



**BOYS & GIRLS CLUB  
OF THE NORTH COUNTRY**

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 # \_\_\_\_\_

**Summer Camp 2016 - REGISTRATION FORM**

**CAMP FEE:**  
\$100 Membership fee per week  
or \$25 Membership fee per day  
Additional \$20 field trip fee per week

**Member's General Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:  Female  Male Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade in 2016/2017: \_\_\_\_\_ Number of Members in Household: \_\_\_\_\_ Does this Member Qualify for Free or Reduced Lunch *(circle one)* Y N

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

**Primary Contact:**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

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: \_\_\_\_\_ Ext: \_\_\_\_\_

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: \_\_\_\_\_ Ext: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Child's Medical Information: (child's name)** \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Health Issues: \_\_\_\_\_

Allergies (drugs, foods, insect stings, 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 your child is involved with.**

Annual Income Level (circle one): \$0—\$20,000 \$20,000—\$40,000 \$40,000—\$60,000 \$60,000—\$80,000 \$80,000—\$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):** \_\_\_\_\_

- My child has permission to be transported by BGCNC (circle one): Yes No
- My child has permission to have his/her photograph or name appear in all media (circle one): Yes No
- My child has permission to be treated by Club Staff for minor injuries or cuts (circle one): Yes No
- My child has permission to be transported to and to be treated by a Doctor/Hospital (circle one): Yes No
- My child has permission to have sunscreen applied by staff before attending outdoor activities (circle one): Yes No
- My Child has permission to participate in daily swim program (circle one): Yes No

Parent or Legal Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please check off the weeks your child will be attending  
Field Trips are every Wednesday. Dates and Locations are subject to change.*

- |                                     |  |
|-------------------------------------|--|
| _____ June 22, Attitash             | _____ July 20, Echo Lake & Cannon Mountain |
| _____ June 29 Santa's Village       | _____ July 27, Lost River Gorge            |
| _____ July 6, Whale's Tale          | _____ August 3, Whale's Tale               |
| _____ July 13, Clark's Trading Post | _____ August 10, Flume & Basin             |
|                                     | _____ August 17, Forest Lake               |