

Registration Date _____

Summer Program 2011

Membership Application

Nantucket Boys & Girls Club

Member Information

Member First Name _____ Last Name _____

Gender: M / F Age: _____ D.O.B. _____

Ethnic Background: African American__ / Caucasian__ / Hispanic__ / Multi-Racial __ / Native American__ / Asian__ / Other __

Address _____

City _____, State _____ Zip Code _____ Phone: _____

School Information

Name of School _____ Grade in Fall _____

Parents Information

Name of Legal Guardian #1 _____ Relationship _____

Phone #s: Home: _____ Work: _____ Cell: _____

Name of Employer _____

Name of Legal Guardian #2 _____ Relationship _____

Phone #s: Home: _____ Work: _____ Cell: _____

Name of Employer _____

E-Mail address to receive Club news: _____

Emergency Contact Information

(To be contacted if Parents/Guardians cannot be reached)

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Medical Information

Doctor Name: _____ Doctor Phone: _____

Permission for treatment by Doctor/Hospital: ___ Yes ___ No Does your family have insurance: ___ Yes ___ No

Insurance Carrier: _____ Policy #: _____

Special Needs/Health Issues: ___ Yes ___ No If Yes, please explain: _____

Medications: ___ Yes ___ No If Yes, please explain: _____

PLEASE FILL OUT INFORMATION ON BACKSIDE!

Consents

My child has permission to: (Please check all that apply)

Leave the building with staff on field trips ___ Watch PG 13 Movies ___

When needed my child may receive: Sunscreen ___ Insect Repellant ___

Member has permission to be used in all public relation & marketing materials ___
(unnamed photos in newspaper, on website, and promotional materials)

Registration Details

Families with more than one member attending our Summer Program will receive a 20% discount.
Discount will be applied by the office staff when membership form is turned in.

_____ **Full Summer** (8 weeks of camp) \$600.00

**A deposit of 50% is due at the time of registration. Remaining balance is due by June 17th. If child is signed up after June 17th full payment will be expected at time of registration.*

_____ **Weekly Membership** \$100.00/week

**Payment is due BEFORE member attends for the week.*

Please check all that apply:

- ___ Week 1 (June 27 – July 1)
- ___ Week 2 (July 5 – July 8) *closed Monday, July 4th*
- ___ Week 3 (July 11 – July 15)
- ___ Week 4 (July 18 – July 22)
- ___ Week 5 (July 25 – July 29)
- ___ Week 6 (August 1 – August 5)
- ___ Week 7 (August 8 – August 12)
- ___ Week 8 (August 15 – August 19)

Total # of weeks to attend: _____

Total amount due: \$ _____

_____ **Daily Membership** \$25.00/day

Members who wish to come on a "day to day" basis MUST be preregistered and prepaid before attending.

I hereby give consent for my child to participate in the Nantucket Boys & Girls Club 2011 Summer Program and further give my authorization to the Staff of the Nantucket Boys & Girls Club to arrange for routine or emergency medical care and treatment necessary to preserve the health of my child. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered and agree not to hold the Nantucket Boys & Girls or any member of their staff responsible in the unlikely event of an accident.

Member Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Office use only:

Student Health Form _____

Immunization Records _____

Sibling attending camp: Y / N

20% Sibling Discount Applied: Y / N

Total Due: \$ _____

Registration Deposit of 50%: \$ _____

Date Received: _____ **Payment Method: Cash** ___ **Check** ___ **CC** ___

Payment #2: \$ _____

Date Received: _____ **Payment Method: Cash** ___ **Check** ___ **CC** ___

Payment #3: \$ _____

Date Received: _____ **Payment Method: Cash** ___ **Check** ___ **CC** ___