



BOYS & GIRLS CLUB
OF MICHIGAN CITY

2017 Summer Camp Registration Form

321 Detroit Street Michigan City, IN 46360 219.873.2298

PLEASE PRINT CLEARLY

Member Last Name _____ Member First Name _____

DOB _____ Age _____ Gender: Male Female

Address _____ City _____

State _____ Zip _____ County _____ Home Phone _____

Please list any medications, allergies or any medical conditions (which would prohibit any activities):

Registration Date _____ 2016-2017 School Attended _____

2016-2017 Grade Level _____ 2016-2017 Boys & Girls Club Member Yes No

Eligible for Free/Reduced Lunch? Yes No

Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) Yes No

Primary Language English Spanish Other _____

Ethnicity: (Multi-Racial check all that apply)
White Black NOT Hispanic Asian Native Hawaiian or Pacific Islander
American Indian (a person who maintains a tribal affiliation or community attachment) Some Other Race (Hispanic or Latino only)
Other _____

Education Program: Special Education LEP Gifted & Talented None

Additional Siblings attending Boys & Girls Club Summer Camp:

Name _____ Grade _____ School _____

DOB _____ Age _____ Gender: Male Female

Please list any medications, allergies or any medical conditions (which would prohibit any activities):

Name _____ Grade _____ School _____

DOB _____ Age _____ Gender: Male Female

Please list any medications, allergies or any medical conditions (which would prohibit any activities):

Name _____ Grade _____ School _____

DOB _____ Age _____ Gender: Male Female

Please list any medications, allergies or any medical conditions (which would prohibit any activities):



Parent/Guardian Information:

Parent/Guardian Last Name _____ Parent/Guardian First Name _____

Primary Parent? Yes No Lives with child? Yes No Address same as child Yes No

Address _____ City _____

State _____ Zip _____ Home Phone _____

Work Phone _____ ext. _____ Cell Phone _____

Relationship _____ Authorized to pick up student? Yes No

Parent/Guardian Last Name _____ Parent/Guardian First Name _____

Primary Parent? Yes No Lives with child? Yes No Address same as child Yes No

Address _____ City _____

State _____ Zip _____ Home Phone _____

Work Phone _____ ext. _____ Cell Phone _____

Relationship _____ Authorized to pick up member? Yes No

Household Income: <\$10,000 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999
 \$40,000-49,999 \$50,000-\$59,999 \$60,000-\$69,999 \$70,000-\$79,999 \$80,000-\$99,999 \$100,000+

Emergency Contacts (other than above)

Last Name _____ First Name _____

Home # _____ Work # _____ Cell # _____

Relationship _____ Authorized to pick up member? Yes No

Last Name _____ First Name _____

Home # _____ Work # _____ Cell # _____

Relationship _____ Authorized to pick up member? Yes No

Last Name _____ First Name _____

Home # _____ Work # _____ Cell # _____

Relationship _____ Authorized to pick up member? Yes No

Additional Adults Authorized to Pickup (other than above)

Name _____ Phone # _____ Relation _____

Name _____ Phone # _____ Relation _____

Name _____ Phone # _____ Relation _____

Name _____ Phone # _____ Relation _____



**Boys & Girls Club Summer Program 2017
Parent Checklist**

I understand the Boys & Girls Club Summer Camp fee is non-refundable Initial _____

I will pick my child(ren) up from Boys & Girls Club by 4:30 pm Initial _____

I agree that Boys & Girls Club may use, reproduce, disclose, and distribute my child's name, photo and/or likeness to be used in brochures and other promotional materials produced by Boys & Girls Club of Michigan City. Yes _____ No _____

My child may watch G rated movies while attending Summer Camp. Yes _____ No _____

My child has my permission to attend Summer Camp field trips. I understand that I may contact Boys & Girls Club if I do not wish for my child to participate in a specific field trip. Yes _____ No _____

Release Form: I hereby give my permission for my child to attend the Boys & Girls Club of Michigan City Summer Camp. I give my permission for emergency medical treatment of my child for illness or accident, if I cannot be contacted. I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, or loss of property which may arise out of or relate to my child's participation in Boys & Girls Club programs. I give my consent to have my child photographed and allow the Club to publish any photographs, motion pictures, and/or videos for any and all Club-related exhibitions, public displays, publications, and/or advertising purposes, without limitation or reservation. I also agree no compensation will be paid for any of the aforementioned. I understand the "open door" policy which allows middle school and high school children to come and go as they desire. I understand the Club is not responsible for the time or manner in which an attending member arrives at or leaves the Club. I understand that ACTIVITIES MIGHT BE CANCELLED DUE TO WEATHER OR ANY OTHER UNFORESEEN SITUATION.

I acknowledge that I have read, fully understand, and accept the above provisions and this waiver is valid as long as my child is an attending member of the Boys & Girls Club of Michigan City Summer Camp.

Parent/Guardian Signature Date

For Office Use Only: Payment Amount \$ _____ Receipt # _____ Staff _____