**

Must also fill out Membership Form!!!

*SUMMER CAMP 2024*

May 28th-August 9th 6:00am till 5:00 pm

Attention: Camp fees are $10 a day or $40 per week regardless of time your child is picked up. All camp fees must be paid weekly unless approved by Executive Director.

*(Must be in Kindergarten and a Boys & Girls Club member, Annual membership fee is $25)*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Grade \_\_\_

Gender: M or F

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can your child swim? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Members may be photographed in various activities. By signing, I agree that my child will receive no fee and his/her photograph may be used for publications, web site, advertising, and that the Scott Co. Boys and Girls Club will own all rights to the photographs.

Please list any information that we should be aware of (medical problems/conditions, allergies, medications, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL RELEASE

Permission is given to any available BG&C staff or personnel to administer first aid or emergency treatment/procedures to the listed child if necessary, or any available physician or member of hospital staff to perform emergency treatment or member of hospital staff to perform emergency treatment and procedures for the above named child as deemed necessary, and to continue treatment and procedures until such time as the undersigned shall dismiss him or engage another physician. This permission includes admission to a hospital if the attending physician deems it necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent or Guardian Signature Relationship Date