

2010 Camp Sun 'n' Fun — Application



Camper's Name: _____ Gender: M / F Camper Age (as of July 1) _____ Date of Birth: _____
 School: _____ Grade (in Sept.) _____ Is your child receiving special services at school? Yes No
 Parent/Guardian's Name: _____ Home Ph: (_____) _____ Cell: (_____) _____
 Address: _____ Work Ph: (_____) _____ *Please check number to be used in an emergency*
 City/State/Zip: _____ Email: _____ Employer: _____

Fees — Camp: \$170 1st child, \$150 2nd child, \$140 3rd child (\$75 deposit per child for each session)
 Extended Care: \$80 per session per child (\$40 deposit for each session)

	DEPOSIT PAID	BALANCE PAID	DATE	RECEIVED BY
<input type="checkbox"/> SESSION 1: (June 28–July 2; July 6–9*)				
<input type="checkbox"/> SESSION 1: Extended Care				
<input type="checkbox"/> SESSION 2: (July 12–16; July 19–23)				
<input type="checkbox"/> SESSION 2: Extended Care				
<input type="checkbox"/> SESSION 3: (July 26–30; August 2–6)				
<input type="checkbox"/> SESSION 3: Extended Care				
<input type="checkbox"/> SESSION 4: (August 9–13; August 16–20)				
<input type="checkbox"/> SESSION 4: Extended Care				

*Closed July 5

Name of person(s) allowed to pick up your child (photo ID required) — Include parents name(s)

- _____ relationship to camper _____ Phone (_____) _____
- _____ relationship to camper _____ Phone (_____) _____
- _____ relationship to camper _____ Phone (_____) _____
- _____ relationship to camper _____ Phone (_____) _____

If parent(s)/guardian(s) listed on opposite side are not available in an emergency notify: _____
 Relationship: _____ Best Phone Number: (_____) _____ Alt Phone Number: (_____) _____
 Address: _____ City/State/Zip: _____
 Any condition now requiring regular medication? _____ Name of medication: _____
 Any restriction of activity for medical reasons? Yes No Explain: _____

Parent/Guardian Authorization — This health history is correct so far as I know, and the herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by and the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injections or surgery for the above named camper.

I agree to observe whatever rules are decided upon as best for the welfare of all. The Boys & Girls Club of Pawtucket reserves the right to dismiss a youngster from camp. Refunds will not be made due to dismissal. Permission is given to use photos or motion pictures for publicity purposes.

Parent/Guardian Signature: _____ **Date:** _____

<input checked="" type="checkbox"/> Camp Fee: Per session: \$170 1st child, \$150 2nd child, \$140 3rd child/\$75 deposit per child for each session	<input checked="" type="checkbox"/> Refund (minus deposits which are non-refundable and non-transferable) granted only if camp office is notified in writing 14 days in advance. Notify camp if not attending
<input checked="" type="checkbox"/> Extended Care Fee: \$80 per session/\$40 deposit per session	<input checked="" type="checkbox"/> No registration accepted without physician's signature on medical form
<input checked="" type="checkbox"/> The first session a child attends must be paid in full at time of registration	<input checked="" type="checkbox"/> A Boys & Girls Club of Pawtucket membership is required
<input checked="" type="checkbox"/> Balance due 2 weeks prior to the start of the session	<input checked="" type="checkbox"/> Special group assignments must be noted at time of registration

Parent/Guardian Signature: _____ **Date:** _____

Health Information

All campers must provide proof* of the following immunizations:
 • MMR • Polio • DTaP/DTP/DT/Td • Hepatitis B • Varicella

*Please attach a physician signed immunization record with indication that all immunizations are up to date as required by the State of Rhode Island.
 Children may not attend camp if immunizations are not up to date.

Physician's Name: _____ **Allergies:** Yes No
 Bee, Insect Stings: _____
Physician's Address: _____ Poison Ivy, Oak, Sumac: _____
 _____ Penicillin: _____
Phone: (_____) _____ Other (specify): _____

Boys & Girls Club of Pawtucket — Youth Membership Application (\$30 Annual Fee)

YOUTH INFORMATION

OFFICE USE ONLY

Date: _____
 Processed by: _____
 Membership: New Renew

Member's Name _____ Gender: M / F
 Address _____ City/State/Zip _____ Home Phone (_____) _____
 Date of Birth ____/____/____ Age ____ School Attending _____ Grade (in Sept.) _____

PARENT INFORMATION

Father's Name: _____ Cell: (_____) _____ Work phone: (_____) _____
(FIRST & LAST NAME)
 Mother's Name: _____ Cell: (_____) _____ Work phone: (_____) _____
(FIRST & LAST NAME)
 Emergency Contact: _____ Phone/Cell: (_____) _____ Relationship _____
(OTHER THAN PARENT / GUARDIAN AND OVER 18 YEARS OLD)
 Member lives with: Both Parents Mother Father Guardian Stepmother Stepfather Grandparents

MEDICAL INFORMATION

Please list any medical restrictions/allergies your child may have: _____
 Family Health Plan Name: _____ Policy #: _____ Group #: _____
 Permission for Treatment by Physician/Hospital: Yes No
 Physician's Name: _____ Physician's Phone: (_____) _____

NOTE: This information is collected for grant writing purposes ONLY

Family Income Level: Below \$41,000 \$41,001 – \$46,850 \$46,851 – \$52,700 \$52,701-\$58,550 \$58,551-\$63,250
 \$63,251-\$67,900 \$67,901-\$72,600 Above \$72,601
 Ethnic/Racial Origin: Caucasian African American Hispanic Asian Native American Multi-Racial Other _____ (please specify)
 Number in Household: _____ Current Head of Household: Female Male Single Parent Household: Yes No

PARENT: PLEASE READ AND SIGN THE FOLLOWING:

I hereby give permission to my son/daughter to become a member of the Boys & Girls Club of Pawtucket. I understand that the Club and its personnel are not responsible for personal injury or loss of property. I hereby give my permission to have my child examined by a doctor if Club management deems it necessary. I give my consent for any photographs in which my child may appear to be used by the Club in their literature or publicity.

In accordance with Section 7-6-9 of the RI General Laws entitled "Exemption from Liability", I hereby waive any liability that the Boys & Girls Club of Pawtucket, its officers, directors, trustees, agents, servants and employees might have and agree that said Boys & Girls Club of Pawtucket, shall not be liable for any bodily injury to the participant incurred while such participant is practicing for, or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Pawtucket; and hereby assume the risk of any bodily injury to such participant incurred while such participant is practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Pawtucket.

Early & Late Fee Policy —THERE WILL BE A \$10.00 FEE PER EVERY HALF HOUR THAT YOUR CHILD IS LEFT IN THE BOYS & GIRLS CLUB BEFORE OR AFTER THE HOURS OF OPERATION. CHILDREN WILL NOT BE ALLOWED BACK UNTIL THE FEE HAS BEEN PAID.

Parent/Guardian Understood Signed Insurance Disclaimer and Permission Statement: Yes No
 Member may participate in all Club activities in or adjacent to the Club building: Yes No

I hereby consent and authorize the Boys & Girls Club of Pawtucket to use and reproduce photographs taken of my child for publicity, advertising and marketing purposes of every description. Please check this box if you do not consent to this release.

The Boys & Girls Club of Pawtucket would like every member to have a positive day. Members will be held accountable for their actions to ensure a safe and fun environment for all.

Parent / Guardian Signature: _____ **Date:** _____