

Boys & Girls Club of  
Binghamton Summer Fun Camp  
2026

Office Use Only:

Membership Fee Amt. Pd. \_\_\_\_\_ Receipt# \_\_\_\_\_ Program Fee Amt. Pd. \_\_\_\_\_ Receipt# \_\_\_\_\_

**\*Program and Membership Fees are NON Refundable\***

Name \_\_\_\_\_

Current club member?    Yes    No    Expiration Date \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender    M    F    Race \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent(s) Cell \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian employed at \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian employed at \_\_\_\_\_ Work Phone \_\_\_\_\_

FAMILY INCOME:

under \$4,000	\$4,001-\$8,000	\$8,001-\$12,000		
\$12,001-\$16,000	\$16,001 & higher	Eligible for free/reduced lunch:	Yes	No

Emergency Contact: (Someone other than the parents in case both parents can't be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Do you give your child permission to walk home alone?    Yes    No

**ONLY AGES 10 AND OVER MAY WALK HOME ALONE!**

IF YES, what days is walking is permitted:    MON    TUE    WED    THU    FRI    What time? \_\_\_\_\_

Medical Information: Is your child up to date with their immunization record?    Yes    No

Please list any medications this member takes or any medical conditions we should be aware of \_\_\_\_\_

The Boys & Girls Club of Binghamton reserves the right to refuse access to the building to any child who does not follow the rules of the Club. Membership fees are non-refundable.

PLEASE READ AND SIGN BELOW:

I give permission for my child to participate in the Boys & Girls Club of Binghamton programs. In the event that I cannot be reached in an emergency, the Boys & Girls Club authorities may take such measures as they deem appropriate and shall notify me as soon as possible. In addition, I hereby give my permission for securing, at the expense of the undersigned, appropriate medical treatment. This will also include releasing my child for any necessary treatment in the emergency room of an accredited hospital by emergency room staff or doctors. I give the Boys & Girls Club of Binghamton permission to allow my child to be interviewed, filmed, and photographed by any television station, newspaper or other media for promotion of the Boys & Girls Club of Binghamton.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT PARENT NAME \_\_\_\_\_

All children must be picked up on time, and only children 10 and older are able to walk home with written permission from parent/guardian.

### Summer Program Term & Policies

- The summer program at the Boys & Girls Club of Binghamton's Main Unit will begin on June 29<sup>th</sup> – August 28<sup>th</sup>.
- Our hours of operation will be Monday – Friday from 9:00 am – 3:00 pm.

Please read the following and initial in the space provided:

Late Pick Up Fee: (initials) \_\_\_\_\_

There are no After Club Care services offered. All members must be picked up by 3:00 pm. A \$5.00 late fee will be charged for any child picked up after 3:00 pm. A charge of \$5.00 will be added for every 15 minutes. Parents will be given a warning the second time they are late, plus owe \$5.00 again and after the 3<sup>rd</sup> time your child will be unenrolled from our summer program.

Please be sure that you plan for your child to be picked up on time.

Calendars that have daily activities and lunch/snack information will be available for parents at the front desk.

Members will need swimsuits & towels for swim days.

We are looking forward to a fun-filled summer with your child!  
Please be aware of our hours for the summer of 2026!

I have read and agree with the terms and policies mentioned regarding summer program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# GENERAL PERMISSION SLIP FOR MEMBER PARTICIPATION IN FIELD TRIPS SUMMER 2025

(Write above – NAME OF CLUB MEMBER – first and last name) (ONE CHILD PER SHEET)

- Has permission to attend and participate in the following activities and events sponsored by the Boys & Girls Club of Binghamton that will occur between June 29<sup>th</sup> and August 28<sup>th</sup> 2025.
- Recreation Park – swimming ONLY.
- Walking field trips around downtown Binghamton and the river walk.
- Camp Sertoma
- Rumble Ponies Stadium
- The field trip list is subject to change. Field trips may be added or deleted as necessary due to scheduling and weather.

All activities will be supervised by staff from the Boys & Girls Club of Binghamton and staff at the above listed facilities. No child will be able to do any activities without adult supervision. The above-mentioned activities will use the following modes of transportation. First Student bus service, Club van, walking, or other hired transportation companies.

In the event of an emergency, the Boys & Girls Club of Binghamton will need an alternate person to contact if the parent/guardian cannot be contacted.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Telephone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

In the event that I cannot be reached, I the undersigned, individually and as parent/guardian of the member, hereby authorize the Boys & Girls Club of Binghamton to carry out any measures deemed necessary should an emergency occur, including securing at the expense of the undersigned, appropriate medical treatment for the club member listed above. This might include releasing my child for any treatment necessary in the emergency room of an accredited hospital by emergency room staff or doctors called in for emergency room treatment. I release the Boys & Girls Club of Binghamton, its employees, an agent, from any and all liability or claim arising out of the club members engagement in the above-described events.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_

HOME ADDRESS AND ZIP CODE \_\_\_\_\_

PHONE #: (W) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

My child's t-shirt size is:

Youth: Small Medium Large X-Large

Adult: Small Medium Large X-Large