



**BOYS AND GIRLS CLUB
SUMMER CENTER FULL DAY
2017 REGISTRATION**
bgcbloomington.org



Member Name: _____ Daytime Phone #: _____

Guardian's Name & Work Phone #: _____ Child's Age: _____

Home Address: _____ E-mail: _____
Address City State Zip

Names of Persons Authorized to Pick Up Member: _____

Emergency Contact & Phone #: _____

Allergies: _____ Health Issues: _____ Medications: _____

Please complete a medication release if your child takes medications that will need to be administered while at the Boys and Girls Club.

Is your child currently a club member? Y _____ N _____

If NO, please register your child as a New Member and pay the \$20 membership fee between 8AM and 4PM at the Lincoln St Unit.

Week #	Dates	Weekly Costs	Weeks Attending <small>(please check)</small>	Deposit Amt Paid <small>(a \$20 deposit is required for each week reserved)</small>	Remaining Balance	Balance Due Date
1	June 5-9	\$80				May 22
2	June 12-16	\$80				May 29
3	June 19-23	\$80				June 5
4	June 26-30	\$80				June 12
5	July 5-7*	\$50				June 19
6	July 10-14	\$80				June 26
7	July 17-21	\$80				July 5
8	July 24-28	\$80				July 10
9	July 31-August 4	\$80				July 17
			Staff Int.	\$ Total Paid	\$ Total Due	

*Summer Center is closed May 29-June 2 and July 3, 4

Payments

Mail Check/ Money Order to:
 Boys and Girls Club
 Attn. Clem Toohill
 PO Box 1716
 Bloomington IN
 47401

Call to pay with credit/debit:
 8:00am – 4:00pm
 812 332-2970

In person via drop box:
 311 S Lincoln Street
 Bloomington IN 47401

Summer Center Full Day program hours are 7:30am-6:00pm. Drop-off is between 7:30-8:45am and Pick-up is between 5:00-6:00pm. Summer Center Full Day serves club members ages 6-18. Lunch is NOT provided. Packed lunches can be eaten from 11:30-12:00. Thank you!

Spots are not guaranteed until deposit is received for each child for each week. Deposits are NON REFUNDABLE and NON TRANSFERABLE with the exception of Camp Rock waitlist situations. We cannot hold your child's reservation unless the remaining balance is paid when due. If the balance is not paid on time, the reservation will no longer be guaranteed and your deposit will be forfeited.

Waiver of Liability/Agreements

- I have completed the application and the application is accurate. I reviewed the parent/member handbook and I acknowledge and agree to the rules and policies of the Boys & Girls Clubs of Bloomington including t discipline policy and request that my child be admitted into membership as. My Child and I accept full responsibilities for his/her actions and behaviors at the Boys & Girls Club. I give the Boys & Girls Club permission to use my child's picture in newspaper articles, newsletters, and other publicity materials. I give my child permission to participate in pre and post tests or other measurement tools used to determine program recommendations, outcome measurements and program effectiveness. The Boys & Girls Clubs of Bloomington agrees that in the performance of its services, it will not, on the grounds of race, color, sex, age, sexual preference, gender identity, disability or national origin, exclude any person from participation in, deny any person the benefits of, or otherwise subject any person to discrimination under any activity. I understand that the Club is not responsible for any lost or stolen items.
- I hereby release the Boys & Girls Clubs of Bloomington, their Board of Directors, agents, employees, volunteers, and insurers from any present or future personal injury or damage to property caused by having any relation to this activity. I understand that this release binds my heirs, executors, and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Club to hospitalize, to secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above.
- If my child uses the Boys & Girls Club Camp Rock Facility, I hereby release the City of Bloomington Department of Utilities and Lake Lemon Conservancy, their officers, agents, employees and insurers from any present or future injury or damage to property caused by having any relation to this activity. I understand that this release binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.
- I understand that in order to receive my member, I, or others on my pick up list, will be asked to provide a picture I.D. I am responsible for ensuring adults that pick up my child understand this policy. I understand any changes to my child's pick up list must be done in person, not over the phone.

Parent/ Guardian Signature

Date

_____ Initial here if you DO NOT want your child's picture used in any Club related business