

2011 Summer Camp Registration Form

The Boys & Girls Club summer camp, which is licensed by the Department of Human Services, will not discriminate against any individual or group because of race, gender, religion, age, national origin, emotional or physical disabilities, marital status, sexual orientation, or political beliefs.

Child's Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Please check below which camp sessions you would like to attend. *EACH CHILD MAY REGISTER FOR NO MORE THAN TWO CAMP SESSIONS! Please check with a (1) being the first option and a (2) for the second choice*

Registration is from 9.00 A.M. to 9.45 A.M., Available spots will be filled from the waiting list promptly at 9.45 A.M. Return Fridays at noon

AGES 8-13

_____ Girls Sports Week June 21-24

_____ Boys Sports Week June 28-July 1

_____ Girls Adventure Week July 5-8

_____ Boys Adventure Week July 12-15

_____ Girls Mystery Week July 19-22

_____ Boys Mystery Week July 26-29

_____ Girls Water Week August 2-5

_____ Boys Water Week August 9-12

Parent/Guardian and Emergency Contact Information

Parent/Guardian Name _____

Daytime Phone _____ Hours at this location _____

Evening Phone _____ Hours at this location _____

Mobile Phone and/or Pager _____

List person or persons other than you that we could notify in case of an emergency:

1) Name _____
Daytime Phone _____ Evening Phone _____

2) Name _____
Daytime Phone _____ Evening Phone _____

3) Name _____
Daytime Phone _____ Evening Phone _____

Name of person or persons other than you to whom the child may be released to while in our care:

1) Name _____
Daytime Phone _____ Evening Phone _____

2) Name _____
Daytime Phone _____ Evening Phone _____

3) Name _____
Daytime Phone _____ Evening Phone _____

Treatment Release Statement

I hereby give permission to the children's camp named (Boys & Girls Clubs of Greater Kalamazoo Summer Camp), which is licensed by the Department of Human Services, to secure emergency medical and surgical treatment and to provide non-surgical medical care, for the minor child named below, while attending camp.

Child's Name _____

Parent or Guardian's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____

Medical Insurance Information

Provider's Name _____ Policy Number _____

Medicaid Number _____

If there is a religious objection to consenting to the receipt of emergency medical or surgical treatment, the authorized person shall submit a written statement to the effect that the camper is in good health and that the person signing assumes responsibility for the camper.