# BOYS & GIRLS CLUBS
## SUMMER ADVENTURE REGISTRATION

**PLEASE FILL OUT THIS FORM COMPLETELY**

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<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
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<th>ADDRESS</th>
<th>TOWN/CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<th>MOTHERS NAME</th>
<th>DAYTIME PHONE</th>
<th>CELL PHONE</th>
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<th>FATHERS NAME</th>
<th>DAYTIME PHONE</th>
<th>CELL PHONE</th>
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**CHILD’S DATE OF BIRTH**_________ **GRADE ENTERING FALL 2019**_______

**SCHOOL ATTENDING IN FALL 2020**_____________________________________

**CAN YOUR CHILD SWIM?** YES NO

**DOES YOUR CHILD HAVE AN AIDE AT SCHOOL?** YES NO
(If yes, they must have an aide at the Club)

**DOES YOUR CHILD TAKE ANY MEDICATION?** YES NO
(The Club does not dispense any medication to its members)

**IF YES PLEASE LIST:**


**ARE THERE ANY OTHER MEDICAL SITUATIONS WE SHOULD KNOW? ALLERGIES, PHYSICAL RESTRICTIONS**


**PLEASE FILL OUT REVERSE SIDE OF FORM**
EACH WEEK REQUIRES A $40 DEPOSIT AT THE TIME OF REGISTRATION

PLEASE CHECK OFF THE WEEKS THAT YOUR CHILD WILL BE ATTENDING

Weekly Fee is: $130 1st child; $75 2nd child; $45 3rd child

WEEK 1 _____ JUNE 22-26
WEEK 2 _____ JUNE 29-JULY 2 ($100 for week)
          (closed July 3 for Holiday)
WEEK 3 _____ JULY 6-10
WEEK 4 _____ JULY 13-117
WEEK 5 _____ JULY 20-24
WEEK 6 _____ JULY 27-31
WEEK 7 _____ AUG 3-7
WEEK 8 _____ AUG 10-14
WEEK 9 _____ AUG 17-21
WEEK 10 _____ AUG 24-28

REGISTRATION FEES

REGISTRATION FEE PER CHILD (nonrefundable) (one per family) $ 40
(INCLUDES FIELD TRIP T–SHIRT)

FIELD TRIP FEE (nonrefundable) $ 160

CLUB MEMBERSHIP (nonrefundable) $ 40

DEPOSIT:
NUMBER OF WEEKS ATTENDING _____ X $40 PER WEEK DEPOSIT = $____
(nonrefundable)

TOTAL DUE AT THE TIME OF REGISTRATION -----------------> $____

BALANCES ARE TO BE PAID THE THURSDAY BEFORE MEMBER IS TO ATTEND CAMP UNLESS
OTHER ARRANGEMENTS HAVE BEEN MADE.

Members with a past due balance will not be allowed to attend fieldtrips.
A $5 PER WEEK LATE FEE WILL BE CHARGED FOR PASTDUE BALANCES.

DEPOSIT & REFUND POLICY

• ALL REGISTRATION FEES ARE NON-REFUNDABLE/ NON-TRANSFERABLE
• BALANCE PAYMENTS ARE DUE BY THE ABOVE DATES OR YOUR CHILD WILL BE REMOVED FROM
  THE SESSION
• BY REGISTERING MY CHILD I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES
  AT THE BOYS & GIRLS CLUB OF LOWER MERRIMACK VALLEY.
• I ALSO GRANT PERMISSION FOR PHOTOS OF MY CHILD TO BE USED FOR MARKETING AND PUBLIC
  RELATION PURPOSES.

EMERGENCY CONSENT

I HERBY GIVE CONSENT TO MEDICAL PERSONNEL (SELECTED BY THE BOYS & GIRLS CLUB) TO ORDER X-RAYS,
TESTS, AND TREAT MY CHILD IN THE EVENT THAT I CAN NOT BE REACHED IN AN EMERGENCY. I ALSO GIVE
CONSENT FOR THE PHYSICIAN SELECTED BY THE BOYS & GIRLS CLUB TO HOSPITALIZE, ORDER INJECTIONS,
ANESTHESIA AND/ OR SURGERY FOR MY CHILD NAMED ON THIS FORM FOR LIFE SAVING MEASURES IN THE
EVENT I CAN NOT BE REACHED.

______________________________________________  __________________
Parent signature                                Date