

2019 SUMMER REGISTRATION FORM

Child's Name _____

Address _____

Age _____ Date of Birth _____ Gender _____

Health Care Provider: Name/telephone: _____

Physical restrictions/Allergies _____

Medications: _____

Medical, physical or emotional conditions. _____

Swimming Ability _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Alt Contact Name _____ Phone _____

Authorization & Consent

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached,

I hereby authorize the qualified staff at the Boys & Girls Clubs to transport my child to the nearest hospital.

Parent/Guardian Signature _____

Please mark (X) the in the appropriate age group and week .

	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9
Dates	6/24 - 6/28	7/1 - 7/5	7/8 - 7/12	7/15 - 7/19	7/22 - 7/26	7/29 - 8/2	8/5 - 8/9	8/12 - 8/16	8/19 - 8/23
Ages 5-7									
Ages 8-9									
Ages 10-14									
Tech Camp	6-9	10-14	6-9	10-14	6-9	10-14	6-9	10-14	X