**SUMMER TEEN PROGRAM**

**PLEASE FILL OUT THIS FORM COMPLETELY**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
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<thead>
<tr>
<th>ADDRESS</th>
<th>TOWN/CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<tr>
<th>MOTHER'S NAME</th>
<th>DAYTIME PHONE</th>
<th>CELL PHONE</th>
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<tr>
<th>FATHER'S 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:**

__________________________________________________________________________________________________

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<th>ARE THERE ANY OTHER MEDICAL SITUATIONS WE SHOULD KNOW?  ALLERGIES, PHYSICAL RESTRICTIONS</th>
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**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: $140 1st child; $80 2nd child; $50 3rd child

WEEK 1 ______ JUNE 22-26
WEEK 2 ______ JUNE 29- JULY 2 ($115 for week)
(closed July 3 for Holiday)
WEEK 3 ______ JULY 6-10
WEEK 4 ______ JULY 13-17
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 HEREBY 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