



BOYS & GIRLS CLUB OF ORCHARD PARK SUMMER CAMP 2009 APPLICATION



NAME: _____ AGE: _____

GENDER: ___M___F ETHNICITY: _____

DATE OF BIRTH: _____ SCHOOL: _____ GRADE(entering in fall): _____

ADDRESS: _____ CITY: _____

STATE: ___ ZIP CODE: _____ PHONE: _____

FAX: _____ PARENT EMAIL: _____

CONTACT INFORMATION: PERSON(S) AUTHORIZED TO PICK UP CHILD:

FATHER: _____ EMPLOYER: _____ WORK#: _____

MOTHER: _____ EMPLOYER: _____ WORK#: _____

EMERGENCY CONTACT: _____ PHONE #: _____

ADDITIONAL PERSON: _____ PHONE #: _____

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

Summer Camp Hours: 7:00AM - 6:00PM

(Structured day 9AM- 4:30PM) Extended Hours: Morning 7AM - 9AM, Evening 4:30PM - 6PM

\$100.00/week or \$20.00/day. (Minimum of two days. No charge for extended hours.) (2nd child discount 10%)

Fees are payable by check, money order, Visa, or Mastercard, please no cash. Payment must be received one week prior to the session your child is attending.

Please check the session(s) and circle the days your child will be participating in:

- | | | | |
|------------------------------|-----------|---------------------------------|-----------|
| ___Session 1: June 24-26 | W T F | ___Session 6: July 27-31 | M T W T F |
| ___Session 2: June 30-July 2 | M T W T | ___Session 7: August 3-7 | M T W T F |
| ___Session 3: July 6-10 | M T W T F | ___Session 8: August 10-14 | M T W T F |
| ___Session 4: July 13-17 | M T W T F | ___Session 9: August 17-21 | M T W T F |
| ___Session 5: July 20-24 | M T W T F | ___Session 10: August 24-28 | M T W T F |
| | | ___Session 11: August 31-Sept 2 | M T W |

IMMUNIZATION RECORD

Please indicate any illnesses your child has had: If Yes, indicate Date of Illness

Dates REQUIRED by the NYS Dept. of Health	Chicken Pox _____	Diabetes _____
Diphtheria _____	German Measles _____	Measles _____
Rubella _____	Rheumatic Fever _____	Pneumonia _____
Measles _____	Tetanus _____	Scarlet Fever _____
Mumps _____	Polio _____	Epilepsy _____
Haemophilus Influenza Type B _____	Whooping Cough _____	Tuberculosis _____
Hepatitis B _____	Heart Disease _____	Contact with TBC _____
Varicella Chickien Pox _____	Asthma _____	Allergies _____
Date of Last Physical: _____	Ear Conditions _____	Operations _____
	Serious Injuries _____	

Please indicate any physical condition of this child that should be brought to the attention of the staff

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Does your family have health and/or accident insurance: Yes No

Insurance Carrier: _____

Policy # _____ Group# _____

Serious Health Problems: Yes No If Yes, explain: _____

THE ABOVE INFORMATION IS ACCURATE AND CORRECT AND MY CHILD HAS HAD A PHYSICAL EXAM IN THE PAST 12 MONTHS BY A PHYSICIAN. IN THE EVENT THE CLUB IS UNABLE TO LOCATE THE PARENT(S) or EMERGENCY CONTACT, THE CLUB STAFF MAY TAKE NECESSARY EMERGENCY MEASURES. I HEREBY RELEASE THE BOYS & GIRLS CLUB OF ORCHARD PARK, ITS EMPLOYEES, ASSOCIATES, AND CONTRIBUTORS FROM LIABILITY FROM ANY INJURY, LOSS OR THEFT INCURRED BY MY CHILD WHILE PARTICIPATING. FURTHERMORE, I HEREBY AUTHORIZE MEDICAL EXAMINATION AND EMERGENCY TREATMENT FOR MY CHILD BY A QUALIFIED, LICENSED PHYSICIAN IN THE EVENT OF AN ACCIDENT.

MY CHILD HAS PERMISSION TO ATTEND FIELD TRIPS IN THE COMMUNITY VIA TRANSPORTATION PROVIDED BY THE CLUB.

FURTHER I GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE USED IN ANY BOYS & GIRLS CLUB PUBLICATION.

AN INVOICE WILL BE MAILED TO YOU BEFORE CAMP BEGINS. THE PARENT/GUARDIAN THAT SIGNS THIS FORM WILL BE THE PERSON RESPONSIBLE FOR THE PAYMENT, NO THIRD PARTY BILLING WILL BE OFFERED.

MY SIGNATURE INDICATES THAT I COMPLETELY UNDERSTAND THE ABOVE STATEMENTS.

PARENT/GUARDIAN SIGNATURE: _____

BOYS & GIRLS CLUB CODE

- I WILL be respectful to staff, equipment, and other members.
- I WILL use polite language.
- I WILL talk to a staff person if I have a question or problem.
- I WILL remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of Orchard Park. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Member Signature: _____

**Please return application to:
Boys & Girls Club of Orchard Park
25 S. Lincoln Ave., PO Box 181
Orchard Park, NY 14127**

Payment Information: _____ Will pay by Check or money order, PLEASE NO CASH] - NO THIRD PARTY BILLING
(or)

_____ will pay by MasterCard/visa

Name: _____ Account No: _____

Expiration Date: _____ Signature: _____