

**Registration Form FRIDAY DAY CAMP 2017-2018**

**Boys & Girls Club of Ada**

**915 S. Hickory, 580-332-3717**

*We serve children ages 4-17 years old.*

 **Friday Day Camp Begins August 18th 2017**

**7:45AM- 6:00PM**

**Cost is $15.00 per student per day**

**Snack will be provided/Member is responsible for bringing own Breakfast & Lunch**

**Name of Child***:*

*(First*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*middle*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*last)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Gender: Male\_\_\_\_\_ Female\_\_\_\_\_

Ethnicity: (circle one) *African American Asian Caucasian Hispanic Native American (Tribe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member lives with? Please check all that apply:

Both Parents Mother Stepmother Father Stepfather Grandparents Any member of Household 65+ Other

**PARENT/GUARDIAN INFORMATION:**

***Mother/Stepmother/Guardian***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_

Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WK Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Text Message: Y\_\_N\_\_

***Father/Stepfather/Guardian***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_

Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WK Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Text Message: Y\_\_N\_\_

***Emergency Contacts other than Parent/Guardian: (Please list two contacts)***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text Message: Y\_\_N\_\_Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text Message: Y\_\_N\_\_Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons Authorized to pick up child:

Name Relationship Phone Number

|  |
| --- |
| 1.  |
| 2.  |
| 3.  |
| 4.  |

Custody dispute? No \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ Name of parent/spouse who cannot pick up child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Information**:

School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade completed: \_\_\_\_\_ (2016-2017) `

**Medical Information**:

Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medical or physical limitations that would limit your child’s participation in the program or that we should know about- (be specific) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication:**

If child needs to take medication during Club hours a “medication release” form must be filled out.

Allergies:

Does your child have any known allergies *(such as dust, drugs, plants, animals, food, etc.)* No\_\_\_\_\_ Yes\_\_\_\_\_\_

If yes, what are they allergic to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavior:

Does your child have any specific behavior conditions? *(This does not restrict you from enrolling).*

ADD\_\_\_\_\_ ADHD \_\_\_\_\_\_ SLD \_\_\_\_\_\_\_ EH \_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_

**TRANSPORTATION PERMISSION**

I hereby give my permission for my child to participate in the activities and programs of the Boys & Girls Club that necessitate transportation in vehicles. I understand that often local day trips will be unannounced. Out of town trips will be posted in advance. I understand that all trips will be under the supervision of the Boys & Girls Club Staff. I will not hold the Boys & Girls Club responsible in case of an accident. Notice of all trips will always be available at the administrative office.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_

**COMPUTER USE PERMISSION**

I hereby give my permission for my child to participate in the activities and programs of the Boys & Girls Club that use the internet. I understand that all computer use will be under the supervision of the Boys & Girls Club Staff. I understand my child may only go to internet sites that are pre-approved by the Boys & Girls Club Staff. *Any inappropriate use of the computer will result in suspension and may result in my child’s membership to be revoked.*

**Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_**

**SCHOOL INFORMATION**

I give permission to the Boys & Girls Club of Ada and The Ada Public School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations to do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Ada Public Schools or the Boys & Girls Club of Ada in writing.

**Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_**

**SURVEYS & QUESTIONNAIRES**

I, the parent/guardian of the minor child listed in this application, give permission for the Boys & Girls Club of Ada to Survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America’s National Outcomes Survey or other survey instruments.

**Parent/Guardian Initials \_\_\_\_\_\_\_\_\_**

**BOYS & GIRLS CLUB OF AMERICA**

I give permission to the Boys & Girls Club of Ada to share information about the minor child listed on this application with the Boys & Girls Club of America (BGCA) for research purposes and/or to evaluate the program’s effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child’s school or school data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

**Parent/Guardian Initials: \_\_\_\_\_\_\_\_**

**Photo Waiver:**

The Boys & Girls Club of Ada will submit articles in the newspaper, our weekly newsletter, brochures, websites, etc. for usage of advertising and public relations, where we use photos of staff and members. This is the only purpose your child’s photo will be used for. Please indicate your instructions:

I give permission for the Boys and girls Club to publish my Child’s picture \_\_\_\_\_Yes \_\_\_\_\_No

**Parent/Guardian Initials: \_\_\_\_\_\_\_\_**

**Liability Release**: I am 18 years or older and the legal parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand and assume all risk of participation, including transportation to and from activities. For myself, my heirs, and assigns, I agree to waive, release and forever discharge any claim for injury or damage and hold harmless the Boys and Girls Club of Ada, their officers, agents and employees against any claim, loss, liability, or expense, including attorney fees, resulting directly or indirectly from participation in this program, except for claims arising out of sole negligence of the sponsors.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**