



2017 Summer Adventure Registration Form

PLEASE CHECK: CAMPER (ages 7-12) JCL (Junior Camp Leader age 13+)



Camper's First Name:	Camper's Last Name:	Date of Birth (MMDDYYYY):	Age:
----------------------	---------------------	---------------------------	------

Address: _____
no. street city/town state zip

School:	Current Grade	Gender: M F	Nickname:
---------	---------------	-------------	-----------

1ST PARENT / GUARDIAN INFORMATION

First Name:	Last Name:
-------------	------------

Relationship to Camper: _____ 1st Parent/Guardian's Contact Numbers (in the order we should try to reach you):
 ● 1st #: _____ ● 2nd #: _____ ● 3rd #: _____

● Address (if different from member): _____
 ● Employer: _____ Job Title / Occupation _____

1st Parent/Guardian's Email: _____

2ND PARENT / GUARDIAN INFORMATION

First Name:	Last Name:
-------------	------------

Relationship to Camper: _____ 2nd Parent/Guardian's Contact Numbers (in the order we should try to reach you):
 ● 1st #: _____ ● 2nd #: _____ ● 3rd #: _____

● Address (if different from member): _____
 ● Employer: _____ Job Title / Occupation _____

2nd Parent/Guardian's Email: _____

PAYMENT SCHEDULE				DEPOSIT			BALANCE		NOTES
Wk#	Camp Dates	CAMPER PRICE	JCL PRICE	AMT PAID	CHECK # /	DATE:	AMT	DUE BY	WBGC Member # _____
M	Summer Membership <small>(Required in order to attend camp)</small>	\$10-	\$10-					6/14	
1	June 26 – June 30 (Club Week)	\$180-	n/a					6/19	
2	July 5 - July 7 (Hale 1) <small>3 day camp</small>	\$120-	\$60-					6/28	Closed July 3 & 4.
3	July 10 - July 14 (Hale 2)	\$195-	\$85-					7/05	
4	July 17 - July 21 (Hale 3)	\$195-	\$85-					7/10	
5	July 24 - July 28 (Hale 4)	\$195-	\$85-					7/17	
6	July 31 - August 4 (Hale 5)	\$195-	\$85-					7/24	
7	August 7 - August 11 (Hale 6)	\$195-	\$85-					7/31	
8	August 14 - August 18 (Hale 7)	\$195-	\$85-					8/07	
9	August 21 – August 25 (Hale 8)	\$195-	\$85-					8/14	
10	August 28– August 31 <small>Trip Week - 4 days</small>	\$225-	\$125-					8/22	Closed September 1st.

Parent Packet Received Date: _____ Parent Initials: _____	OFFICE USE: _____ Health History _____ Physician / Physical Form _____ Medication / Epi/ Inhaler Application Received by: _____ Date: _____ Amount Received: _____ ck# _____
--	---

Watertown Boys & Girls Club's mission is to inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens.

Side 2 - Camper's Name:	<input type="checkbox"/> check here if your camper (AGES 12 and UP ONLY) has permission to sign themselves out after camp.
Parent Signature: _____	

IN CASE OF AN EMERGENCY, WE WILL FIRST CALL THE PARENTS / GUARDIANS LISTED ON FRONT OF THIS FORM. If they cannot be reached, we will call the following people (in the order listed below). Anyone listed here is also granted permission to pick up this camper.

Name	Relationship to camper	Emergency Contact Phone Number

***AT THE END OF EACH CAMP DAY, CAMPERS WILL NEED TO BE SIGNED OUT BY PARENT/AUTHORIZED PERSON(S). Please be prepared to show ID at pick-up. We cannot leave a child unattended to wait for pick-up. Please note a fee may be applied for any child picked up after 5:30 p.m.**

Does your child have any medical concerns (ie: physical limitations or behavioral issues), an IEP at school or anything else that we should be aware of? Please explain: _____

(Feel free to attach additional info as needed)

DEMOGRAPHICS—Your responses to the elements below are kept CONFIDENTIAL and are crucial for funders and help us keep membership fees low by securing donations and grants.

Household Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Public Housing <input type="checkbox"/> Other: _____	Language most used at home: _____	Family Setting: <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Both Parents <input type="checkbox"/> Single Parent : Lives with: _____ <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparents(s)	Total Family Size: (includes parents, children, anyone living in home) (Check One.) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 or more Number of Brothers: _____ Number of Sisters: _____
---	---	--	---

School Lunch Program: (check one) <input type="checkbox"/> Free or Reduced Lunch <input type="checkbox"/> Pay for lunch Is a member of your immediate family currently serving active military duty? <input type="radio"/> Y <input type="radio"/> N	Race (Check One): <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/ Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Ethnicity (please check one): <input type="checkbox"/> Armenian <input type="checkbox"/> Brazilian <input type="checkbox"/> Haitian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown
---	--	--

Household Annual Income – Select the range that best fits				Assistance Program (Check all that apply):
<input type="checkbox"/> \$0 - \$10,000	<input type="checkbox"/> \$50,001 – \$60,000	<input type="checkbox"/> \$100,001 – \$110,000	<input type="checkbox"/> \$150,001 or over	<input type="checkbox"/> Social Security <input type="checkbox"/> Medicaid <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> WIC (Women Infants & Children) <input type="checkbox"/> Other: _____
<input type="checkbox"/> \$10,001 – \$20,000	<input type="checkbox"/> \$60,001 – \$70,000	<input type="checkbox"/> \$110,001 – \$120,000	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> \$20,001 – \$30,000	<input type="checkbox"/> \$70,001 – \$80,000	<input type="checkbox"/> \$120,001 – \$130,000	<input type="checkbox"/> I choose to leave this section blank	
<input type="checkbox"/> \$30,001 – \$40,000	<input type="checkbox"/> \$80,001 – \$90,000	<input type="checkbox"/> \$130,001 – \$140,000		
<input type="checkbox"/> \$40,001 – \$50,000	<input type="checkbox"/> \$90,001 – \$100,000	<input type="checkbox"/> \$140,001 – \$150,000		

IMPORTANT NOTE TO PARENT / GUARDIAN: To register, a **NON-REFUNDABLE** deposit of **\$50.00** for each session is required. Balance must be paid no later than a week prior to your child's start date of camp. Failure to pay balance by due date could result in forfeiture of your child's spot. Any cancellation made less than one week in advance will result in forfeiting the entire week's fee. Any behavioral problems or violation of Club or camp rules will result in camper being suspended from the summer program with NO REFUND in camp fees. **Please initial:** _____

I understand that my child _____ is a registered camper of the Summer Program of Watertown Boys & Girls Club (WBGC), and a summer member of WBGC - (membership valid through August 31, 2017). He/She may participate in the activities offered at the Club. The membership fees are non-refundable.

I give permission for my child to be used in photos, videos, literature and news releases when taking part in Club events and at the Summer Program. **Please initial:** _____

I understand that my child may be transported in the Club's vans or associated vehicles to and from the Summer Program and related events. I understand that I will assume full responsibility for any accidents incurred, hereby releasing the Watertown Boys & Girls Club, its' staff and its' directors of all liabilities.

Parent / Guardian Signature: _____ **Date:** _____

25 Whites Avenue / Watertown, MA 02472 / 617-926-0968 / info@watertownbcg.org

GREAT FUTURES START HERE