

**BOYS & GIRLS CLUB OF CLIFTON
2017 SUMMER PROGRAM APPLICATION**

- Campers 6 years of age, must currently be 1st grade
- Copy of camper's report card is **REQUIRED** at time of sign up for 1st graders only
- Copy of immunization record must be attached

STAFF USE ONLY	
Date: _____	Staff Intl: _____
Deposit: _____	+ Registration Fee: \$15.00
# of Sessions: _____	CC. Cash or Check#: _____
TOTAL PAID: _____	

PARENTS' BIRTHDATE & EMAIL: _____
(Parents' birthdate needed to generate (3) scan in tags for parents upon entering the building)

Child's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Membership #: _____ Age: _____ Date of Birth: ____/____/____ Gender: M / F

School: _____ **CURRENT GRADE:** _____

Guardian/Father's Name: _____ Guardian/Mother's Name: _____

Place of work: _____ Place of work: _____

Work phone #: _____ Work phone #: _____

Cell Phone: _____ Cell Phone: _____

Are there any **CUSTODY** concerns? If yes, please explain on separate sheet of paper: YES or NO
Does your child suffer from any **MEDICAL** problems: Yes or No. If yes please explain:

Does child take any **MEDICATIONS**? Yes or No If so, what kind: _____
Does child have any **DISABILITIES**? If so, please explain: _____

Name of Doctor: _____ Phone #: _____

EMERGENCY CONTACT INFORMATION – OTHER THAN PARENTS'/ GUARDIANS'

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Does the member have any siblings in GBH / KK or CAMP? Yes or No. If yes, please list children: _____

FOR OFFICE USE ONLY	
BALANCES DUE: 2016/17: ASP _____	2016 Summer: _____
Membership Expires: _____	2017 Summer Balance: _____
Entered By: _____	2017 CAMP GROUP: _____

**Boys & Girls Club of Clifton
2017 Summer Program Sessions**

It is the parents' responsibility to order the correct size shirt for their children. If you order the incorrect size a replacement shirt will cost \$7.00 each and can take up to 2 weeks to receive.

Circle shirt size: Youth Sm (6-8) Youth Med (10-12) Y Lg (12-14) Y XL (14-16)
 Adult Sm Adult Med Adult Lg Adult XL Adult XXL

Please ONLY check the sessions your child will be attending. A \$15.00 NON REFUNDABLE APPLICATION FEE IS REQUIRED. Parents may make FULL PAYMENT or 50% deposit for sessions required upon registration. If you are registering for 1 session FULL PAYMENT is required. The Club will be closed on July 4th.

Session #1 _____ July 3rd – July 7th Session #5 _____ July 31st - August 4th
 Session #2 _____ July 10th – July 14th Session #6 _____ August 7th – August 11th
 Session #3 _____ July 17th – July 21st Session #7 _____ August 14th – August 18th
 Session #4 _____ July 24th – July 28th Session #8 _____ August 21st – August 25th

Session Totals: _____

ONLY CLIFTON RESIDENTS MAY APPLY FOR A SCHOLARSHIP OR REDUCED RATE – NO APPLICATION IS REQUIRED. YOU MUST ATTACH A PHOTO COPY OF YOUR 2016 INCOME TAXES CLAIMING THE CAMPER AS A DEPENDENT

Admission to the scholarship/ reduced rate program is based on the following income criteria. A family **may** be eligible if their **GROSS INCOME** is within the limits listed in the chart below and if scholarships/ reduced rates are available. **Do not assume you will be granted a scholarship / reduced rate, as scholarships / reduced rates are limited. Families will be notified about the determination of their application. Attach a photo copy (all income tax papers will have to be kept throughout summer camp) of your 2016 income taxes at the time of sign up to avoid a delay in processing your application. Camper(s) must be claimed as a dependent.**

<u>Size of family</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>
Initial Eligibility	\$49,000	\$56,000	\$63,000	\$70,000
<u>Size of family</u>	<u>Five</u>	<u>Six</u>	<u>Seven</u>	<u>Eight</u>
Initial Eligibility	\$75,600	\$81,200	\$86,800	\$92,400

**Boys & Girls Club of Clifton
2017 Summer Camp - Health Examination Form**

THIS FORM MUST BE COMPLETED BY PARENTS

Child's Name: _____ D.O.B.: _____ Sex: ____ Age: _____

Parent/Guardian Name: _____

Address: _____ Phone#: _____

Place of business: _____ Phone#: _____

IN AN EMERGENCY, NOTIFY:

Name: _____ Phone#: _____

Address: _____ City: _____

Name: _____ Phone#: _____

Address: _____ City: _____

Operations or serious injuries and dates: _____

Chronic or recurring illness or medical condition: _____

Dietary restrictions: _____

Diseases: _____

Dentist/Orthodontist Name: _____ Phone: _____

Family Physician Name: _____ Phone: _____

DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE? YES OR NO

Carrier _____ Policy/Group #: _____

Carrier Address: _____ City: _____ St: _____

SUGGESTIONS ON HEALTH RELATED INFORMATION FOR CAMP PERSONNEL:

Parents Authorization – this health history is correct so far as I know, and the person herein described has permission to engage in all prescribed club activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the Club Director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Club Director to hospitalize, secure proper treatment for and to order infection and/or anesthesia and/or surgery for my child as named above.

Signature: _____ Date: _____

BOYS & GIRLS CLUB OF CLIFTON, INC.
Trip Permission Slip 2017
Emergency Evacuation Permission

We (I) _____ residing at _____ in

consideration of the benefits to be gained by our (my) child _____, hereby consent

to our (my) child's attendance and/ or participation at SUMMER CAMP TRIP PROGRAM and / or in event of EMERGENCY EVACUATION from the Club facility during the JULY 3rd - AUGUST 25th Summer Camp at the expense of and under the sponsorship, auspices, direction, control and jurisdiction of *The Boys & Girls Club of Clifton, NJ, Inc.* its agents, servants and employees.

In further consideration of the benefits to be gained by our (my) child, we (I) covenant that we (I) will never, individually or as legal guardian(s) of our (my) child, institute any action at law or in equity against *The Boys & Girls of Clifton, N.J., Inc.* its agents, servants and employees, on account of any injury or other loss or damage sustained or that might be sustained by us (me) or by our (my) child as a result of our (my) child's attendance at THE SUMMER CAMP TRIP PROGRAM and /or EMERGENCY EVACUATION from the Club facility covenant may be used by *The Boys & Girls Club of Clifton* as a defense to any action or proceeding that may be brought or instituted by us (me), our (my) heirs or legal representatives in breach of this agreement, we (I) hereby give our (my) consent, in the event all reasonable attempts to contact us (me) at:

Home: _____, Work: _____,

Cell: _____, Other: _____

have been unsuccessful for the administration of any medical or dental treatment deemed necessary for our (my) child by any licensed physician or dentist and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery is obtained prior to the performance of such surgery.

The following information is needed by any hospital, physician or dentist not having access to the child's history:

Allergies: _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical impairments & other important medical problem we should be aware of:

If this agreement is signed by only one person, that person represents that he or she is the only person having custody of the minor child named herein and that no other person's agreement or authorization for the purposes hereof is required.

Name of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____ Date: _____

**BOYS & GIRLS CLUB OF CLIFTON
2017 SUMMER CAMP
PARENT/CLUB AGREEMENT**

I grant permission to the Boys & Girls Club of Clifton, Inc. to authorize medical care for my child in an emergency.

I have read and understand the Information Sheet and Program Guide and agree to abide by the Boys & Girls Club of Clifton's policies and procedures in order for my child to participate in the summer program.

I understand that no refunds will be given for missed days at Summer Camp INCLUDING TRIPS.

I understand that the Camp Clifton fee is **non-refundable**. The club will do their best to accommodate if you need to switch weeks. If requesting to switch weeks, such request must be written at least one week in advance.

I believe my child to be in good health and has my permission to participate in all recognized Club activities. Unless specified above, my child has my permission to participate in any regular Club trips that will include activities off of Club property (daily park trips, scheduled outings and special events). I have listed all warnings and restrictions.

I grant the Club my permission to use photographs, slides, and/or videotapes taken of my child while participating at the Club in future brochures, newsletters, and visual-audio presentations, and other forms of legitimate Club promotion, provided no identifications are made in those promotions.

In consideration of the permission and privilege of my child to participate in reasonable and normal Club activities, I hereby agree to indemnify and save and hold harmless Boys & Girls Club of Clifton, its staff and volunteers from all and any losses, claims or actions of any kind or nature that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in all reasonable and normal activities sponsored by the Boys and Girls Club of Clifton.

NJ STATE LAW AND CAMP REQUIREMENT:

Attach a copy of camper's immunization record to the application. Your application will not be accepted without it.

4C'S RECIPIENTS:

Attach a copy of your 4C's agreement listing summer service dates (July 3rd – August 25th)

SCHOLARSHIPS OR REDUCED RATES APPLICANTS:

Attach a photo copy of your 2016 income taxes claiming the camper as a dependent. Do not assume you will receive a scholarship or reduced rate as these funds are limited. You will be notified if you are awarded

HEALTH EXAMINATION FORM *MUST* be completed by PARENTS in order for your child to attend camp.

*****There will be \$2.00 per minute charge payable the same day for campers remaining in camp after 6:30 – we will use our cellphone to keep track of the time.**

Parent Signature and Date: _____