GREAT FUTURES START HERE.

BOYS & GIRLS CLUBS OF WARWICK

First: _____ Middle: _____ Last: _____

Address: _____City: _____ State: _____ Zip_____

Home Phone: _____ Cell Phone: _____ Male☐ Female☐ Age _____ D.O.B _____

Child's Ethnicity : Choose 1 ☐ Hispanic ☐ NON- Hispanic

Choose one or more:

☐ Caucasian ☐ African-American ☐ Asian ☐ Multi-Racial ☐ American Indian ☐ Other:_____

Current School_____ Grade: _____

Meal Program: Please check one

☐Free Lunch ☐Reduced Lunch ☐ Do not qualify

Guardian/Parent 1

Name: _____

Relationship: _____

Employed at: _____

Home #: _____

Work #: _____Cell# _____

Email: _____

Guardian/Parent 2

Name: _____

Relationship: _____

Employed at: _____

Home #: _____

Work #: _____Cell# _____

Email: _____

Medical Information:

Emergency Contact: _____Relationship:_____ Phone: _____
(OTHER THAN THE PARENT)

Please describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while involved in Boys & Girls Clubs of Warwick activities:

_____

_____

Please list any medications (prescribed, or over the counter) that your child takes on a regular basis

Name of Prescription/Dose: _____For what condition? _____

Name of Prescription/Dose: _____For what condition? _____

Name of Prescription/Dose: _____For what condition? _____

Health Insurance: Name of Health Plan: _____

Under whose name: _____ Subscriber # _____

PARENT/GUARDIAN AUTHORIZATION FOR EMERGENCY MEDICAL CARE

IN CASE OF EMERGENCY, I authorize the Boys & Girls Clubs of Warwick to arrange for medical examination and/or treatment for my child.

Signature of Parent/Guardian: _____Date: _____

Office Use: Rec'd Date _____ Staff Init._____ Rct.#_____ ☐Nor ☐OB

Date Entered _____Staff Initial_____ *CDBG ☐*

The Club requests this information to use for general, statistical purposes only. Frequently, potential Club funding sources such as Local Grantors, United Way, Boys & Girls Clubs of America and charitable foundations ask for various statistics for the youth and families served by the Club. Thank you in advance for your understanding and assistance.

1. Number living in household: _____ Adults _____ Children

Member lives with: ☐ Mom ☐ Dad ☐ Step Mom ☐ Step Dad ☐Grand parents
☐ Guardian ☐ Other _____

Member has with _____ Sister(s) & _____ Brother(s). _____

2. Is/Are Parent(s)/Guardian(s) in the military?____ Active Duty _____ Reserves

3. Total Household Income
$_____

4. Is English a second language for this child? ☐ Yes ☐ No
If yes, what is the primary language? _____

Mission:

The Boys & Girls Clubs of Warwick is a non-profit organization working to help youth of all background, with a special concern for those from disadvantaged circumstances, develop the qualities to become responsible citizens and leaders.
Our core services include activities such as educational games, tutoring, drug prevention, sports and physical education, recreation, arts & crafts, and environmental awareness, etc.

Membership:

Any child in grades 1 through 12 can join the Boys & Girls Clubs of Warwick.
You do not have to be a resident of Warwick
A yearly membership fee of $30, a $20 monthly fee and a completed application is all it takes to be a member at the Boys & Girls Club! If a family qualifies for free/reduced lunch—the monthly fee is waived. (Letter from child's school is required)
($20 Monthly fee only applies to members attending the open door program in the afternoons)

ATTENTION PARENTS: PLEASE READ AND SIGN THE FOLLOWING

WAIVER OF LIABILITY

In accordance with section 7-6-9 of the Rhode Island General Laws entitled "Exemption from Liability", I hereby waive any liability that the BOYS & GIRLS CLUBS OF WARWICK, its officers, directors, trustees, agents, servants or employees might have for and agree that said BOYS & GIRLS CLUBS OF WARWICK, its officers, directors, trustees, agents, servants and employees shall not be liable for any bodily injury to the participant incurred while such participant is practicing for, participating in, any contest or exhibition of an athletic nature sponsored by the BOYS & GIRLS CLUBS OF WARWICK: and hereby assume the risk of any bodily injury to such participant incurred while such participant is practicing for or participating in any contest or exhibition of an athletic nature sponsored by the BOYS & GIRLS CLUBS OF WARWICK

My child may join the Boys & Girls Club of Warwick, and participate in Boys & Girls Club facilitated activities both in and around the Boys & Girls Club property. I understand that my child may be used in photographs, videos, literature, web pages and news releases in local media and other media outlets both traditional and electronic. I understand the above mentioned fee schedule and understand that failure to comply with the rules and regulations of the Boys & Girls Club may result in a cancellation of membership with no refund of dues. I certify that the above information is true and correct to the best of my knowledge. I read and understood the Waiver of Liability, and I understand that the club and its personnel are not responsible for loss of personal property.

X_____ _____
(Parent or Guardian's Signature) Date

I wish to become a member of the Boys and Girls Clubs of Warwick. I promise to respect my club, its property, and other members.

X_____
(Member's Signature)

GREAT SUMMERS START HERE.

BOYS & GIRLS CLUBS OF WARWICK

PROGRAM APPLICATION
Summer Camp June 2017-September 2017

*Please complete all sections * please print legibly**

PIN# (will be used to make emergency changes over the phone) _____

Child's Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth:_____ Gender: (please circle) Male Female

Child lives with: (please circle) Mother Father Both Other: _____

Parents and/or Guardian Information:

Mother's First Name: _____ Mother's Last Name:_____

Street Address: _____Email:_____

City:_____ State:_____ Zip Code:_____

Home Telephone Number:_____ Cell Number:_____

Place of Employment: _____Work Telephone Number:_____

Father's First Name: _____ Father's Last Name:_____

Street Address:_____ Email:_____

City: _____ State:_____ Zip Code:_____

Home Telephone Number:_____ Cell Number:_____

Place of Employment: _____Work Telephone Number:_____

Custody - Visiting Arrangements: (must have a court order on file) (please circle) Yes No **NA**

HOW DID YOU HEAR ABOUT US?

The Following adults (18 or older) ARE permitted to pick up my child with a valid Photo ID:

Name	Relationship	E-Mail	Home Phone	Cell Phone
1	Parent/ Guardian 1			
2	Parent/ Guardian 2			
3	Emergency Contact			
4				
5				
6				

SCHOOL INFORMATION:
NAME OF SCHOOL _____TEACHER'S NAME:_____GRADE_____

VAN RIDER PLEDGE

** please review the following with your child **

While riding in the Boys & Girls Clubs of Warwick vans, I promise to:

Always wear my seatbelt securely. **Always sit back in my seat.**
Always face the front of the van. **Always keep my voice low, so the driver can hear.**
Never eat or drink in the van. **Always keep my school supplies in my backpack.**
Always help keep the van clean of trash on the inside. **Always keep my hands inside the van.**
Never make gestures with my hands or face at other vehicles that drive by the van or people walking.

I understand that if I break these promises, it could result in being banned from riding in the Boys & Girls Clubs van.

_____ _____
Member's signature **Date**

I, the parent/guardian of _____ have read the above pledge and understand that if my child breaks the pledge, it could ultimately result in expulsion from the Boys & Girls Clubs vans.

_____ _____
Parent/Guardian signature **Date**

Please Read Below and sign:

I give my child permission to participate in Camp activities including fieldtrips that occur as part of the program.
The Boys & Girls Clubs of Warwick is also authorized to transport my child in the event of in climate weather.
All of the information provided on this application is true to the best of my knowledge; I have received a copy of the Parent Handbook and understand it is my responsibility to read the handbook, become familiar with its contents and abide by the program requirements, financial policies and parent responsibilities outlined in it.

Signature of Parent/Guardian: _____Date: _____

Medical History – Health Record

……

Please complete the information below:

Health History: (Check – any potential problem for which staff should be prepared.)

Frequent Colds: ☐ Ivy, Sumac, Oak Poisoning ☐ Frequent Sore Throats: ☐

Stomach Upsets: ☐ Allergies (Bee Stings, etc. please be specific)

_____

Does your child know how to swim? ☐Yes ☐ No

Medications currently being taken: _____

Are there any conditions, which should be brought to the attention of the staff?

_____

……

PARENT/GUARDIAN AUTHORIZATION FOR EMERGENCY MEDICAL CARE

IN CASE OF EMERGENCY, I hereby authorize the Boys & Girls Clubs of Warwick to arrange for medical examination and/or treatment for my child. I would prefer to have my child, if the need arises, taken to _____ Hospital.

X_____ _____

Signature of Parent or Guardian Date

PLEASE ATTACH A RECENT PHOTOGRAPH OF YOUR CHILD

APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT PICTURE

2017 Boys & Girls Clubs of Warwick
Summer Camp Application

ACCREDITED BY THE AMERICAN CAMP ASSOCIATION

CAMPER'S NAME: _____

$25.00 Deposit for each week is required,
Field Trips must be pre-paid & are Non-Refundable

Please check off sessions & special events you wish your child to attend		deposit paid $ field trip paid $		Receipt/ Check #	Date Rec'd	staff initials
☐ SESSION 1: June 26-June 30 ☐*SPECIAL EVENT- COOKOUT $5*	For office use only					
☐ SESSION 2: July 3-July7 ☐ *FIELD TRIP–Central Rock Gym $21* **No Camp 7/4 Fourth of July**						
☐ SESSION 3: July 10-July14 ☐ *FIELD TRIP –Fenway Park Tour $18*						
☐ SESSION 4: July 17-July21 ☐ *FIELD TRIP –Plymouth Plantation $18*						
☐ SESSION 5: July 24- July 28 ☐ *FIELD TRIP- Casey Farm $15*						
☐ SESSION 6: July 31-August 4 ☐ *FIELDTRIP – Newport Harbor Tour $19*						
☐ SESSION 7: August 7- August 11 ☐ *FIELD TRIP – Southwick Zoo $18* **No camp 8/8 VJ Day**						
☐ SESSION 8: August 15- August 18 ☐ *FIELD TRIP- Boston Aquarium $20* **No camp 8/14 VJ Day**						
☐ SESSION 9: August 21- August 25 ☐ *FIELD TRIP – Mulligan's Island $12*						
☐ SESSION 10: August 28-September 1st **Camp Held At Oakland Beach Boys &Girls Club**						

**** Camp closed on July 4th in observation of Independence Day and on Monday August 14th for Victory Day****

I hereby give my child permission to participate in camp activities for the above sessions and permit my child to be transported by the Boys & Girls Clubs of Warwick for the designated field trips as well as to the Oakland Beach Branch in the event of rain.

I have received a copy of the parent handbook and I understand it is my responsibility to read the handbook, become familiar with its contents and abide by the program requirements, financial policies, and parent responsibilities out lined in it.

_____ _____

Parent/Guardian Signature Date

***THIS FORM **MUST** BE ACCOMPANIED BY*
*THE PROGRAM APPLICATION AND MEMBERSHIP FORMS***