



# STO-KEN-ROX BOYS & GIRLS CLUB 2017 DAY CAMP REGISTRATION



Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender M F Age \_\_\_\_\_

Camper's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Emergency:(\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**MEDICAL INFORMATION:**

Does Child have any physical disabilities? Yes No If yes, what are they? \_\_\_\_\_

Does Child have any allergies? Yes No If yes, what are they? \_\_\_\_\_

Is Child on medication? Yes No If yes, what medication? \_\_\_\_\_

What, if any, are the limits on the Child's participation in activities? \_\_\_\_\_

Does your child have any behavioral disabilities or any other health related issues? ? Yes No If yes, explain \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Medical Assistance? Yes No

Do you receive DPA/Access? Yes No If so, DPA/Access Number? \_\_\_\_\_

**PARENT AUTHORIZATION:** In the event of an emergency, if I cannot be reached I hereby give permission to the physician selected by the Club Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. As parent/guardian of the above child, I approve his/her joining the Boys & Girls Clubs of Western PA and agree not to hold the Boys & Girls Clubs of Western PA, it's Board of Directors, staff or volunteers liable for injuries and accidents in connection with his/her membership or participation in the Boys & Girls Club activities.

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: CHILDREN WHO REQUIRE MEDICATION MUST HAVE A MEDICATION RECORD ON FILE.**



## SUMMER PROGRAM SESSIONS

*\*Check all weeks you will attend*

		Day Camp \$70.00/5 Day Sessions (8-5PM)
Week 1	June 12-16	
Week 2	June 19-23	
Week 3	June 26-30	
*Week 4	July 5-7 (Closed July 3rd & 4th)	
Week 5	July 10-14	
Week 6	July 17-21	
Week 7	July 24-28	
Week 8	July 31-Aug 4	
Week 9	August 7-11	

**\*(Payment for short week is \$42)**

## SUMMER PROGRAM FEES

**\$70.00 DAY CAMP**

**(Contact Club for deposit requirements)**

**FINAL PAYMENT IN FULL DUE 5PM THE THURSDAY BEFORE ATTENDING CAMP. NO EXCEPTIONS. IF PAYMENT IS NOT ON TIME, THE CHILD WILL NOT BE ABLE TO ATTEND!**

- Returned checks will be charged \$25 fee.
- Late fees will be assessed for late pick up.

Boys & Girls Clubs of Western Pennsylvania programs are open to all children between the ages of 6-13 inclusive, regardless of race, color, sex, religion, national origin or impairment. Physically or mentally impaired children, who can function in general population and who do not present an unreasonable safety concern to themselves or others will be accepted.

**Return completed registration form with deposit to your local Club. No mail is accepted.**

