

Boys & Girls Clubs of Binghamton Summer Fun Camp @ The Main Unit 2018

Membership Fee Amt. Pd. _____ Receipt# _____ Program Fee Amt. Pd. _____ Receipt# _____

Program and Membership Fees are NON refundable

Name _____ Current Club member? Yes ___ No ___

Age _____ Date of Birth _____ Sex ___ M ___ F Expiration Date ___/___/___

Home Address _____ Race _____

Home Phone _____ Parent (s) Cell _____

Mother's Name _____ Father's Name _____

Mother Employed at _____ Work Phone _____

Father Employed at _____ Work Phone _____

FAMILY INCOME: _____ under \$4,000 _____ \$4,001-\$8,000 _____ \$8,001-\$12,000
_____ \$12,001-\$16,000 _____ \$16,001 & higher Eligible for free/reduced lunch? ___ Yes ___ No

Emergency Contact: (Someone other than the parents: in case both parents can not be reached)

Name _____ Phone _____

Relationship to Member _____

Do you give your child permission to walk home alone? (Please circle) YES NO
ONLY AGES 10 AND OVER MAY WALK HOME ALONE!

IF YES, please circle the days walking is permitted: MON TUE WED THUR FRI What time? _____

Medical Information: Is your child up-to-date with their immunization records? Yes ___ No ___

Please list any medications this member takes or any medical conditions we should be aware of:

The Boys & Girls Clubs of Binghamton reserve the right to refuse access to the building to any child who does not follow the rules of the Club. Membership fees are non refundable.

PLEASE READ AND SIGN BELOW:

I give permission for my child to participate in the Boys & Girls Clubs of Binghamton programs. In the event that I cannot be reached in an emergency, the Boys & Girls Club authorities may take such measures as they deem appropriate and shall notify me as soon as possible. In addition, I hereby give my permission for securing, at the expense of the undersigned, appropriate medical treatment. This will also include releasing my child for any treatment necessary in the emergency room of an accredited hospital by emergency room staff or doctors they would call in for emergency room treatment. I give the Boys & Girls Clubs of Binghamton permission to allow my child to be interviewed, filmed, and photographed by any television station, newspaper or other media for the promotion of the Boys & Girls Clubs of Binghamton.

PARENT SIGNATURE _____ DATE _____

PRINT PARENT NAME _____

All children must be signed in and out by an adult, unless written permission is on file for ages 10 and over to walk home. All children must be picked up on time.

Summer Program Terms & Policies

The Summer Program at the Boys & Girls Clubs of Binghamton – Main Unit will begin on Monday, June 25, 2018 and goes until Friday, August 24, 2018. Our hours of operation will be Monday – Thursday from 9:30 AM – 4:30 PM. Friday from 9:30 to 12:30.

All parents/guardians/adults of members less than 10 years of age must accompany members inside the club at their drop off and pick up times.

Please read the following and initial in the space provided:

Before Care: _____(initials)

The Before Care Program will be from 7:30 AM – 9:30 AM, with a \$5.00 fee per child, each day. Parents must come in and pay the fee each morning or can pre-pay for the week at the front desk. Please make sure those arrangements are made as we may have a different person at the front desk when you pick up your child.

Late Pick Up Fee: _____(initials)

There are no After Club Care services offered. All members must be picked up BY 4:30 PM, or 12:30 on Friday. A \$5.00 late fee will be charged for any child picked up after 4:30 PM. A charge of \$5.00 will be added every 15 minutes. Parents will be given a warning the second time they are late, plus the \$5.00 charge and after the 3rd time your child will be dropped from our summer program.

Please make sure that you make arrangements for your child to be picked up on time.

Calendars with daily activities and lunch/snack information will be available for parents at the front desk.

Members will need swimsuits, a towel and .25 for Recreation Park.

**We are looking forward to fun filled summer with your child!
Please be aware of our hours for the summer of 2018!**

I have read and agree with the terms and policies mentioned regarding the summer program.

Parent Signature_____ Date_____

**GENERAL PERMISSION SLIP FOR MEMBER FIELD TRIPS PARTICIPATION
SUMMER 2018**

(NAME OF CLUB MEMBER – FIRST AND LAST) (ONE CHILD PER SHEET PLEASE)

• Has permission to attend and participate in the following activities & events sponsored by the Boys & Girls Clubs of Binghamton that will occur between June 25, 2018 to August 24, 2018

- Recreation Park – swimming ONLY.
- Walking field trips around downtown Binghamton and the river walk.
- Skate Estate
- B-Mets Stadium
- Laurel Bowl
- Binghamton Public Library
- Ross Park Zoo
- Chenango Valley State Park

• The field trip list is subject to change. Field trips may be added or deleted as necessary due to scheduling and weather.

All activities will be supervised by staff from the Boys & Girls Clubs of Binghamton and staff at the above listed facilities. No child will be able to do any activities without adult supervision. The above mentioned activities will use the following modes of transportation: First Student bus service, Club van, walking, or other hired transportation companies.

In the event of an emergency, the Boys & Girls Clubs of Binghamton will need an alternate person to contact if the parent/guardian cannot be contacted.

Name: _____ Relationship to child: _____

Telephone #: (H) _____ (W) _____ (C) _____

In the event that I cannot be reached, I the undersigned, individually and as a parent/guardian of the member, hereby authorize the Boys & Girls Clubs of Binghamton to carry out any measures deemed necessary should an emergency occur, including securing at the expense of the undersigned, appropriate medical treatment for the club member listed above. This might include releasing my child for any treatment necessary in the emergency room of an accredited hospital by emergency room staff or doctors called in for emergency room treatment. I release the Boys & Girls Clubs of Binghamton, its employees and agents, from any and all liability or claim arising out of the club members' engagement in the above described events.

SIGNATURE OF PARENT/GUARDIAN

TODAY'S DATE

PRINTED NAME OF PARENT/GUARDIAN

HOME ADDRESS AND ZIP CODE

PHONE #'S: (W) _____ (C) _____ (H) _____

My child's t-shirt size is: (please circle one)

Youth: Small Medium Large X-Large

Adult: Small Medium Large X-Large