



SUMMER CAMP 2010 and SUMMER SCHOOL 2010  
Enrollment Application  
\$5.00 due at time of registration for those not  
currently a Boys and Girls Club member for 2010.

Child Information:

Name: \_\_\_\_\_ Sex M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School your child attends: \_\_\_\_\_ Grade your child will enter in fall 2010: \_\_\_\_\_

Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Child's T-Shirt Size (please circle): Youth: S M L Adult: S M L XL

Check if applicable: \_\_\_\_\_ State Assistance (verification is needed from the state to process)

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Parent/Guardian Information:

Name: \_\_\_\_\_ Address Same as Child YES NO

If no, please provide address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Parent/Guardian Information: ( if not applicable please put NA)

Name: \_\_\_\_\_ Address Same as Child YES NO

If no, please provide address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Emergency Contact Information:

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Alternate Phone (    ) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Alternate Phone (    ) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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Authorized Pick Up Information:

Please list all people authorized to pick up your child from the Boys and Girls Club Summer Camp program (if person is not listed, he/she will not be permitted to take your child). Please provide any official documentation in situations for those not permitted to have contact with your child by law.

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Authorization for Emergency Care:

I understand that I will be notified in the event my child is injured or becomes ill while at camp. If I cannot be reached to make necessary arrangements for the care of my child, or in the event of a critical emergency requiring medical attention, I authorize the Boys and Girls Club of the Capital City to contact the following doctor or hospital:

Doctor: \_\_\_\_\_ Phone (required): (    ) \_\_\_\_\_

Hospital (please check one) \_\_\_\_\_ St. Mary's 761-7000 \_\_\_\_\_ Capital Region 632-5000

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My child is in good health and is able to participate in all camp activities. My child has no special medical condition(s) that I am aware of. If my child has any medical condition(s) that I am aware of I have listed this information (please include food allergies and health or behavioral concerns)

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Field Trips and Other Activities:

I give permission for my child to participate in all Boys and Girls Club sponsored field trips and activities while my child attends the Boys and Girls Club of the Capital City's Summer Camp program for 2010. YES NO

FULL DAY SUMMER CAMP PROGRAM:

Please indicate by placing a check next to the week(s) that you are enrolling for camp:

<input type="checkbox"/> June 7 - June 11	<input type="checkbox"/> July 6- July 9 (Closed 5 <sup>th</sup> )	<input type="checkbox"/> August 2- August 6
<input type="checkbox"/> June 14-June 18	<input type="checkbox"/> July 12- July 16	
<input type="checkbox"/> June 21 - June 25	<input type="checkbox"/> July 19- July 23	
<input type="checkbox"/> June 28 -July 2	<input type="checkbox"/> July 26 - July 30	

SUMMER SCHOOL CAMP PROGRAM

Please indicate by placing a check next to the week(s) that you are enrolling for afterschool summer camp:

<input type="checkbox"/> June 7- June 11	<input type="checkbox"/> June 21- June 25
<input type="checkbox"/> June 14- June 18	<input type="checkbox"/> June 28- June 29

School that your child's needs to be picked up from: \_\_\_\_\_

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I have provided and consent to the information in my child's summer camp enrollment for 2010:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

