

The Boys & Girls Club of Assabet Valley

“2010” Full Day Summer Registration Form

Club Members Name _____ D.O.B. _____ Age _____

Home Address _____ City/Town _____

Zip Code _____ Home Telephone # _____

Parent/Guardian Names _____

Work or Cell Phone #'s (mother) _____ (father) _____

Emergency Contact Person _____

Day or Cell Phone # _____ Relationship to child _____

Health Insurance Carrier _____ Policy # _____

Email _____

At the end of each day, my child will:

____ Walk or ride bicycle home

____ Will be picked up by _____ or _____

Please list any existing medical conditions _____

Please list any current medications _____

The 2010 Boys & Girls Club of Assabet Valley’s Summer Program consists of 9 one-week sessions. The cost of each session is \$135.

My child will be attending the week(s) of:

____ June 28 (Session #1) ____ July 5 (Session #2) ____ July 12 (Session #3) ____ July 19 (Session #4)

____ July 26 (Session #5) ____ August 2 (Session #6) ____ August 9 (Session #7) ____ August 16 (Session #8)

____ August 23 (Session #9)

Session #1 will be Monday – Thursday and will be CLOSED Friday, July 2nd.

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 _____