

**BOYS & GIRLS CLUB OF CLIFTON  
2019 SUMMER PROGRAM APPLICATION**

- 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
- Copy of immunization record must be attached
- \$100.00 deposit for Scholarship applicants

STAFF USE ONLY	
Date: _____	Staff Intl: _____
Deposit: _____	+ Reg. Fee: \$20.00
# of Sessions: _____	CC, Cash, 4C's or Check#: _____
Total Paid: _____	Receipt # _____

**PARENTS' BIRTHDATE & EMAIL: \_\_\_\_\_**  
**(Parent birthdate needed to generate ID cards for parent door access to 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						
Applying for: S	RR	4C's/Co Pay \$ _____	Child: 1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup>
ASP bal. _____	Before Care bal. _____	2018 Summer bal. _____.				
Memb exp: _____	2019 Summer bal. _____.					
Entered by: _____	2019 Camp Group: _____.					

**Boys & Girls Club of Clifton  
2019 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 \$8.00 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 \$20.00 NON REFUNDABLE APPLICATION FEE IS REQUIRED. Parents may make FULL PAYMENT or 50% deposit for sessions required upon registration. Balance for camp is due by June 14<sup>th</sup>. If you are registering for 1 session FULL PAYMENT is required. The Club will be closed on July 4<sup>th</sup>.**

Session #1 _____ July 1 <sup>st</sup> – July 5 <sup>th</sup>	Session #5 _____ July 29 <sup>th</sup> - August 2 <sup>nd</sup>
Session #2 _____ July 8 <sup>th</sup> – July 12 <sup>th</sup>	Session #6 _____ August 5 <sup>th</sup> – August 9 <sup>th</sup>
Session #3 _____ July 15 <sup>th</sup> – July 19 <sup>th</sup>	Session #7 _____ August 12 <sup>th</sup> – August 16 <sup>th</sup>
Session #4 _____ July 22 <sup>nd</sup> – July 26 <sup>th</sup>	Session #8 _____ August 19 <sup>th</sup> – August 23 <sup>rd</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 2018 income taxes claiming the camper as dependent. For WOODLAND PARK RESIDENTS assistance will be reviewed on a case by case basis and you must attach a photo copy of your 2018 income taxes claiming the camper as dependent. If awarded a camp scholarship, my child must attend at least 3 days/week of their scheduled camp sessions. If my child's attendance is less than 3 days per week, we reserve the right to forfeit the scholarship and I (parent) will be responsible for payment to remain in summer camp.**

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 2018 income taxes at the time of sign up to avoid a delay in processing your application. Eligible 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	\$51,550	\$58,900	\$66,250	\$73,600
<u>Size of family</u>	<u>Five</u>	<u>Six</u>	<u>Seven</u>	<u>Eight</u>
Initial Eligibility	\$79,500	\$85,400	\$91,300	\$97,200

**Boys & Girls Club of Clifton  
2019 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  
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 2019 SUMMER CAMP, TRIP PROGRAM and / or in event of an EMERGENCY EVACUATION from the Club facility during the months of JULY 1<sup>st</sup> - AUGUST 23<sup>rd</sup> 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 Ph: \_\_\_\_\_, Work Ph: \_\_\_\_\_,

Cell Ph: \_\_\_\_\_, Email: \_\_\_\_\_,

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BOYS & GIRLS CLUB OF CLIFTON  
2019 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 if I am awarded a camp scholarship, my child must attend camp at least 3 days weekly. If my child's attendance is less than 3 days per week, the Club will forfeit my scholarship and I will be responsible for the balance of summer camp.**

**I understand that Camp Clifton fee is non-refundable no refunds will be given for missed days at Summer Camp INCLUDING TRIPS.** 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 1<sup>st</sup> – August 23<sup>rd</sup>)

**SCHOLARSHIPS OR REDUCED RATES APPLICANTS:**

**Attach a photo copy of your 2018 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 at pick up for campers remaining in camp after 5:30 – we will use our cellphone to keep track of the time.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_