

SUMMER REGISTRATION FORM

Child's Name _____

Address _____

Age _____ Date of Birth _____ Gender _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Hair Color _____ Eye Color _____ Height _____ Weight _____

Swimming Ability _____

Identifying Marks _____

Does your child have any physical restrictions/Allergies _____

Medications: _____

List any medical, physical or emotional conditions. _____

Health Care Provider: Name/telephone: _____

Address _____

****Alternate contact info****

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 .

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Dates	6/25-6/29	7/2-7/6	7/9-7/13	7/15-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17
Ages 5-7								
Ages 8-10								
Ages 11-14								
Tech Camp	<u>10-14</u>	<u>6-9</u>	<u>10-14</u>	<u>6-9</u>	<u>10-14</u>	<u>6-9</u>	<u>10-14</u>	<u>6-9</u>