

PLEASE PRINT CLEARLY

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Salesian Boys & Girls Club

Summer Camp 2010 Registration

150 Byron Street, East Boston MA 02128 ☎617.567.6626

FIRST NAME:

LAST NAME:

BIRTHDATE:

ADDRESS:

HOME PHONE:

CITY:

STATE:

ZIPCODE:

GENDER: MALE / FEMALE

PARENT/GUARDIAN NAMES:

EMERG. PHONE #1:

EMERG. CONTACT #1:

Is this child a previous camper or existing club member? YES NO

EMERG. PHONE #2:

EMERG. CONTACT #2:

EMERG. PHONE #3:

EMERG. CONTACT #3:

IMPORTANT!
An up-to-date immunization form and doctor's report of physical examination must accompany this application! Obtain forms from your doctor, clinic, or from your child's school. Immunizations must be up to date and signed by a doctor. State Law!

Which weeks will your child be attending?

<input type="checkbox"/> WEEK 1: Jun. 28--July 2	<input type="checkbox"/> WEEK 6: Aug. 2-6
<input type="checkbox"/> WEEK 2: July 6--9	<input type="checkbox"/> WEEK 7: Aug. 9-13
<input type="checkbox"/> WEEK 3: July 12--16	<input type="checkbox"/> WEEK 8: Aug. 16-20
<input type="checkbox"/> WEEK 4: July 19--23	<input type="checkbox"/> WEEK 9: Aug. 23-27
<input type="checkbox"/> WEEK 5: July 26--30	

Camp Fee is \$125 per week. If fees are paid one full week in advance, the fee is reduced to \$100. No exceptions, please!

In the event reasonable attempts to contact me at the above phone numbers are unsuccessful, I hereby give my consent for the administration of any medical or dental treatment deemed necessary by the Salesian Boys & Girls Club or medical personnel of their choosing on the above child. I request that my child be admitted to membership in the Salesian Boys & Girls Club, into their summer program. I agree that my child's photograph may appear in any bulletins, videos, TV or promotional brochures and may be used without any further authorization or any compensation to me or my child. I further agree not to hold the Salesian Boys & Girls Club liable for any medical bills or injuries that my child may incur at or under the care of the Club.

The following are authorized to pick up my child from the camp:

1.
2.

3.
4.

5.
6.

Parent/Guardian Signature: _____

Salesian Boys & Girls Club
150 Byron Street
East Boston, MA 02128

Medical & Emergency Form

(Please print all information)

Name _____ Date of Birth _____ Sex: _____ Age: _____

Home Address _____
Street City St Zip

Parent/Guardian _____

Address _____
Street City St Zip

Home Phone _____ Work Phone _____

Family Physician _____ Phone Number _____

Emergency phone contact information. In case I am not available in an emergency please contact:

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Health History/Immunization Record

(School or Doctor Records)

Diphtheria _____ Tetanus _____ Live Measles _____

Pertusis _____ Polio _____ Rubella _____

Mumps _____ TB Test _____ Hepatitis _____

Other diseases, allergies, medical problems, serious injuries:

Required Medication: _____

Hospital Release and Parent Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed summer program activities, excluding those noted above by me. In the event that I am unable to be reached in the case of an emergency, I hereby give my permission to the physician selected by the club summer program director to hospitalize, secure proper treatment for, and to order an injection, anesthesia or surgery for my child, as named above

Parent/Guardian Signature _____ Date _____

Hospitalization Insurance Co. _____

Identification # _____