



Summer Registration Form 2019

Child's Name: _____ Sex: _____ Birthdate: ____/____/____
 Address: _____ City: _____ ZIP: _____
 School: _____ Age: _____ Grade: _____ Phone #: _____
 Child's Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____
 Swimming Ability: _____ Identifying Marks: _____
 Does your child have any physical restrictions? _____

List any Medical, Physical, or Emotional conditions that we should be aware of to better serve your child:(allergies, medication, etc)

Mother/Guardian : _____ Cell #: _____
 Email: _____ Home #: _____
 Address: _____ City: _____ ZIP: _____
 Father/Guardian: _____ Cell #: _____
 Email: _____ Home #: _____
 Address: _____ City: _____ ZIP: _____

In Case of an Emergency, If a Parent/Guardian cannot be reached:

Name: _____ Relationship: _____
 Address: _____ Phone #: _____
 Name: _____ Relationship: _____
 Address: _____ Phone #: _____
 Name: _____ Relationship: _____
 Address: _____ Phone #: _____

Please mark off (X) the week (s) you are registering for:

Weeks	Wk 1	Wk 2	Wk3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8
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
Ages 5-7								
Ages 8-9								
Ages 10-14								

Authorization and Consent Form

- 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 Club to transport my child to the nearest hospital.
- Child's Doctor & Insurance : _____
Phone # & Address : _____
- I give consent to have my child photographed or videotaped for public relations purposes. **PLEASE CIRCLE YES or NO**

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____