C.I.T. Registration SV2019

Name_____ Age_____
Address _____ City_____ Zip _____
(Phone)_____ Gender. ____M __/__F___
Date of Birth_____ School (2019-20)_____Grade__
Hair Color_____ Eye Color_____ Height_____ Weight_____
Swimming Ability _____

Mother's Name_____ Father's Name_____
(W)_____ (W)_____
(C) _____ (C)_____

Email_____ Email_____
List any medical, physical or emotional conditions & **medications** that we should be aware of to better serve your child.

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 of Metrowest to transport my child to the nearest hospital.

Parent/Guardian **Signature**_____

DATE: _____

- **Yes / No (circle one)** I give consent to have my child photographed & video taped for the purpose of public relations.
- Health Care Provider: Name / telephone / address:_____

_____

*****RELEASE & IN CASE OF AN EMERGENCY*****

When a parent/guardian **cannot** be reached please contact: (not a parent)

Name/Relationship_____(P)_____

Name/Relationship_____(P)_____
CORI CHECK (Criminal Background Form) completed_____ (ALL CIT must have)
Health and Immunization Form submitted_____

(6 Week Maximum) $25.00 deposit required per week paid
Cost per CIT 1 week $90 = 1 week free (no deposit)

CIT Weeks Up to 3 paid and 3 free max	(1) 6/24-6/28	(2) 7/1-7/5	(3) 7/8-7/12	(4) 7/15-7/19	(5) 7/22-7/26	(6) 7/29-8/2	(7) 8/5 - 8/9	(8) 8/12 - 8/16