

# SUMMER REGISTRATION FORM SV2019

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M / F

Address/City/Zip \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ School 2019-20 \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employed by \_\_\_\_\_

(Work#) \_\_\_\_\_ (Cell#) \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Employed by \_\_\_\_\_

(Work#) \_\_\_\_\_ (Cell#) \_\_\_\_\_

Email \_\_\_\_\_

**Child's** Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Swimming Ability : \_\_\_\_\_

List any **medications** , medical needs, physical or emotional restrictions/conditions 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: \_\_\_\_\_

⇒ **Doctor** : Name & Phone# \_\_\_\_\_

⇒ **Medical Insurance**- ID #: \_\_\_\_\_

⇒ **Yes / No** (circle one) I give consent to have my child photographed & video taped for the purpose of public relations.

**\*\*RELEASE & IN CASE OF AN EMERGENCY\*\*** (**not** a parent)

Parent will be called first and When a parent/guardian cannot be reached:

Name/ Relation \_\_\_\_\_ (Phone#) \_\_\_\_\_

Name/Relation \_\_\_\_\_ (Phone#) \_\_\_\_\_

**Please put an **X** for week child will be attending below. (\$25 deposit required per week)**

Weeks Put X in group/box	(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
<b>Age 5-7</b>								
<b>Age 8-9</b>								
<b>Age 10 plus</b>								
<u><b>Tech</b></u>	<u><b>NA</b></u>	<u><b>NA</b></u>	(Wk. 1)	(Wk. 2)	(Wk. 3)	(Wk. 4)	<u><b>NA</b></u>	<u><b>NA</b></u>