

MEMBER EMERGENCY CONTACTS

Boys & Girls Clubs of Gloucester County

Member's (Child) Name: _____

PRIMARY CONTACT	SECONDARY CONTACT
Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Yes Authorized to Pickup Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call <input type="checkbox"/> Yes	Name: _____ Relationship to Member: _____ Parent/Guardian: <input type="checkbox"/> Yes Authorized to Pickup Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call <input type="checkbox"/> Yes
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Boys & Girls Clubs of Gloucester County

Summer Camp Application 2024



CAMPER INFORMATION

Camper's Name _____ D.O.B _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Gender _____ Current Age _____

Is the Camper currently a Boys & Girls Club Member? YES NO If yes, when? _____

Does the camper qualify for any federal childcare assistance? YES NO If yes, what? _____

Does the camper have any allergies? YES NO
 If yes, explain: _____

MEDICAL INFORMATION

Doctor's Name: _____ Doctor's Phone: _____

Permission for Treatment by Doctor/Hospital: ___ Yes ___ No Medicaid: ___ Yes ___ No

Does your family have health and/or accident insurance: ___ Yes ___ No

Insurance Carrier: _____

Policy #: _____ Group #: _____

Date Health Information Received: _____ Serious Physical and/or Mental Issues: ___ Yes ___ No

If Yes, please explain: _____

Medications: ___ Yes ___ No

If yes, please explain: _____

PHOTOGRAPHY PERMISSION

I Give the Boys & Girls Clubs of Gloucester County permission to photograph my child and use it for their publications, website, press, and brochures.

I do not wish to have the Boys & Girls Clubs of Gloucester County photograph my child.

FIELD TRIP TRANSPORTATION AND ACTIVITIES PERMISSION

I Agree to permit the child named above to participate in all athletic games, activities, and field trips associated with the Boys & Girls Clubs of Gloucester County. This permission is given with the understanding that transportation if needed will be provided. I also understand that the children will be under Boys & Girls Clubs supervision throughout the duration of any field trip.

Parent's Signature _____ Date: _____

Print Name _____