



GREAT FUTURES START HERE.

2572 Route 302
Lisbon, NH 03585
603.838.5954
BGCNorthCountry.org

OFFICE USE ONLY Staff Initials:
Date: Amount Paid: \$
(Circle one) Cash or Check #

CAMP FEE:
\$120 Membership fee per week
Includes field trip admission/transportation fee

Member's General Information:

First Name: Last Name: School:
Birthdate: Gender: Age: Ethnicity: Home Phone:
Home Address: Town: State: Zip: Grade in 2013/2014 :
Number of Members in Household: Does this Member Qualify for Free/Reduced Lunch (circle one): Yes No

Legally Responsible Parent(s)/Guardian(s) Information:

Primary Contact:

Name: Cell Phone:
Home Phone: Work Phone: EX:
Home Address: Town: State: Zip: Apt #:
Place of Employment: Email:
Relationship to child (circle one): Mother Father Stepmother Stepfather Grandmother
Grandfather Other

Secondary Contact:

Name: Cell Phone:
Home Phone: Work Phone: EX:
Home Address: Town: State: Zip: Apt #:
Place of Employment: Email:
Relationship to child (circle one): Mother Father Stepmother Stepfather Grandmother
Grandfather Other

Local Emergency Contact:

1. Name: Cell Phone #:
Home Phone: Work Phone: Ex:
Relationship to Child:
2. Name: Cell Phone #:
Home Phone: Work Phone: Ex:
Relationship to Child:

Child's Medical Information: (child's name) _____

Doctor Name: _____ Doctor Phone: _____

Health Issues: _____

Allergies (drugs, foods, insect sings, pets, etc.): _____

Will member be taking Medication at the Club? (circle one): Yes No

Medications & Doses: _____

Is there anything else we should know about child's physical or emotional condition? _____

Household Information: Please Note this information will be kept strictly confidential. It is collected for grant writing and fundraising purposes ONLY, which are used collectively to improve the quality of the Club, programming, and activities you child is involved with.

Does the Member have any siblings? How many and their ages?: _____

Members in Household under 18: _____ Members in Household over 18: _____

Annual Income Level (circle one): \$0—\$10,000 \$10,000—\$20,000 \$20,000—\$30,000 \$30,000—\$40,000

 \$40,000—\$60,000 \$60,000—\$80,000 \$80,000—\$100,000 \$100,000— +

I hereby request that (child's name:) _____ be accepted to attend the Boys & Girls Club of the North Country (BGCNC) Camp Program. I understand that he/she will be participating in many physical activities and the risk of injury exists. I assume this risk and agree to hold harmless the BGCNC, its staff and volunteers from all claims, damages, injury or illness that occur, accidental or otherwise, during or arising from participation in the activities of the program. I grant permission for BGCNC to provide or obtain medical attention for my child in the event of sickness or injury and I understand accident insurance is not included in registration.

Parent or Legal Guardian's Name (Please Print): _____

Parent or Legal Guardian's Signature: _____ **Date:** _____

Permissions/Authorizations for (child's name): _____

- This child has permission to be transported by BGCNC (circle one): Yes No
- This child has permission to have his/her photograph or name appear in all the usual types of print, press, website, Facebook or radio media that are periodically issued by the BGCNC for publicity or public relation purposes. (circle one): Yes No
- This child has permission to be treated by Club Staff for minor injuries or cuts (circle one): Yes No
- Permission for Treatment by Doctor/Hospital (circle one): Yes No
- This child has permission to have sunscreen applied by staff before attending outdoor activities (circle one): Yes No

Parent or Legal Guardian's Signature: _____ **Date:** _____