

Boys & Girls Club of Assabet Valley  
**Participant Information**

**PLEASE COMPLETE THE FOLLOWING.  
(ONE FORM PER CHILD.)**

**Child's Name** \_\_\_\_\_ Grade Entering in Sept. \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Parent's Name** \_\_\_\_\_

Location During Program \_\_\_\_\_ Location During Program \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Instructions \_\_\_\_\_ Instructions \_\_\_\_\_

Cellular # \_\_\_\_\_ Cellular # \_\_\_\_\_

**MY CHILD MAY BE DISMISSED TO EITHER PARENT: YES NO**

If "NO", legal documents must be on file with the Boys & Girls Club office.

**Promotional Authorization**

I understand that at times photographs or images taken of my child during Boys & Girls Club programs may be used in promotional material, which may include but is not limited to flyers, notices, bulletin boards, newspapers or club websites.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

I understand that it is the parents responsibility to transport children to and from the Boys & Girls Club Summer Programs. I also understand that I am required to provide all food and drinks for my child. **YES NO**

I understand that it is my responsibility to transport my child to and from the program:  
**YES NO**

Are there any health, medical or other issues/conditions the staff should be aware of?  
**YES NO**

**I hereby authorize The Boys & Girls Club of Assabet Valley to release my child to the following adults and/or contact these people in case of an emergency:**

Name \_\_\_\_\_ Phone # During Program \_\_\_\_\_

Name \_\_\_\_\_ Phone # During Program \_\_\_\_\_

Name \_\_\_\_\_ Phone # During Program \_\_\_\_\_

Name \_\_\_\_\_ Phone # During Program \_\_\_\_\_

Name \_\_\_\_\_ Phone # During Program \_\_\_\_\_