



BOYS & GIRLS CLUB OF BOSTON SUMMER CAMP 2022 APPLICATION

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: 7:30 AM – 5:30 PM (**Structured day 9AM- 4:30PM**)

FEES, BILLING & CAMP DATES:

Cost: \$25/day \$125/week (TWO DAY WEEKLY MINIMUM)
*Additional Fee for Weekly Field Trip - TBD

Payment: Fees are payable by check or credit card. To pay by credit card or weekly invoicing, please contact BobbyWellington by email or phone. You will then receive an invoice to pay via Square online.
Bobbywellington17@gmail.com , (716)226-4165

Billing: You will be billed monthly. **Payment is expected prior to your child attending their 1st week.**

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

___Session 1: June 27 – July1	M T W T F	___Session 6: August 1 - 5	M T W T F
___Session 2: July 5 – 8	T W T F	___Session 7: August 8 - 12	M T W T F
___Session 3: July 11 - 15	M T W T F	___Session 8: August 15 - 19	M T W T F
___Session 4: July 18 - 22	M T W T F		
___Session 5: July 25 - 29	M T W T F		

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	[] Positive	[] Negative

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

Has/does the camper:

- | | | | |
|---|----------------|-------------------------------------|----------------|
| 1. Ever been hospitalized | [] Yes [] No | 9. Had headaches? | [] Yes [] No |
| 2. Ever had surgery | [] Yes [] No | 10. Have diabetes? | [] Yes [] No |
| 3. Have recurrent/chronic illnesses? | [] Yes [] No | 11. Had seizures? | [] Yes [] No |
| 4. Had a recent infectious disease? | [] Yes [] No | 12. Had fainting or dizziness? | [] Yes [] No |
| 5. Had a recent injury? | [] Yes [] No | 13. Ever had back/joint problems? | [] Yes [] No |
| 6. Had asthma/wheezing/shortness of breath | [] Yes [] No | 14. Have any skin problems? | [] Yes [] No |
| 7. Passed out/had chest pain during exercise? | [] Yes [] No | 15. Dizzy/passed out after physical | |
| 8. Have any nutritional or specific diet needs? | [] Yes [] 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: To pay by credit card, please contact Bobby at the Club:
email Maura Bobbywellington17@gmail.com or call (716)226-4165
For more information, visit our website: www.bgclubbostonny.org

Please return application with immunization records & payment to:
Boys & Girls Club of Boston
8550 Boston State Rd, Boston, NY 14025