

**BOYS & GIRLS CLUB OF CLIFTON  
2015 SUMMER PROGRAM APPLICATION  
CAMP CLIFTON IS NON – REFUNDALBE**

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

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

**PARENT BIRTHDATE & EMAIL: \_\_\_\_\_**  
**(Parent birthdate needed to generate (3) scan in tags for parents upon entering the building)**

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male / Female

School: \_\_\_\_\_ **CURRENT GRADE:** \_\_\_\_\_

Guardian/Fathers Name: \_\_\_\_\_ Guardian/Mothers 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:** 2014/15: ASP \_\_\_\_\_ 2014 Summer: \_\_\_\_\_ 2015 Summer \_\_\_\_\_

**Membership Expires:** \_\_\_\_\_ **2015 Summer Balance:** \_\_\_\_\_

**Entered By:** \_\_\_\_\_ **2015 CAMP GROUP:** \_\_\_\_\_

**Boys & Girls Club of Clifton  
2015 Summer Program Sessions**

**Please ONLY check the sessions your child will be attending. A \$15.00 NON REFUNDABLE APPLICATION FEE IS REQUIRED ( note: \$15 fee covers the cost of 2 camp t-shirts). Parents may make FULL PAYMENT or 50% deposit for sessions required upon registration. If you are registering for 1 session FULL PAYMENT is required.**

Session #1 _____ June 29 <sup>th</sup> - July 3 <sup>rd</sup>	Session #5 _____ July 27 <sup>th</sup> - July 31 <sup>st</sup>
Session #2 _____ July 6 <sup>th</sup> – July 10 <sup>th</sup>	Session #6 _____ August 3 <sup>rd</sup> – August 7 <sup>th</sup>
Session #3 _____ July 13 <sup>th</sup> – July 17 <sup>th</sup>	Session #7 _____ August 10 <sup>th</sup> – August 14 <sup>th</sup>
Session #4 _____ July 20 <sup>th</sup> – July 24 <sup>th</sup>	Session #8 _____ August 17 <sup>th</sup> – August 21 <sup>st</sup>

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 2014 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 of your 2014 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**  
**2015 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.*  
*PERMISSION SLIP 2015*

We (I) \_\_\_\_\_ residing at \_\_\_\_\_ in consideration of the benefits to be gained by our (my) child \_\_\_\_\_, hereby consent to our (my) child's attendance at SUMMER CAMP TRIPS JUNE 29<sup>TH</sup> – AUGUST 21<sup>ST</sup>, 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 covenant may be pleaded 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 Ph: \_\_\_\_\_, Work Ph: \_\_\_\_\_,

Cell Ph: \_\_\_\_\_, Other Ph: \_\_\_\_\_

\_\_\_\_\_ 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 PROBLEMS PHYSICIANS 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

**BOYS & GIRLS CLUB OF CLIFTON  
2015 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 Camp Clifton 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 the above information to be true to the best of my knowledge.

I believe my child to be in good health and has my permission to participate in and 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 outing 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 any 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

**4C'S RECIPIENTS:**

Attach a copy of your 4C's agreement listing summer service dates (June 29<sup>th</sup> August 21<sup>st</sup>)

**SCHOLARSHIPS OR REDUCED RATES APPLICANTS:**

**Attach a photo copy of your 2014 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.**

**Parent Signature and Date:** \_\_\_\_\_