

## The Boys & Girls Club of Assabet Valley

### **2010 Summer Playground Program**

Club Members Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/Town \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Home Telephone # \_\_\_\_\_  
 Mother's (or Female Guardian's Name) \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Employer \_\_\_\_\_ Work # \_\_\_\_\_  
 Father's (or Male Guardian's Name) \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Employer \_\_\_\_\_ Work # \_\_\_\_\_  
 Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Parent E-mail Address** \_\_\_\_\_

Please list any existing medical conditions \_\_\_\_\_  
 Please list any current medications \_\_\_\_\_

**The 2010 Boys & Girls Club of Assabet Valley's Playground Program consists of 3 two-week sessions. The cost is \$25/week, \$45/session or \$115/all sessions.**

My child will be attending session(s):

\_\_ July 5 – July 9 \_\_ July 12 – July 16 (Session #1) \_\_ July 19- July 23 \_\_ July 26 – July 30 (Session #2)  
 \_\_ August 2 – August 6 \_\_ August 9 – August 13 (Session#3)

The Boys & Girls Club is now offering an afternoon program for all Playground participants. Students that are enrolled in our half day Playground Program can now join our Full Day Summer Program from 12:00 – 3:00 for only \$15/per day. This Program will be available for 1-5 days/week.

\_\_\_\_\_ I would like my child to participate in the Afternoon Program.

**Please circle the days you would like your child to attend the Afternoon Program**

Session #1 Week 1. M T W TH F	Week 2. M T W TH F
Session #2 Week 3. M T W TH F	Week 4. M T W TH F
Session #3 Week 5. M T W TH F	Week 6. M T W TH F

*I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize The Boys & Girls Club of Assabet Valley to transport my child to a hospital or medical facility nearby, and to secure, for my child, the necessary medical treatment.*

*I allow my child to participate in activities in the club, along with outdoor activities at Alumni Field or on field trips with club staff and volunteers. I understand that failure to comply with the rules and regulations of the club may result in my child's expulsion from the program. I understand that I will assume full responsibility for any accidents incurred, thereby releasing The Boys & Girls Club of Assabet Valley, its staff, volunteers, and directors of all liabilities.*

*I understand that my child may be used in photos, videos, literature, and news releases in club publications and local media.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Total Payment \_\_\_\_\_ Date \_\_\_\_\_  
 Amount Paid \_\_\_\_\_ Date \_\_\_\_\_  
 Amount Due \_\_\_\_\_ Staff Initials \_\_\_\_\_  
 Membership Fee \_\_\_\_\_ Paid \_\_\_\_\_ Not Paid \_\_\_\_\_