



Weekly Summer Registration

**FIRST WEEK'S PAYMENT AND \$25.00 ANNUAL MEMBERSHIP FEE ARE DUE AT TIME OF ENROLLMENT.
PAYMENTS ARE DUE THE WEDNESDAY BEFORE YOUR CHILD ATTENDS SUMMER BLAST.**

\$110 per Child, per Week

Member Name: _____ Member Age: _____

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

Member Shirt Size: YS YM YL AS AM AL AXL IEP/Learning Disabilities? _____

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.

Weekly Registration			Office Use Only				
WK	WEEK OF CAMP	PARENT INITIAL	ATTENDANCE	PMT AMOUNT	PMT TYPE	RECIEPT #	STAFF INITIALS
1	May 29th - June 1st				Cash / MX		
2	June 4th - June 8th				Cash / MX		
3	June 11th - June 15th				Cash / MX		
4	June 18th - June 22nd				Cash / MX		
5	June 25th - June 29th				Cash / MX		
6	July 2nd- July 6th				Cash / MX		
7	July 9th - July 13th				Cash / MX		
8	July 16th - July 20th				Cash / MX		
9	July 23rd - July 27th				Cash / MX		
10	July 30th - August 3rd				Cash / MX		

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.

A weekly fee payable by the close of business Wednesday, before a camp session begins is required. The Club must have my full daily/weekly payment before my child can attend the Summer Program. You will be charged the daily fee if the balance due, including the \$10.00 late fee, is not paid by end of business Friday. All payments are non-refundable, but may be used as a credit on your child's account.

Parent / Guardian Signature: _____ Date: _____