SUMMER REGISTRATION FORM 2018

Child's Name_____ Age_____
Address _____
Home phone #_____ Sex_____
Date of Birth_____ Grade (9/17)____ School _____
Mother's Name_____ Father's Name_____
(Guardian)_____ (Guardian) _____
Work Phone_____ Work Phone _____
Cell phones_____ Cell Phone_____
Email_____ Email _____
Hair Color_____ Eye Color_____ Height_____ Weight_____
Swimming Ability _____
Identifying Marks _____
Does your child have any physical restrictions ?_____
_____
Medications:_____
List any medical, physical or emotional 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 to transport my child to the nearest hospital.

Parent/Guardian Signature_____

- **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*

If a parent/guardian cannot be reached:
Name_____ Phone_____
Name_____ Phone_____

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

Dates	6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10	8/13-8/17
Wks	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8
5-7								
8-9								
10-14								