

2018 Camp Ramsbottom — Registration Form



Camper's Name: _____ Gender: M / F Camper Age (as of July 1) _____ Date of Birth: _____
 Parent/Guardian Name: _____ Is your child receiving special services at school? Yes No
 Address: _____ Home Ph: (_____) _____ Cell: (_____) _____
 City/State/Zip: _____ Work Ph: (_____) _____ *Please check number to be used in an emergency*
 School: _____ Grade (in Sept. 2018) _____ Email: _____ Employer: _____

Fees — Camp: \$350 per session (\$75 deposit per session) Extended Care: \$80 per session (\$40 deposit per session) Lunch: \$30 per session

		DEPOSIT PAID	BALANCE PAID	DATE	RECEIVED BY
<input type="checkbox"/> SESSION 1: (June 25-29; July 2-6*) *Closed July 4 <input type="checkbox"/> Extended Care <input type="checkbox"/> Lunch	OFFICE USE ONLY				
		(NOT APPLICABLE)			
<input type="checkbox"/> SESSION 2: (July 9-13; July 16-20) <input type="checkbox"/> Extended Care <input type="checkbox"/> Lunch	OFFICE USE ONLY				
		(NOT APPLICABLE)			
<input type="checkbox"/> SESSION 3: (July 23-27; July 30-August 3) <input type="checkbox"/> Extended Care <input type="checkbox"/> Lunch	OFFICE USE ONLY				
		(NOT APPLICABLE)			
<input type="checkbox"/> SESSION 4: (August 6-10; August 13-17) <input type="checkbox"/> Extended Care <input type="checkbox"/> Lunch	OFFICE USE ONLY				
		(NOT APPLICABLE)			

Camper grouping — Please enter the names below of those you'd like your child grouped with. We will make every effort to accommodate requests for grouping, but can only guarantee your child is grouped with two other campers.

Transportation — I will transport my child (Drop off 8:00 - 8:45 am. Pick up 4:15 - 4:45 pm.)
 My child needs bus service (Check bus stop below.) Bus pickups start at 8:15 am. Arrival and departure MUST be on the same bus. Return at 4:15 pm. Supervision provided on all buses. Parent/Guardians are responsible for supervision at the bus stop.

Flora Curtis Francis Varieur Ann & Hope (Seekonk, Rte 44) Stop & Shop (Seekonk, Rte 152) Cunningham
 Curvin-McCabe Fallon Boys & Girls Club of Pawtucket Boys & Girls Club—Cumberland 560 Prospect Street
 Notre Dame Church Jenks Seekonk Town Hall (Rte 44) Wheaton College (Norton, Rte 123 & Rte 140)
 Potter Burns Attleboro High Nathanael Greene (Pawtucket) East Providence Community Center (1320 Pawtucket Ave.)

Health Information — If parent(s)/guardian(s) are not available in an emergency notify: _____

Relationship: _____ Best Phone Number: (_____) _____ Alt Phone Number: (_____) _____

Address: _____ City/State/Zip: _____

Any condition requiring regular medication? (prescribed or over-the-counter) _____ Name of medication: _____

Any restriction of activity for medical reasons? Yes No Explain: _____

Any allergies or dietary restrictions? Yes No Explain: _____

Parent/Guardian Authorization — This health history is correct so far as I know, and the herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader in charge, to hospitalize, secure proper anesthesia, or to order injections or surgery for my son or daughter.

I give permission for the Camp Nurse to dispense Tylenol to my child (name) _____ as needed for headaches, earaches, etc.

I wish to be called before my child (name) _____ is given Tylenol.

Parent/Guardian Signature: _____ **Date:** _____

Health information will not be complete until Camp receives a copy of your child's most recent (within one year) Pediatric Health Form. This form must include: proof and date of immunizations (MMR, Polio, DTaP/DTP/DT/Td, Hepatitis B), allergies, restrictions on participation in Camp activities (due to physical, mental or psychological conditions), and any past medical treatment.

<input checked="" type="checkbox"/> Camp Fee: \$350 per session/\$75 deposit per session. <input checked="" type="checkbox"/> Extended Care Fee: \$80 per session/\$40 deposit per session. <input checked="" type="checkbox"/> The first session that a child attends during the summer must be paid in full at time of registration. <input checked="" type="checkbox"/> Balance due two weeks prior to the start of the session. <input checked="" type="checkbox"/> Be sure to select lunch option for any/all sessions necessary. <input checked="" type="checkbox"/> A Boys & Girls Club of Pawtucket membership is required.	<input checked="" type="checkbox"/> Refund (minus deposits which are non-refundable and non-transferable) granted only if Camp office is notified in writing 14 days in advance. Notify Camp if not attending. <input checked="" type="checkbox"/> No registration accepted without physician's signature on medical form. <input checked="" type="checkbox"/> Special group assignments must be noted at time of registration. <input checked="" type="checkbox"/> My child has permission to be transported off-site for Fishing.
Parent/Guardian Signature: _____ Date: _____	

Win a free session at Camp Ramsbottom! (Enter a promotional code below, and you'll be entered to win one of five free sessions. Entry deadline 7/11/18.)
 CODE: _____

Please mail, fax, or e-mail completed applications and payment to:

Boys & Girls Club of Pawtucket — Membership Application

(Annual Fee: \$40. Resident* / \$60. Non-Resident *Pawtucket or Central Falls)

Date of Enrollment: _____

Processed by: _____

Teen Pre-Teen Pre-School
 New Renewing

OFFICE USE ONLY

YOUTH INFORMATION

Member's Name _____ Gender: M / F

Address _____ City/State/Zip _____ Home Phone (____) _____

Date of Birth ____/____/____ Age _____ School Attending _____ Grade (in Sept. 2018) _____

Teacher's Name (elementary school only) _____ On time grade progression? Yes No

PARENT/GUARDIAN INFORMATION

Primary Contact: _____ Relationship to Member _____ Cell: (____) _____ Work: (____) _____ Email: _____
(PLEASE CHECK PREFERRED METHODS OF CONTACT FOR GENERAL COMMUNICATIONS)

Secondary Contact: _____ Relationship to Member _____ Cell: (____) _____ Work: (____) _____ Email: _____
(PLEASE CHECK PREFERRED METHODS OF CONTACT FOR GENERAL COMMUNICATIONS)

Emergency Contact: _____ Phone/Cell: (____) _____ Relationship _____
(OTHER THAN PARENT / GUARDIAN AND OVER 18 YEARS OLD)

Emergency Contact: _____ Phone/Cell: (____) _____ Relationship _____
(OTHER THAN PARENT / GUARDIAN AND OVER 18 YEARS OLD)

Member lives with: Both Parents Mother Father Guardian Stepmother Stepfather Grandparents

MEDICAL INFORMATION

Please list any medical restrictions/allergies your child may have: _____

Any condition now requiring regular medication? Yes No Name of medication: _____

Any restriction of activity for physical, emotional or psychological reasons? Yes No Explain: _____

Does your family have health and/or accident insurance: Yes No

Family Health Plan Name: _____ Policy #: _____ Group #: _____

Permission for Treatment by Physician/Hospital: Yes No Physician's Name: _____ Physician's Phone: (____) _____

HOUSEHOLD INFORMATION — NOTE: This information is collected for grant writing purposes ONLY

Ethnic/Racial Origin: Caucasian African American Hispanic Asian Native American Multi-Racial Other _____ (please specify)

Number in Household: _____ Current Head of Household: Female Male Single Parent Household: Yes No

Estimated Yearly Household Income: _____ Military Family (please specify branch): _____

PARENT: PLEASE READ AND SIGN THE FOLLOWING:

I hereby give permission to my son/daughter to become a member of the Boys & Girls Club of Pawtucket. I understand that the Club and its personnel are not responsible for personal injury or loss of property. I agree to observe whatever rules are decided upon as best for the welfare of all. The Boys & Girls Club of Pawtucket reserves the right to dismiss a youngster from the Club. Refunds will not be made due to dismissal. Permission is given to use photos or motion pictures for publicity purposes.

In accordance with Section 7-6-9 of the RI General Laws entitled "Exemption from Liability", I hereby waive any liability that the Boys & Girls Club of Pawtucket, its officers, directors, trustees, agents, servants and employees might have and agree that said Boys & Girls Club of Pawtucket, shall not be liable for any bodily injury to the participant incurred while such participant is practicing for, or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Pawtucket; and hereby assume the risk of any bodily injury to such participant incurred while such participant is practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Pawtucket.

The health history on the reverse of this form is correct so far as I know, and the herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by and the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injections or surgery for the above named member.

Boys & Girls Club of Pawtucket Hours for Drop-In Pre-Teen Members: Monday – Friday 3:00 p.m. to 6:00 p.m. (During the School Year)

Boys & Girls Club of Pawtucket Hours for Teen Members: Monday – Friday 2:30 p.m to 9:00 p.m. (During the School Year)

Early & Late Fee Policy: There will be a \$1.00 fee per minute that your child is left in the Boys & Girls Club before or after the hours of operation. Children will not be allowed back in until the fee has been paid.

The Boys & Girls Club of Pawtucket would like every member to have a positive day. Members will be held accountable for their actions to ensure a safe and fun environment for all. As a drop-in facility, we are not responsible for Club members' whereabouts. Additionally, please do not send toys, CD players, MP3 players, jewelry, cell phones, handheld games or other valuables to the Club. I understand the Boys & Girls Club of Pawtucket is not responsible for lost or stolen items.

I give my permission to the Boys & Girls Club of Pawtucket to share information about my child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information disclosed to BGCA may include: the information provided on this membership application form; information provided by the minor child's school or school district; and any other information collected by the Boys & Girls Club of Pawtucket, including but not limited to data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

As a member of the Boys & Girls Club of Pawtucket, your child will have access to the Internet. While precautions are taken, it is possible s/he may access inappropriate sites. The Boys & Girls Club of Pawtucket has rules and consequences for such behavior; however we will not be responsible for the consequences of such access. Your child's signature below indicates that they understand and agree to abide by the Club Member Technology Rules & Regulations.

Among the many services available during our after-school program, we provide a wide variety of homework help and academic support programs. In order for us to assess and monitor the academic needs of our members and provide appropriate tutoring and academic services, the Boys & Girls Club of Pawtucket would like to collect the report cards and NECAP scores for your child in addition to having them participate in a diagnostic online survey. This release is valid for one year and may be revoked at any time by contacting the Boys & Girls Club of Pawtucket in writing.

I hereby consent and authorize the Boys & Girls Club of Pawtucket to survey my child about their Club experience, behaviors, skills and attitudes using a variety of survey instruments.

I hereby consent and authorize the Boys & Girls Club of Pawtucket to use and reproduce photographs and video taken of my child for publicity, advertising and marketing purposes of every description. In order to opt out of the photo release, please complete the opt out form available at the Front Desk. I also consent to my child utilizing the transportation offered by the Boys & Girls Club of Pawtucket. Additionally, I consent to my child participating in all Club activities in or adjacent to the Club building.

Parent / Guardian Signature: _____ DATE: _____ Member Signature: _____ DATE: _____

Please mail, fax, or e-mail completed applications and payment to:

BOYS & GIRLS CLUB OF PAWTUCKET, ONE MOELLER PLACE, PAWTUCKET, RI 02860 | 401.727.4733 (FAX) | ramsbottom@bgcpawt.org