



Daily Summer Registration

DAILY PAYMENT AND \$25.00 ANNUAL MEMBERSHIP FEE DUE AT TIME OF ENROLLMENT.

\$35.00 per Child, per Day

Member Name: _____ Member Age: _____
 DOB: _____ Gender: M F Can they Swim? Yes No Any Allergies? _____

Member Shirt Size: YS YM YL AS AM AL Other: _____

Parent/ Guardian Name: _____
 Parent Phone #: _____ Work: _____ Email: _____
 Emergency Contact Name (relationship): _____
 Emergency Contact #: _____

Authorized to Pick Up List		Not Authorized to Pick Up List	
Name:	Relationship:	Name:	Relationship:
Name:	Relationship:	Name:	Relationship:
Name:	Relationship:	Name:	Relationship:

The people listed above are either authorized or not to pick up the member listed above. Anyone authorized to pick up must show their I.D at the time of pick up and must be at least 16 years old. Please provide court documentation for all people NOT authorized to pick up the child.

Daily Registration			Office Use Only				
	Day (s)	PARENT INITIAL	ATTENDANCE	PMT AMOUNT	PMT TYPE	RECIEPT #	STAFF INITIALS
1					C / MX / MO		
2					C / MX / MO		
3					C / MX / MO		
4					C / MX / MO		
5					C / MX / MO		
6					C / MX / MO		
7					C / MX / MO		
8					C / MX / MO		
9					C / MX / MO		
10					C / MX / MO		

Please initial to give your child permission to participate in our scheduled field trips.
 If your child will not be present please put NA = Not Attending.

I understand that Boys & Girls Clubs of St. Charles County is not responsible for any injuries that may occur as a result of participation. Also, I release the Club, its officers, directors, employees, and volunteers of any and all liabilities and damages sustained in connection with the Summer Blast Program. In the case of a medical emergency requiring medical treatment, I hereby authorize all medical attention be given to the above named minor, for whom I am parent/legal guardian. This authorization includes admission to a hospital if, at the time of injury or illness in my absence, admission to the hospital is warranted. Further, I will be responsible for the charges for any medical treatment or hospitalization rendered by the reason of this authorization.

I understand that if my child can not swim and I approve them to go on a swim field trip I must send them with an approved floatation device. If I do not send them with one they will not be able to participate in the field trip. By initialing next to each week above, I am giving my child permission to participate in the field trips scheduled for those weeks during Summer Blast.

The Club must have full daily payments before my child can attend the Summer Program. All payments are non-refundable, but may be used as a credit on your child's account.

Parent / Guardian Signature: _____ Date: _____