BOYS & GIRLS CLUBS OF MERCED COUNTY
SUMMER CAMP PROGRAM
PARTICIPANT FILE FORMS CHECKLIST

Participant’s Name: ____________________________________________
Date of Enrollment: ____________________________________________
Date of Birth: _________________________________________________

THIS IS NOT A CHILD CARE CENTER

Parent’s Initials _______

____ 1. Voluntary Release & Assumption of Risk
____ 2. Request Dates & Summer Camp Fees
____ 3. Summer Camp Application
____ 4. Waiver of Liability & Photo Release Forms
____ 5. Consent for Medical Treatment/Emergency Transportation Release Form
____ 6. Summer Camp Program Rules/ Late Pick Up Logs
BOYS & GIRLS CLUBS OF MERCED

VOLUNTARY RELEASE AND ASSUMPTION OF RISK

ACTIVITY ______________________ DATES ______________________

PARTICIPANT'S NAME ________________________________

ADDRESS ___________________________________________
(STREET, CITY, STATE, ZIP CODE)

PHONE (DAY) ______________________ (EVENING) ______________

INSURANCE CARRIER ______________________________________

I am the parent or guardian of the above-named minor and hereby give permission for him/her to participate in the activity. I AM AWARE THAT CERTAIN RISKS ARE INHERENT IN THIS TYPE OF ACTIVITY including, but not limited to weather conditions, dangerous conditions, of public property, automobile and other vehicular accidents, or equipment failures. IAM VOLUNTARILY PERMITTING THE MINOR TO PARTICIPATE IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE ON MY OWN BEHALF AND ON BEHALF OF THE MINOR TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

In consideration of the minor being permitted to participate in this activity, I hereby release, discharge and waive, both on my behalf and on behalf of the minor, ANY AND ALL CLAIMS against the Boys & Girls Clubs of Merced County, its employees, or agents for any personal injury or property damage arising out of the minor’s participation in this activity.

I am fully aware of the fact that the Boys & Girls Clubs of Merced County does not provide medical, accident or property damage insurance for this activity. By signing this agreement, I hereby grant authority for the Boys & Girls Clubs of Merced County or its employees to seek medical treatment for the minor from a qualified Doctor or health care provider in the activity that the minor is injured during this activity.

I HAVE CAREFULLY READ THIS STATEMENT OF VOLUNTARY RELEASE AND ASSUMPTION OF THE RISK AND FULLY UNDERSTAND ITS CONTENTS. I am aware that this is a release of liability and a contract between myself on behalf of the minor, and releases, and I voluntarily sign my name evidencing my acceptance of the above provisions.

Signature of Parent/Guardian ___________________________ Date ___________
**Boys & Girls Clubs of Merced County**

**Summer Camp Program Request Dates**

Please check the weeks you will be registering your child/children for the summer camp program.

- $40 per week: Half Day (AM – OR - PM Camp)
- $75 per week: Full Day (7:30AM-5:30PM)
- 1-Time Registration Fee: $20

<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>June 17&lt;sup&gt;th&lt;/sup&gt; – June 21&lt;sup&gt;st&lt;/sup&gt;</td>
</tr>
<tr>
<td>2</td>
<td>June 24&lt;sup&gt;th&lt;/sup&gt; – June 28&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>3</td>
<td>July 1&lt;sup&gt;st&lt;/sup&gt; – July 3&lt;sup&gt;rd&lt;/sup&gt; ***</td>
</tr>
<tr>
<td>4</td>
<td>July 8&lt;sup&gt;th&lt;/sup&gt; – July 12&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>5</td>
<td>July 15&lt;sup&gt;th&lt;/sup&gt; – July 19&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>6</td>
<td>July 22&lt;sup&gt;nd&lt;/sup&gt; – July 26&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>7</td>
<td>July 29&lt;sup&gt;th&lt;/sup&gt; – August 2&lt;sup&gt;nd&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

(***The Club will be closed July 4<sup>th</sup> & 5<sup>th</sup> in observance of Independence Day)
# MEMBER INFORMATION FORM

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>Zip</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Birth Date</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity: (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
</tr>
</tbody>
</table>

**Father’s (Male Guardian) Information:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone (Cell) Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Occupation</th>
<th>Work Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mother’s (Female Guardian) Information:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone (Cell) Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Occupation</th>
<th>Work Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Contact Person:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pick-Up (Allowed to pick-up child) Information:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>House Hold Type: (mark one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Parents</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Number of Sisters and Step-Sisters: 

Number of Brothers and Step-Brothers: 

Number of People living in your home: 

Medical Problems/Allergies: 

List all Medication Child is Taking: 

Physician: 

Physician’s Phone Number: 

Preferred Hospital or Clinic: 

Hospital/Clinic Phone: 

Do You Have Insurance?  

Company 

Policy Number: 

Has your child been a member of the Boys & Girls Clubs previously?  

Number of Years: 

Which Club? 

The Following Information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing the information is both appreciated and necessary. 

Child’s or Parent/Guardian Social Security Number: 

Medicaid Number: 

Check All Programs Which Apply:  

- Medicaid  

- Free Lunch  

- Cal Works  

- Other: 

Annual Household Income:  

$9,001 – $12,000  

$12,001 – $15,000  

$15,001 – $19,000  

$19,001 – $23,000  

$23,001 – $28,000  

$28,001 – $32,700  

$32,701 – $37,500  

$37,501 – $42,000  

$42,001 – $45,000  

Over $45,000 

Allowed to Walk?  

Yes 

Yes w/ siblings only 

The Clubs is open to all members during hours of operation. Please note: There are no in and out privileges. 

I have read the completed application and the rules of the Boys & Girls Clubs of Merced County. I have explained the Club rules to my son/daughter and request that he/she be admitted into membership. I hereby agree to hold the Boys & Girls Club of Merced County free and blameless from any claim for injury or stolen items on the Club’s premises or in connection with any Club activity. I hereby authorize Club personnel to administer emergency medical treatment to my son/daughter in the event of sudden illness or accident. I consent to the use or display of any photographs or video of my son/daughter on the Club’s premises or in connection with any advertising or promotional activities of the Club. 

Parent or Guardian Signature  

Date 

Club Member’s Signature  

Date 

Office use only: 

Staff Signature  

Date 

Revision 4/10/2013
Boys & Girls Clubs of Merced County

Summer Camp Program

Waiver of Liability

I, ___________________________, the undersigned parent or legal guardian, do hereby agree

    Parent/Legal Guardian

to allow the individual(s) named herein to participate in the aforementioned activity conducted by the Boys & Girls Clubs of Merced County. I further agree to indemnify and hold the Boys & Girls Clubs of Merced County harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of or in any way connected with participation in the activity.

The Boys & Girls Clubs of Merced County reserves the right to refuse or remove any participant for the good of the program.

_________________________________________    ___________________________

    Parent’s / Guardian’s Signature    Date

PHOTO RELEASE

I hereby consent to the reproduction, publication and use of photographs taken of

_________________________________________, by the Boys & Girls Clubs of Merced County for advertising, educational, and/or publicity purposes in any and all publications, advertisements and publicity materials, without limitation or reservation. I also consent to any copy written about the member that may accompany such photographs or stand alone in any and all publications, advertisements and publicity materials, without limitation or reservations.

Member’s Signature ______________________________

Parent’s/Guardian’s Signature ______________________________

Address ______________________________

Date ______________________________
Boys & Girls Clubs of Merced County

Summer Camp Program

CONSENT FOR MEDICAL TREATMENT

As the parent, legal guardian or agency representative, I hereby give the consent to the Boys & Girls Clubs of Merced County Summer Camp Program to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for

______________________________
Participant’s Name

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

______________________________
Parent’s/Legal Guardian’s/Agency Representative’s Signature

EMERGENCY TRANSPORTATION RELEASE FORM

In the event that my child, ____________________________

Participant’s Name

Requires emergency medical services involving transportation to a hospital by ambulance, I agree to assume all costs and responsibilities for emergency medical transportation fees, in addition to all other medical fees resulting from the accident.

______________________________  _________________
Parent’s/ Guardian’s Signature  Date
**Summer Camp Rules:**

1. Participants must be registered by a parent or guardian in order to participate in the program. Registration packets are available at the Boys & Girls Club.
2. Participants must sign in and out each day and must notify BGC staff/Program Leaders when they prepare to leave the site. Participants may leave the site at any time.
3. Participants leaving the site cannot return for the remainder of the day. Participants that have signed out of the program cannot continue to participate in program activities for that day.
4. Participants must stay in areas supervised by the Program Leaders.
5. Participants must treat staff and other participants with respect at all times.
6. Participants may not use profane, abusive, or bad language.
7. Participants may not threaten, tease or use any forms of violence against another participant or staff member.
8. Participants may not abuse or misuse club equipment, supplies or property.
9. Participants may not bring toys or other high price or valuable items (game boys, Pokemon cards, walkman, jewelry, etc.) to the summer camp program.
10. Participants must clean up after themselves.
11. Participants who fight will be removed from the program immediately.
12. Participants must participate in activities provided by program leaders each day.
13. Gang clothing and colors, and gang signing, etc. is prohibited.
14. Parents are welcome and encouraged to volunteer to participate in the summer camp program.

   *May result in participant(s) being removed from the program for the year*

I have read and agree to the above guidelines. Initials ________  Date ________

**Standard Disciplinary Action:**

**First check mark:** participant will be given a verbal warning & parent(s) will be notified (minimum), maximum removal 365 days.

**Second check:** verbal warning, parent(s) will be notified, possible removal from program one (1) day minimum, maximum removal 365 days.

**Third check mark:** verbal warning, parent(s) will be notified, participant and parent will meet with program supervisor (behavior contract), participant dismissed from program for two days minimum, maximum removal 365 days.

**Fourth check mark:** verbal warning, parent(s) notified, participant will be dismissed from the program for 5 days minimum, maximum 365 days.

**Fifth check mark:** verbal warning, parent notified, participant removed from the program for one month minimum, maximum 365 days.

I have read and agree to the above guidelines  Initials ________  Date ________
Boys & Girls Clubs of Merced County

Summer Camp Program
Late Pick Up

Name of Child: ___________________________ Date: ____________
At what time was the child picked up? ________________________
When was the step given? ________________________________
When can the child return? ________________________________
Program Leader’s Name: ________________________________

Late Pick Up Steps:
1st Warning
2nd Warning, two (2) day off from the program
3rd Warning one (1) week off from the program, parent(s) must meet with the program supervisor
4th Warning, minimum of one (1) month and a maximum of one year

If parent is 30 minutes late in picking up a child the Police Protective Services will be notified and the child will be removed from the program for two (2) days.

Boys & Girls Clubs of Merced County

Summer Camp Program
Late Pick Up

Name of Child: ___________________________ Date: ____________
At what time was the child picked up? ________________________
When was the step given? ________________________________
When can the child return? ________________________________
Program Leader’s Name: ________________________________

Late Pick Up Steps:
1st Warning
2nd Warning, two (2) day off from the program
3rd Warning one (1) week off from the program, parent(s) must meet with the program supervisor
4th Warning, minimum of one (1) month and a maximum of one year

If parent is 30 minutes late in picking up a child the Police Protective Services will be notified and the child will be removed from the program for two (2) days.