

# 2010 Teen Explorers - Application

ACCREDITED BY THE AMERICAN CAMP ASSOCIATION



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: \$85 per session per child

	DEPOSIT PAID	BALANCE PAID	DATE	RECEIVED BY
<input type="checkbox"/> Session 1: July 6 - 9				
<input type="checkbox"/> Session 2: July 12 - 16				
<input type="checkbox"/> Session 3: July 19 - 23				
<input type="checkbox"/> Session 4: July 26 - 30				
<input type="checkbox"/> Session 5: August 2 - 6				
<input type="checkbox"/> Session 6: August 9 - 13				

Camp hours: Monday thru Friday: 9:00 am - 4:00 pm  
 All campers must be picked up by: 4:00 pm or late fees may be incurred.

If parent(s) / guardian(s) listed 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 an 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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Camp Fee: Per session: \$85 per child for each one week session.                | <input 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 type="checkbox"/> Camper has permission to travel by bus on Club field trips.                     | <input type="checkbox"/> No registration accepted without physician's signature on medical form.  |
| <input type="checkbox"/> The first session a child attends must be paid in full at time of registration. | <input type="checkbox"/> A Boys & Girls Club of Pawtucket membership is required.   |
| <input type="checkbox"/> Balance due 2 weeks prior to the start of the session.                          |   |

Parent/Guardian's 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 \_\_\_\_\_  
 Physician's Address: \_\_\_\_\_ Bee, Insect Stings: \_\_\_\_\_  
 \_\_\_\_\_ Poison Ivy, Oak, Sumac: \_\_\_\_\_  
 \_\_\_\_\_ Penicillin: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ Other (specify): \_\_\_\_\_

For Office Use Only:  
 Scholarship Issued:  Yes  No  
 Scholarship Name: \_\_\_\_\_

\$20 fee paid:  Yes  No  
 Scholarship Number: \_\_\_\_\_

Staff Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Membership Verified:  Yes  No

# 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:** \_\_\_\_\_