

**BOYS & GIRLS CLUB OF EDEN
SUMMER CAMP APPLICATION 2009
AGES 7 & UP**



First Name: _____ M: _____ Last: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Telephone: _____ Gender: Male _____ Female _____
 School: _____ Grade in September _____
 Race: Caucasian African-American Asian Hispanic Other Birth Date: ____ / ____ / ____

Contact Information:
 Father's name: _____ Employment _____ Ph# _____
 Mother's name: _____ Employment _____ Ph# _____
 Emergency Contact _____ Phone # _____
 Emergency Contact _____ Phone # _____

Physical:
 Eye Color: _____ Hair Color: _____ Skin Color/Features: _____
 Height: _____ Weight: _____

Summer Camp Hours: 8:45am – 2:00pm

Extended Morning Hours: 8:00am – 8:45am
 additional fee of \$5/week

Extended Afternoon Hours: 2:00pm–6:00pm: free with Club Membership; \$50 without Club membership
 Club Membership provides unlimited Club use until 9/30/09

Session Dates	Camp Theme	Attending	(✓)	Early Drop Off
June 29 – July 2, 2009	Camp Patriot	_____		_____
July 6 – July 10, 2009	Past & Future Exploration	_____		_____
July 13 – July 17, 2009	Wonders of Nature	_____		_____
July 13 – July 17, 2009	Basketball at Jr/Sr High School	_____		Not Available
July 20 – July 24, 2009	Traveling the World	_____		_____
July 27 – July 31, 2009	Sportsmanship	_____		_____
August 3 – August 6, 2009	Artist	_____		_____
August 10 – August 14, 2009	Ecology	_____		_____
August 17 – August 21, 2009	Fun & Fitness	_____		_____
August 24 – August 28, 2009	How It's Made	_____		_____

All camps are \$75 per week with the exception of Ecology Camp, which is \$150 per week. All camps meet at the Eden Club with the exception of the Basketball Camp, which is held at the Eden Jr/Sr High School.

of camps attending _____ times \$75 per week \$ _____
 Ecology camp at \$150 per week \$ _____
 #of weeks attending for early drop off _____ times \$5 per week \$ _____
 Boys & Girls Club Membership at \$50 \$ _____
 Deduct \$10 for Basketball Camp if participated in the Little Cagers Program \$ _____
Total due \$ _____

Fees are payable by cash, check or money order.

Payment must be received one week prior to the session your child is attending.

A discount of \$10 per week for the second and subsequent children registering in the same household.

Medical Information:

Doctor Name: _____ Phone # _____

Does your family have health and/or accident insurance: _____ Yes _____ No

Insurance carrier: _____

Policy # : _____ Group # : _____

Health Problems: _____ Yes _____ No If yes, explain _____
_____**Immunization Record – Dates REQUIRED by the NYS Department of Health**

Diphtheria _____ Rubella _____ Mumps _____ Polio _____ Measles _____

Haemophilus Influenza Type B _____ Hepatitis B _____ Varicella Chicken Pox _____

Date of the Last Physical _____

Please indicate any illnesses your child has had: If yes, please indicate the date of the illness

Chicken Pox _____ German Measles _____ Rheumatic Fever _____ Measles _____

Scarlet Fever _____ Whooping Cough _____ Heart Disease _____ Asthma _____

Pneumonia _____ Contact with TBC _____ Tuberculosis _____ Epilepsy _____

Allergies _____ Ear Conditions _____

Serious Injuries or Operations _____

Disclaimer:

I, _____ do hereby give my son/daughter, _____ permission to attend and participate in activities sponsored by the Boys and Girls Club of Eden. The above information is accurate and correct and my child has had a physical exam in past 12 months by a physician. My child has permission to attend field trips via transportation provided by the Club. I hereby release the Boys and Girls Club of Eden, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. Further, I give permission for my child's picture to be used in any Boys and Girls Club publication. Upon registration and prior to camp beginning, an invoice will be generated and mailed, as the parent/guardian that signs this form will be the person responsible for the payment. My signature indicates that I completely understand the above statements.

Parent Signature: _____

BOYS & GIRLS CLUB CODE

- I WILL be respectful to staff, equipment, and other members.
- I WILL use polite language.
- I WILL talk to a staff person if I have a question or problem.
- I WILL remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of Eden. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Member Signature: _____

Please return this application with payment to:

Boys & Girls Club of Eden, Inc.
8284 N. Main Street
Eden, NY 14057

FOR OFFICE USE ONLY: Cash Payments, please request a receipt – No Third Party Billing

Entry Date: _____ Payment: Cash _____ Check# _____ Processed by: _____