



Rev 3/19

LOCATION:

FIRST WEEK'S PAYMENT AND \$25.00 ANNUAL MEMBERSHIP FEE ARE DUE AT TIME OF ENROLLMENT. \$110 per Child, per Week
PAYMENTS ARE DUE THE THURSDAY BEFORE YOUR CHILD ATTENDS SUMMER BLAST.

| | | | |
|--------------|-------------|----------------|----------------|
| Member Name: | | Member Age: | |
| DOB: | Gender: M F | Can they Swim? | Any Allergies? |

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

| | | |
|------------------------|-------|--------|
| Parent/ Guardian Name: | | |
| Parent Phone #: | Work: | Email: |

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|--|
| 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 Payments Only | | Daily Payments Only | | FOR OFFICE USE ONLY | | | |
|----------------------|---------------|---------------------|------------|---------------------|-----------|-----------|----------------|
| WK | WEEK OF CAMP | Day | Field Trip | PMT AMOUNT | PMT TYPE | RECIEPT # | STAFF INITIALS |
| 1 | June 3-7 | M T W TH F | Y N | | Cash / MX | | |
| 2 | June 10-14 | M T W TH F | Y N | | Cash / MX | | |
| 3 | June 17-21 | M T W TH F | Y N | | Cash / MX | | |
| 4 | June 24-28 | M T W TH F | Y N | | Cash / MX | | |
| 5 | July 1-July 3 | M T W TH F | Y N | | Cash / MX | | |
| 6 | July 8-12 | M T W TH F | Y N | | Cash / MX | | |
| 7 | July 15-19 | M T W TH F | Y N | | Cash / MX | | |
| 8 | July 22-26 | M T W TH F | Y N | | Cash / MX | | |
| 9 | July 29-Aug 2 | M T W TH F | Y N | | Cash / MX | | |
| 10 | Aug 5 - Aug 9 | M T W TH F | Y N | | Cash / MX | | |

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 Thursday 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.

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|------------------------------|-------|
| Parent / Guardian Signature: | Date: |
|------------------------------|-------|