



BOYS & GIRLS CLUBS
OF MERCER COUNTY



2020 SUMMER ENRICHMENT CAMP REGISTRATION

Boys & Girls Clubs of Mercer County
(1040 Spruce Street, Lawrence, NJ 08648 & 212 Centre Street, Trenton, NJ, 08611)

Camper's Name _____ Gender _____ Birthdate _____ Age _____
 Camper's School _____ Grade _____ Home Phone _____
 Parent's Name _____ Work Phone _____
 Address _____ E-Mail _____
 City _____ State _____ Zip _____ Shirt Size _____

Please check the appropriate box to indicate which camp and week(s) you would like for your child. Note camp pricing for each camp selected as rates differ with the type of camp:

BGCMC CAMP GROUPS	AGES	WEEK 1 6/22- 6/26	WEEK 2 6/29- 7/3	WEEK 3 7/6- 7/10	WEEK 4 7/13- 7/17	WEEK 5 7/20- 7/24	WEEK 6 7/27- 7/31	WEEK 7 8/3- 8/7	WEEK 8 8/10- 8/14	WEEK 9 8/17- 8/21	WEEK 10 8/24- 8/28	WEEK 11 8/31- 9/04
Camp @ Spruce 8:00 am – 5:00pm*	5 - 15											
Youth Camp: \$250 per week for (Weeks 1-4); \$260 per week for (Weeks 4-11) - \$25 per week for 21 st Century Recipients (Weeks 1 to 8 only) *Week 2 – \$15 discount per full pay only camper (No Camp on Friday, July 3rd)												
Camp @ Centre 8:00 am – 5:00 pm	5-10											
Youth Camp: \$125** per week ** Price has already been significantly subsidized with grants, corporate, government, and private funding. - \$25 per week for 21 st Century Recipients (Weeks 1 to 8 only) (No Camp on Friday, July 3rd)												

Camp Fees:

Camp Spruce _____ # of weeks @ \$25/\$250/\$260/ = _____

Camp Centre _____ # of weeks @ \$25/\$125 = _____

TOTAL DUE FOR CAMP: _____

A \$25 deposit for each week of camp is due when signing-up - \$10 each week for CCC & 21st Century (This is non-refundable):

_____ # of weeks @ \$10/\$25 = _____ DUE TODAY

Payment: Cash, Check payable to "Boys & Girls Clubs of Mercer County" or Credit Card (AMEX, Visa, MC, Discover)

Cardholder Name: _____

Address: _____

Card Number: _____ Exp. Date: _____ CVV Code: _____ Billing Zip Code: _____

BALANCE OF CAMP FEES ARE DUE ON MONDAYS; 2 WEEKS PRIOR TO THE START OF EACH CAMP WEEK (STARTING ON JUNE 8th FOR WEEK 1)

Auto-draft – To help you avoid any late fees and for your convenience, you can have your weekly camp balance charged to your credit or debit card. By signing below, you are giving us permission to charge the card identified above each Monday a balance is due.

Signature: _____ Date: _____

Print Name: _____



RELEASE OF CHILD

My child will be picked up at camp by me or one of the following individuals:

Name Relationship to Child Telephone

Name Relationship to Child Telephone

Name Relationship to Child Telephone

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name Relationship to Child

Name Relationship to Child

EMERGENCY CONTACTS

Please identify two persons who may be called between 3:00pm and 6:30pm if you are not available.

First Name Last Name

First Name Last Name

Relationship to Student

Relationship to Student

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

Street Address

Street Address

PARENT/GUARDIAN SIGNATURE

- I give permission for my child's image/name to be used in the Club's, US Soccer Foundation & 21st Century public relations materials.
- I give permission for my child to participate in all Club programs/mentoring, and for the Club to collect and share data from my child's participation for related funders and grants
- I give permission for my child's school to release information about my child to the Club, US Soccer Foundation or 21st Century.
- I give permission for my child to participate in all Boys & Girls Club activities in or adjacent to the club, and all field trips as identified in program brochures, newsletter and parent communications. If I don't want my child to go on a trip or participate in a specific program, I must communicate this to the program director in writing.
- If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.
- I give permission for the school to release information about my child to the Boys & Girls Clubs of Mercer County.
- That I understand the Club's discipline policy and understand I am responsible for my child's actions while involved in club activities. I also understand that if my child breaks club policy my child may be expelled/suspended from the program/club without reimbursement of fees paid.
- I understand that there are inherent risks associated with participating in Boys & Girls Club activities and I do not hold the club, directors or staff responsible for injuries, resulting from club participation.

My signature below indicates my acceptance of the policies above.

Parent/Guardian Signature

Date



Medical Declaration Statement for Members

Child's Name: _____

Date of Birth: _____ Grade: _____

Is your child under any medical/physical restrictions?

Yes _____ No _____

If yes, check all that apply.

Asthma _____ Others _____
Hearing Loss _____
Diabetes _____
Seizures _____

Is your child taking any medications?

Yes _____ No _____

If yes, please list:

WILL YOUR CHILD BE TAKING ANY MEDICATION(S) REGULARLY WHILE ATTENDING PROGRAM?

Yes _____ No _____

If yes, you need to complete a **CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS** form.

Is your child allergic to any: (Please list.)

Foods? No _____ Yes _____

Medications? No _____ Yes _____

Other? No _____ Yes _____

Family Health Care Provider

Telephone Number: _____

As a parent/ guardian of the above participating child, I certify that he/she is in good physical health, has no special medical needs (or I have completed a care form) and may participate in all program activities.

Parent/Guardian Signature: _____ Date: _____