



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 - 10				
<input type="checkbox"/> Session 2: July 13 - 17				
<input type="checkbox"/> Session 3: July 20 - 24				
<input type="checkbox"/> Session 4: July 27 - 31				
<input type="checkbox"/> Session 5: August 3 - 7				
<input type="checkbox"/> Session 6: August 11 - 14*				

*Closed August 10

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: _____

Immunizations / Date of last inoculation: _____ **TO BE FILLED OUT BY PHYSICIAN — PHYSICAL NOT NECESSARY**

Tetanus toxoid: _____	German Measles: _____	Allergies: Yes _____ No _____	Date of Last Physical Exam: _____
Polio: _____	Diphtheria: _____	Bee, Insect Stings: _____	Physician 's Signature: _____
MMR (Second Dose): _____	Hepatitis B: 1 _____ 2 _____ 3 _____	Poison Ivy, Oak, Sumac: _____	Physician 's Address: _____
Mumps: _____	(Hepatitis B series must be in compliance prior to attendance at camp.)	Penicillin: _____	_____
Measles: _____		Other (specify): _____	Phone: (_____) _____ Date: _____

For Office Use Only:		Staff Initials: _____
Scholarship Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$20 fee paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Scholarship Name: _____	Scholarship Number: _____	Membership Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No

Boys & Girls Club of Pawtucket — Youth Membership Application

(\$30 Annual Fee)

YOUTH INFORMATION

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

OFFICE
USE ONLY

Date: _____
Processed by: _____
Membership: New Renew

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 – \$72,601 Above \$72,601

Ethnic/Racial Origin: Caucasian African American Hispanic Asian Native American Multi-Racial Other _____

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 has permission to be used in public relations materials: Yes No

Member may participate in all Club activities in or adjacent to the Club building: Yes No

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: _____