



BOYS & GIRLS CLUB OF BOSTON



Unit of Orchard Park

SUMMER CAMP 2019 APPLICATION

Location: Boston Rec Center, 8550 Boston State Road, Boston NY 14025

CAMPER INFORMATION:

NAME: _____ AGE: _____

GENDER: ___M___F ETHNICITY: _____

DATE OF BIRTH: _____ SCHOOL: _____ GRADE(entering in fall): _____

ADDRESS: _____ CITY: _____

STATE: ___ ZIP CODE: _____ PHONE: _____

PARENT EMAIL: _____

CHILD PRIMARILY LIVES WITH: ___ Mom ___ Dad ___ Both ___ Other

CONTACT INFORMATION: PERSON(S) AUTHORIZED TO PICK UP CHILD:

FATHER: _____ EMPLOYER: _____ WORK#: _____ CELL#: _____

MOTHER: _____ EMPLOYER: _____ WORK#: _____ CELL#: _____

EMERGENCY CONTACT: _____ PHONE #: _____ CELL#: _____

ADDITIONAL PERSON: _____ PHONE #: _____ CELL#: _____

WHICH NUMBER & PERSON SHOULD BE CONTACTED FIRST? _____

CAMP HOURS:

Summer Camp Hours: 7:00AM - 6:00PM (Structured day 9AM- 4:30PM)

Extended Hours (no charge), please check: Morning 7AM - 9AM Evening 4:30PM - 6PM

FEES, BILLING & CAMP DATES:

Cost: \$24/day \$120/week (TWO DAY WEEKLY MINIMUM)

Payment: Fees are payable by check, money order, **no cash**. To pay by credit, an invoice will be sent to you to pay online. To set up weekly invoices, please contact Maura. Payment must be received each week the first day your child attends.

Billing: You will be billed weekly, **payment will be expected before child attends for the week**. The first bill will be mailed to you at home, after that they'll be left on the front desk in a file.

Please check the session(s) and circle the days your child will be participating in:

___Session 1: June 24-28	MTWTF	___Session 6: July 29-Aug 2	MTWTF
___Session 2: July 1-3, 5	MTWF	___Session 7: August 5-9	MTWTF
___Session 3: July 8-12	MTWTF	___Session 8: August 12-16	MTWTF
___Session 4: July 15-19	MTWTF	___Session 9: August 19-23	MTWTF
___Session 5: July 22-26	MTWTF	___Session 10: August 26-30	MTWTF

CAMPER HEALTH HISTORY:

Doctor Name: _____ Doctor Phone: _____

Insurance Carrier: _____ ID# _____ Group # _____

The following information must be completed by parent/guardian. Please provide as much information as possible about your child to allow our camp staff to provide appropriate care.

Allergies	Describe reaction &/or management of the reaction
• Medication (e.g., penicillin) _____	_____
• Food (e.g., eggs, dairy, peanuts) _____	_____
• Other (e.g., insect stings, hay fever) _____	_____

Medications – If administration of a medicine during camp is necessary, a separate form is needed. Please contact the Boys & Girls Club for the form.

Immunization History - Attach a copy of child's immunization records and list the month/day/year administered below.

DPT Series	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	MMR	___/___/___	___/___/___
Tetanus/Diphtheria	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	or measles	___/___/___	___/___/___
Tetanus	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	or mumps	___/___/___	___/___/___
Polio OPV (Sabin)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	or rubella	___/___/___	___/___/___
HIB Vaccine	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	Varicella	___/___/___	___/___/___
Hepatitis B	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	TB Mantoux Test	___/___/___	___/___/___
Haemophilus Influenza B	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	TB Test Results	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below:

Has/does the camper:

- | | | | |
|---|--|-------------------------------------|--|
| 1. Ever been hospitalized | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Dizzy/passed out after physical | |
| 8. Have any nutritional or specific diet needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please explain any "Yes" answers: _____

Any additional information about the participant's behavior and physical, emotional or mental health the camp should be aware of:

Yes No THE ABOVE INFORMATION IS ACCURATE AND CORRECT AND MY CHILD HAS HAD A PHYSICAL EXAM IN THE PAST 12 MONTHS BY A PHYSICIAN. IN THE EVENT THE CLUB IS UNABLE TO LOCATE THE PARENT(S) OR EMERGENCY CONTACT, THE CLUB STAFF MAY TAKE NECESSARY EMERGENCY MEASURES. I HEREBY RELEASE THE BOYS & GIRLS CLUB OF ORCHARD PARK, ITS EMPLOYEES, ASSOCIATES, AND CONTRIBUTORS FROM LIABILITY FROM ANY INJURY, LOSS OR THEFT INCURRED BY MY CHILD WHILE PARTICIPATING. FURTHERMORE, I HEREBY AUTHORIZE MEDICAL EXAMINATION AND EMERGENCY TREATMENT FOR MY CHILD BY A QUALIFIED, LICENSED PHYSICIAN IN THE EVENT OF AN ACCIDENT.

Yes No I GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE USED IN ANY BOYS & GIRLS CLUB PUBLICATION.

Yes No AN INVOICE WILL BE MAILED TO YOU BEFORE CAMP BEGINS. THE PARENT/GUARDIAN THAT SIGNS THIS FORM WILL BE THE PERSON RESPONSIBLE FOR THE PAYMENT, NO THIRD PARTY BILLING WILL BE OFFERED.

MY SIGNATURE INDICATES THAT I COMPLETELY UNDERSTAND THE ABOVE STATEMENTS.

Parent/Guardian Signature _____ Date _____

PLEASE NOTE: if you'd like to pay by credit card, you need to set it up with Maura. Please call the Club or email Maura @ mwellington@bgclubop.org to get set up or for more information.

Please return application with immunization records to: e-mail mwellington@bgclubop.org mail: Boys & Girls Club of Orchard Park, PO Box 181, Orchard Park, NY 14127. PLEASE, NO FAXES