

Estelle S. Campbell BOYS & GIRLS CLUB/ LAWRENCEVILLE UNITED 2017 SUMMER CELEBRATION



| Camper's Last Name | First Name | Gender M F Age |
|--|---|---|
| Camper's Home Address | | |
| City | State | Zip |
| Home: () | Work:() | Emergency:() |
| Email Address | | |
| MEDICAL INFORMATION: | | |
| Does Child have any physical disabilities? | Yes No If yes, what are they? | |
| Does Child have any allergies? | Yes No If yes, what are they? | |
| Is Child on medication? | Yes No If yes, what medication? | |
| What, if any, are the limits on the Child's pa | ticipation in activities? | |
| Does your child have any behavioral disabili | ties or any other health related issues? | ? Yes No If yes, explain |
| Medical Insurance Carrier | Me | edical Assistance? Yes No |
| Do you receive DPA/Access? Yes No If | so, DPA/Access Number? | |
| selected by the Club Director to hospitaliz child as named above. As parent/guardian | e, secure proper treatment for and to of the above child, I approve his/her ubs of Western PA, it's Board of Dire | iched I hereby give permission to the physician order injection, anesthesia or surgery for my joining the Boys & Girls Clubs of Western PA ectors, staff or volunteers liable for injuries and & Girls Club activities. |
| Parent/Guardian Signature: X_PLEASE NOTE: CHILDREN WHO REC | WHILE MEDICATION MICT HAVE | Date: |
| PLEASE NOTE: CHILDREN WHO REC | QUIKE MEDICATION MUST HAVE | LA MEDICATION RECORD ON FILE. |

SUMMER PROGRAM SESSIONS

*Check all weeks you will attend

| | | Day Camp \$50.00/5 Day (10-4PM) | Day Camp \$80.00/5 Day (7:30-5PM) |
|---------|------------------|---------------------------------------|---|
| Week 1 | June 19 - 23 | | |
| Week 2 | June 26 - 30 | | |
| *Week 3 | July 3 - 7 | | |
| Week 4 | July 10 - 14 | | |
| Week 5 | July 17 - 21 | | |
| Week 6 | July 24 - 28 | | |
| Week 7 | July 31 – Aug. 4 | | |
| Week 8 | August 7 - 11 | | |

^{*4} year olds are only allowed to participate in the 10-4PM camp.

SUMMER PROGRAM FEES \$50.00/\$80.00 DAY CAMP

(Contact Club for deposit requirements)

FINAL PAYMENT IN FULL DUE 5PM THE THURSDAY BEFORE ATTENDING CAMP. NO EXCEPTIONS. IF PAYMENT IS NOT ON TIME, THE CHILD WILL NOT BE ABLE TO ATTEND!

- Returned checks will be charged \$25 fee.
- Late fees will be assessed for late pick up.

Boys & Girls Clubs of Western Pennsylvania programs are open to all children between the ages of 4-12 inclusive, regardless of race, color, sex, religion, national origin or impairment. Physically or mentally impaired children, who can function in general population and who do not present an unreasonable safety concern to themselves or others will be accepted.

Return completed registration form with deposit to your local Club. No mail in accepted.

^{*}Closed July 4th. (Payment for short week is 80% of fee)