



Boys & Girls Clubs of Gloucester County

Summer Camp Application 2026



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 _____

MEMBER EMERGENCY CONTACTS

Boys & Girls Clubs of Gloucester County

Member's (Child) Name: _____

PRIMARY CONTACT	SECONDARY CONTACT
Name: _____ Relationship to Member: _____ Parent/Guardian: ___ Yes Authorized to Pickup Member: ___ Yes ___ No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call ___ Yes	Name: _____ Relationship to Member: _____ Parent/Guardian: ___ Yes Authorized to Pickup Member: ___ Yes ___ No Address H: _____ Phone: _____ Type: <u>home / cell</u> Phone: _____ Type: <u>home / cell</u> Email: _____ Employer: _____ Occupation: _____ Address W: _____ Phone: _____ OK to call ___ Yes
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County of Gloucester 2025 CDBG Self-Certification Form

This program receives assistance from County of Gloucester's Community Development Block Grant Program. The Program, funded by the U.S. Department of Housing and Urban Development (HUD), requires us to collect specific information about our program participants. This information will be kept confidential and will only be provided to HUD in summarized reports.

CDBG Program Name: Boys & Girls Clubs of Gloucester County, Inc.-
 Program Participant's Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Household Size: _____ (number of people in household)

In the first column of the chart below, find your family size then check the box next to the income level that best describes your family's current annual income. Total family income includes income from all sources (wages, unemployment, social security, public assistance, interest and dividends, worker's comp, etc.) for all members of your family who are at least 18 years of age. A family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

Household Size	Extremely Low Income	Low Income	Moderate Income	Other
1 Person	\$25,100 or less	\$25,101 to \$41,800	\$41,801 to \$66,850	Above \$66,850
2 Person	\$28,650 or less	\$28,651 to \$47,800	\$47,801 to \$76,400	Above \$76,400
3 Person	\$32,250 or less	\$32,251 to \$53,750	\$53,751 to \$85,950	Above \$85,950
4 Person	\$35,800 or less	\$35,801 to \$59,700	\$59,701 to \$95,500	Above \$95,500
5 Person	\$38,700 or less	\$38,701 to \$64,500	\$64,501 to \$103,150	Above \$103,150
6 Person	\$43,150 or less	\$43,151 to \$69,300	\$69,301 to \$110,800	Above \$110,800
7 Person	\$48,650 or less	\$48,651 to \$74,050	\$74,051 to \$118,450	Above \$118,450
8 Person	\$54,150 or less	\$54,151 to \$78,850	\$78,851 to \$126,100	Above \$126,100

Race of Program Participant (must check one):

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Asian White
- Black/African American & White
- Asian/Pacific Islander
- American Indian/Alaskan Native & Black/African American
- Other multi-racial
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White

Ethnicity of Program Participant (must check one):

- Hispanic
- Non-Hispanic

Head of Household Signature

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.