



# 2019 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  T-shirt size \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Home Phone \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Registration Date \_\_\_\_\_ 2018-2019 School Attended \_\_\_\_\_

2018-2019 Grade Level \_\_\_\_\_ 2018-2019 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  T-shirt size \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Education Program: Special Education  LEP  Gifted & Talented  None

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

\_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male  Female  T-shirt size \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Education Program: Special Education  LEP  Gifted & Talented  None

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

\_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male  Female  T-shirt size \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Education Program: Special Education  LEP  Gifted & Talented  None

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 member? 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 # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_



**Boys & Girls Club Summer Program 2019  
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 \_\_\_\_\_