



**BOYS & GIRLS CLUB
OF SEYMOUR**

**SUMMER CAMP 2018
REGISTRATION**

Camper's Name: _____ Current Club Member (Please circle): YES NO

Camper's Address: _____ Parent/Guardian Name: _____

Parent/Guardian Daytime Phone: _____ Cell: _____ Alternate Phone: _____

Emergency Contact Name/Phone Number: _____

Comments/Health Issues/Concerns _____

HOURS: 6:30am to 5:30pm. Breakfast and lunch will be provided through Seymour Schools. We ask members to be dropped off by 9am so we can begin daily themed activities. Drop-in is from Noon-4pm at no charge for current members.

Please check below the weeks you would like to reserve. No spot is held until the total amount is paid in full. The Registration Fee is \$35 per week per child. If not a current member a membership form is required and a complimentary membership will be given with one paid week of summer camp. You may also pay a \$10 per day fee if space allows. We will offer field trips to the pool and other place for an extra fee.

Weekly Fee Paid in Full (Y/N)	Please hold a spot in the weeks checked:	Week #	Camp Dates	Weekly Fee	Theme
		1	June 4 – June 8	\$35	Survivor
		2	June 11 – June 15	\$35	Great Outdoors
		3	June 18 – June 22	\$35	Wide World of Sports
		4	June 25 – June 29	\$35	Field Day & Careers
		5	July 2 – July 3	\$15	Red, White, & Blue
		6	July 9 – July 13	\$35	Animal Planet
		7	July 16 – July 20	\$35	A Galaxy Far, Far, Away
		8	July 23 – July 27	\$35	The County Fair
\$					

*We have a limited number of scholarships available. Scholarships will be given based upon need. Please request a scholarship packet from the Front Desk.

I, the parent/guardian of the minor child listed on this registration form, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Seymour and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. I give permission to the Boys & Girls Club to seek emergency medical treatment for my minor child if I cannot be reached.
I will be responsible for any and all costs of medical attention and treatment.

Parent/Guardian Print Name

Parent/Guardian Signature

Date