

2020 SUMMER REGISTRATION FORM

Child's Name _____

Address _____

Age _____ Date of Birth _____ Gender _____

Health Care Provider: Name/telephone: _____

Physical restrictions/Allergies _____

Medications: _____

Medical, physical or emotional conditions. _____

Swimming Ability _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Alt Contact 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 .

	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8
Dates	6/22-6/26	6/29-7/2	7/6-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/7	8/10-8/14
Ages 5-7								
Ages 8-10								
Ages 11-14								
Tech Camp	Age 6-9	X	Age 10+	6-9	10+	6-9	10+	6-9