

MEMBER ID:
 CAMP:
 WEEKS:
 EXTENDED CARE:



**BOYS & GIRLS CLUB
OF VINELAND**

2018 SUMMER ENRICHMENT PROGRAM - REGISTRATION FORM

MEMBER LAST NAME FIRST NAME [] MALE [] FEMALE DATE OF BIRTH AGE AT CAMP ENTERING GRAD

HOME ADDRESS CITY STATE ZIP

HOME PHONE MEMBER CELL PHONE MEMBER EMAIL ADDRESS MEMBER ETHNICITY

PARENT FULL NAME EMPLOYER WORK PHONE CELL PHONE

PARENT FULL NAME EMPLOYER WORK PHONE CELL PHONE

GAUDIAN NAME IF DIFFERENT THAN PARENT EMPLOYER WORK PHONE CELL PHONE

DO BOTH PARENTS LIVE AT HOME? [] YES [] NO MOTHERS DATE OF BIRTH FATHERS DATE OF BIRTH

EMERGENCY CONTACT OTHER THAN PARENT RELATION HOME PHONE CELL PHONE

AUTHORIZED PICK UP RELATION HOME PHONE CELL PHONE

AUTHORIZED PICK UP RELATION HOME PHONE CELL PHONE

DO NOT RELEASE MY CHILD TO THE FOLLOWING PERSON(S)?

HOW DID YOU HEAR ABOUT CAMP? [] FRIEND/FAMILY [] WEBSITE [] LIVE IN AREA [] RETURN CAMPER [] OTHER
 [] SOCIAL MEDIA [] SCHOOL [] OPEN HOUSE [] COMMUNITY ORGANIZATION

CAMP WEEKS Place an 'X' next to your desired camp selections & where extended care is needed

CAMP \$95/WEEK		CAMP \$75/SIBLING RATE		EXTENDED CARE: AM OR PM: \$12/WEEK EACH				BOTH AM & PM: \$20/WEEK	
CAMP	AM	PM	BOTH	CAMP	AM	PM	BOTH	CAMP	AM
[]	[]	[]	[]	A: July 9 – 13	[]	[]	[]	D: July 30 – August 3	[]
[]	[]	[]	[]	B: July 16 - 20	[]	[]	[]	E: August 6 – 10	[]
[]	[]	[]	[]	C: July 23 – 27	[]	[]	[]	F: August 13 – 17	[]

Please ✓ t-shirt size:
 Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Please ✓ your child's swimming ability:
 Non-Swimmer (must wear floatation device) Beginner (may choose to wear floatation device) Swimmer (no assistance)

Is your child required by state law to ride in a car seat?
 Yes (must provide a car seat during field trip days) No

Payment Information

Full Payment Enclosed Deposit only (must complete payment agreement form) Current Member (No Fee) Non-member (must complete membership application | \$20 Membership Fee)

Check Total: \$ _____ Cash Total: \$ _____ Non-member add \$20.00: \$ _____
 Check #: _____ Total – All Sessions \$ _____
 Extended Care Fees \$ _____
 Total Fees Due \$ _____

Parent Agreement Payment is due one week prior to the camp session start.

I have read and understand the payment and refund policies for the Boys & Girls Club of Vineland Summer Enrichment Program. I give my child permission to participate in camp activities including, but not limited to weekly travel and walking field trips, swimming, sports and recreation, and arts and crafts. In consideration of participation in activities and programs of the Boys & Girls Club of Vineland and to use its facilities, equipment, and machinery, in addition to any fee or charge, I do hereby wave, release, and forever discharge the Boys & Girls Club of Vineland and its officers, agents, employees, representatives, (collectively "the BGCV"), from and all responsibilities and liability of injuries or damages to myself, including those caused by negligent act or omission of the Boys & Girls Club of Vineland or in any way arising out of our connected with my participation in any activities at the Boys & Girls Club of Vineland or the use of any equipment at the Boys & Girls Club of Vineland. I agree to adhere to all policies set by the Boys & Girls Club of Vineland. I am aware that incomplete or unsigned registration forms will be returned to me for complete. I hereby give permission to the medical personnel selected by the director to act in the best interest of my child in the event of an emergency. Every effort will be made to contact the parent, guardian and emergency contacts. I give permission for the Boys & Girls Club of Vineland to take photographs for use in BGCV promotional materials while I/we participate at Boys & Girls Club of Vineland facilities.

Signature of Parent or Guardian Required: _____ Date: _____

CAMP HEALTH HISTORY FORM

Form must be completed annually

This completed form may be photocopied for trips out of camp

MEMBER FIRST [] MALE DATE AGE ENTERING
 LAST NAME NAME [] FEMALE OF BIRTH AT CAMP GRAD

PARENT OR HOME CELL
 GUARDIAN PHONE PHONE

EMERGENCY CONTACT HOME CELL
 OTHER THAN PARENT RELATION PHONE PHONE

OPERATIONS OR SERIOUS INJURIES
 INCLUDE DATES

CHRONIC OR RECURRING ILLNESS
 OR MEDICAL CONDITION DIABETES [] YES [] NO

DIETARY RESTRICTIONS

ACTIVITIES RESTRICTIONS

ALLERGIES
 PLEASE BE SPECIFIC AS TO SEVERITY OF ALLERGY

FAMILY PHYSICIAN OFFICE PHONE

CURRENT MEDICATIONS

REASON FOR MEDICATIONS

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER NEEDING TO TAKE MEDICATION AT CAMP To be completed by Parent or Guardian

NAME OF LICENSED OFFICE PHONE
 PRESCRIBER

NAME OF MEDICATION DOSAGE TIME | FREQUENCY

ROUTE DATE
 OF ADMINISTRATION ORDERED

DURATION QUANTITY MEDICATION
 OR ORDER PROVIDED EXPERIATION DATE

SPECIFIC SPECIAL STORAGE
 INSTRUCTIONS REQUIREMENTS

SPECIFIC POSSIBLE SIDE EFFECTS
 PRECAUSIONS ADVERSE REACTIONS

LOCATION WHERE MEDICATION OTHER
 ADMINISTRATION WILL OCCUR MEDICATIONS

I HEREBY AUTHORIZE CAMP HEALTH DIRECTOR OR DESIGNATED INDIVIDUAL TO ADMINISTER TO MY CHILD THE MEDICATIONS LISTED ABOVE IN ACCORDANCE WITH 8:25-5.2 (NEW JERSEY YOUTH CAMP SAFETY STANDARDS)

HEALTH HISTORY & DIAGNOSIS

check those that apply

Please

CHILD'S NAME

FREQUENT EAR INFECTIONS	MONONUCLEOSIS	ASTHMA	
HEART DEFECT	CHICKEN POX	ADD	
CONVULSIONS/S EIZURES	MUMPS	ADHD	
DIABETES	MEASLES	OCD	
BLEEDING OR CLOTTING DISORDER	GERMAN MEASLES	ODD	
HYPERTENSION	AUTISM SPECTRUM DISORDER INCLUDING ASPERGERS	OTHER PLEASE SPECIFY	

SIGNATURE OF PARENT/GUARDIAN

SPECIAL CONDITIONS

Please list any conditions or physical limitations that the camp staff supervising your child should be made aware of in order for your child to have a positive camp experience. Example: Fear of water, lighting, etc.

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to act in the best interest of my child in the case of an emergency. Every effort will be made to contact a responsible adult. Medication must be submitted to the camp location prior to the start of camp with the original label and prescription.

SIGNATURE OF PARENT/GUARDIAN DATE

SIGNATURE OF HELATH DIRECTOR DATE