardian ("Guardian") and desires to participate in-person in a Kiwanis sponsored event on _____ at _____ (hereinafter the "Activity"). As lawful consideration for being permitted by the Company to engage in the Activity, Member, on behalf of himself or herself, and Guardian, on behalf of Member and himself or herself, agree to all the terms and conditions set forth in this agreement (this "Agreement").

1. Member and Guardian are aware of the highly contagious nature of bacterial and viral diseases including, but not limited to, the 2019 novel coronavirus disease (COVID-19) (collectively known as the "Disease") and the risk that Member and Guardian may be exposed to or contract the Disease by engaging in the Activity. Member and Guardian understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability, death, or property damage. Member and Guardian acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including Company volunteers or employees. Member and Guardian understand that while the Company has implemented preventative measures to reduce the spread of the Disease, the Company cannot guarantee that Member and Guardian will not become infected with the Disease or other infectious diseases while engaging in the Activity and that engaging in the Activity may increase my risk of contracting the Disease. NOTWITHSTANDING THE RISKS ASSOCIATED WITH THE DISEASE, MEMBER AND GUARDIAN ACKNOWLEDGE THAT MEMBER AND GUARDIAN ARE VOLUNTARILY CHOOSING TO ENGAGE IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. MEMBER AND GUARDIAN EXPRESSLY ACKNOWLEDGE THAT MEMBER AND GUARDIAN HAVE BEEN PROVIDED AN OPPORTUNITY TO ATTEND ALL MEETINGS VIRTUALLY, AND THAT MEMBER AND GUARDIAN WILL NOT LOSE THE OPPORTUNITY TO VOTE OR VOICE MY OPINIONS IF I ATTEND THE MEETINGS VIRTUALLY. MEMBER AND GUARDIAN HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, DEATH, OR PROPERTY DAMAGE RELATED TO THE DISEASE, ARISING FROM ENGAGING IN THE ACTIVITY, OR TRAVELING TO PARTICIPATE IN THE ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OF THE COMPANY OR OTHERWISE.

2. Member and Guardian hereby expressly waive and release any and all claims, now known or hereafter known, against the Company, and its officers, directors, employees, agents, affiliates, members, volunteers, successors, and assigns (collectively referred to as the "Releasees"), on account of injury, illness, disability, death, or property damage arising out of or attributable to engaging in the Activity and being exposed to or contracting the Disease, whether arising out of the negligence of the Company or any Releasees or otherwise. Member and Guardian covenant not to make or bring any such claim against the Company or any other Releasees, and forever release and discharge the Company and all other Releasees from liability under such claims.

3. Member and Guardian are familiar with federal, state, and local laws, orders, directives, and guidelines related to the Disease, including the Centers for Disease Control and Prevention (CDC) guidance on the Disease. Member and Guardian will comply with all such orders, directives, and guidelines while engaging in the Activity, including, without limitation, requirements related to hand sanitation, social distancing, and use of face coverings. Member and Guardian will also follow all instructions of the Company while engaging in the Activity. Member and Guardian agree not to participate in the Activity if either Member or Guardian is experiencing symptoms of the Disease, such as cough, shortness of breath, or fever, if Member or Guardian has a confirmed or suspected case of the Disease, or has come in contact in the last 14 days with a person who has been confirmed or suspected of having the Disease.

4. Member and Guardian shall defend, indemnify, and hold harmless the Company and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney fees, fees, and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, incurred by or awarded against the Company or any other Releasees in a final judgment, arising out of or resulting from any claim of a third party related to the Disease due to my engaging in the Activity.

5. This Agreement constitutes the sole and entire agreement of the Company, Member and Guardian with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the Company, the Releasees and me and our respective successors and assigns.

6. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of California without giving effect to any choice or conflict of law provision or rule whether of the State of California or any other jurisdiction. I hereby waive California Civil Code § 1542 that states:

"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

7. BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I, OR THE MINOR I REPRESENT AS GUARDIAN, AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY.

Signed: _____
Member _____
Printed Name: _____
Date: _____

Signed: _____
Guardian _____
Printed Name: _____
Date: _____

→ **Link Tree:**
@cen10keyclub

You CANNOT
participate
without these
forms!





Important Forms: Medical Release Form (MRF)

Authorization to Attend and Medical Authorization

Reset Form Print Form Upon completion, this form must be held by chaperone. It is valid in the Key Club District Office.

Authorization To Attend Event and Emergency Medical Treatment Authorization
Members attending designated Key Club activities. This form must be completed by the parent, legal guardian, or parent in loco parentis for the member.
Member: _____ Chaperone (who is the designated chaperone for your child): _____

Name: _____ Name: _____
Address: _____ Relationship to member: _____
City, State, Zip: _____
Sex: ☐ Male ☐ Female Note: An adult chaperone for Key Club shall be a KNOWN member, faculty member, parent, legal guardian or person who is in loco parentis, over the age of 21, approved by the school, and registered with and accompanying the Key Club member at the event or activity.
Birthdate: _____

Emergency Information
In case of emergency, please contact: _____ Relationship to member: _____
Daytime Phone: _____ Night time phone: _____
Alternate Contact: _____ Relationship to member: _____
Daytime Phone: _____ Night time phone: _____

Medical Information
Health Insurance Company: _____ Policy Number: _____
Group name on insurance coverage: _____
Telephone number or other contact information shown on insurance card: _____
Will your Key Club member be taking any prescription medication or over-the-counter drugs of any type? ☐ Yes ☐ No
If yes, please explain: _____

Has he/she ever been or currently being treated for:		Headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nervousness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fainting/Spells?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions or epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies to medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rheumatic Fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cancer or Tumors?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any allergies or other medical conditions of which we need to be aware: _____

I am the parent or legal guardian for the above-named Key Club member, and give my permission for him/her to attend the convention, conference and/or other events sponsored by Key Club International or the California District. I also have read and understand the Code of Conduct form, and I understand that a violation of certain provisions of these rules may result in the dismissal of my Key Club member. I hereby certify that the information provided above is correct.

In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to hospital physicians or other medical personnel to provide proper treatment, including but not limited to hospitalization, surgery, anesthesia and/or surgery for the above named Key Club member. On behalf of myself and my word service. I use hereby RELEASE, WAIVE, AND FOREVER DISCHARGE Key Club International, California Key Club District and their officers, directors, employees, parents and volunteers, agents, from me and all claims, liabilities, causes of action, damages, demands, judgments, accusations, fee and cost whatsoever, in law or equity, including without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any ill-demeanor made against medical personnel of emergency services under the authorization, or all against Key Club International or the California Key Club District for obtaining medical emergency services for said Key Club member pursuant to public authorities.

Parent or Guardian: _____ Signed By: _____

→ **Link Tree:**
@cen10keyclub

Note: If you would like to have a physical copy of both forms -

You can also ask our advisor Ms. Burke (Rm 819) to print them out for you.

You CANNOT participate without these forms!





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Important Forms: Google Sign Up Form

Sign Up Now!!

tinyurl.com/cleanpark

→ **Link Tree:**
@cen10keyclub



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District Education



May CS - *Pause For Service*

- **Date:** May 1- May 31
- **Maximum Hours:** 10 Hours
- **How can you participate?**
 - Download the *Pause For* app
 - Pause using your phone for any amount of time for any cause you want
 - Go to **"Past pauses"** when you have finished and send a screenshot to cen10keyclub@gmail.com





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Club Member of the Month: April 2021

OOOO WHO COULD IT BE???



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April 2021

Member of the Month

This certificate is presented to

Ronald Gomez

Centennial | H91780 | Division 15S | Region 13

This member is deserving of this award for displaying exemplary dedication to their home, school, and community. They have remained proactive in both the club and division level, and they have established a noticeable presence in Key Club activities for the month of April.

President/Lt. Governor



Faculty/Region Advisor



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Follow us at:

@cen10keyclub
@division15south
@region13lionfish

**Questions?
Comments?
Concerns?**



Contact Us

Remind: cen10key21

Link Tree: cen10keyclub

Ellorie Mariano: elloriemariano@gmail.com

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