



Drop-In Summer Registration

Drop in time is 12:00-3:00 p.m. Parents/Guardians must drop off and pick up at scheduled time.

A \$25.00 late fee will be charged to members who are picked up after 3:10 p.m.

Member Name: _____ Member Age: _____

DOB: _____ Gender: M F Any Allergies? _____

Member Shirt Size: YS 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.

Office Use Only										
WK	Monday		Tuesday		Wednesday		Thursday		Friday	
1	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:
2	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:
3	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:
4	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:
5	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:
6	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:
7	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:
8	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:
9	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:
10	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:	IN:	OUT:

I understand that the 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.

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. I also understand that the Summer Blast Fee is due the Friday before a new week begins and I will be charged a late fee if payment is received after the scheduled deadline. The Club must have my full daily/weekly payment before my child can attend the Summer Program. 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.

My affixed signature testifies that I am the parent/legal guardian of the child named to this document. Further, I will be responsible for the charges for any medical treatment or hospitalization rendered by the reason of this authorization.

Parent / Guardian Signature: _____ Date: _____