



2012 Summer Camp Application

Member #: _____

Sorry, we can't accept applications via fax.

Member _____
(Last Name) (First Name) (MI)

Gender: Male Female

Home Phone _____ DOB ____/____/____ Age _____ School _____ Grade in fall 2012 _____

Mailing Address _____
City, State, Zip _____

Billing Information: Name _____
 Same as mailing Address _____
City _____ State _____ Zip _____

Father's Name _____
Employer _____

Home #: _____ Cell #: _____
Work #: _____ Email: _____

Mother's Name _____
Employer _____

Home #: _____ Cell #: _____
Work # _____ Email: _____

Additional Guardian's Name _____
Employer _____

Relationship _____ Home # _____
Work # _____ Cell # _____

Name of Person Member Lives With: _____ How did you hear about the Club? _____

REQUIRED! Emergency Contact: Please list at least one person *other than Parents/Guardians listed above* to contact in case of emergency:

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

People authorized to pick up my child OTHER than those listed above: _____

HEALTH HISTORY

Please describe conditions and treatment where applicable. Medication will not be dispensed without proper authorization.

Name/Phone of Child's Doctor: _____

Does child wear a medic-alert tag? No Yes please describe _____

Allergies (drugs, foods, insect stings, etc.) No Yes please describe _____

Recent Injuries, Illnesses, Operations, etc. No Yes please describe _____

Physical Disabilities or Chronic Conditions No Yes please describe _____

Psychological, Emotional or Behavioral Disorders No Yes please describe _____

Is there anything else we should know about child's physical or emotional condition? No Yes please describe _____

Does the Member take medication? YES NO

Please list all medications & doses: _____

Yes, child WILL need to take medication while at the Club. This includes Over the Counter Medications. **Your doctor MUST sign a Med Authorization form.** Ask the Club for this form.



1. Please tell us a little more about your family... (These confidential statistics helps the Club apply for funding.)

Child Lives With:	2 Birth/Adoptive Parents	1 Birth Parent	1 Birth & 1 Step	1 Birth & 2nd Adult	Foster Family	Other Relative				
# of Children in Household: _____	Total # of Residents in Household: _____									
Race (circle one)	Caucasian	African American	Hispanic	Latino	Asian	American Indian	Multi-Racial			
Does Family Member Utilize: (check all that apply)	<input type="checkbox"/>	Free/Reduced School Lunch	<input type="checkbox"/>	Gov. Housing	<input type="checkbox"/>	TANF/WIC/Welfare				
Household Income (check one)	<input type="checkbox"/>	Under \$15,000	<input type="checkbox"/>	\$20,000-24,999	<input type="checkbox"/>	\$35,000-39,999	<input type="checkbox"/>	\$30,000-34,999	<input type="checkbox"/>	\$50,000 and over
	<input type="checkbox"/>	\$15,000-19,999	<input type="checkbox"/>	\$25,000-29,999	<input type="checkbox"/>	\$40,000-44,999	<input type="checkbox"/>	\$45,000, 49,999		

2. Waiver and Release of Liability, and Authorization for Minors (Important—Please read carefully)

In consideration of being allowed to participate in any way in the Concord Boys & Girls Club and related events and activities, the undersigned agree to the following:

- Participant:** Prior to participating, I will inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise a counselor, coach, instructor, supervisor, or other event organizer of such condition(s) and refuse to participate.
- Parent/Guardian:** As the parent or legal guardian of the participant I will instruct the minor participant that prior to participating, we will inspect the facilities and equipment to be used, and if I believe or the participant believes that anything is unsafe, we will immediately advise a coach, instructor, supervisor, or other event organizer of such condition(s) and refuse to participate.
- We acknowledge and fully understand that each participant will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the conditions of the premises, or of any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.
- We assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
- We release, waive, discharge and covenant not to sue the Concord Boys & Girls Club and its respective administrators, directors, agents, coaches, and other employees of the organization, other participants, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to the participant, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
- By signing this form I hereby authorize that the minor participant may receive emergency medical treatment for illness or injury that may befall him/her while being transported to or from, or while engaging in the Concord Boys & Girls recreational program or related events and activities.
- I, Parent or Legal Guardian, give/grant the Concord Boys & Girls Club permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about the Concord Boys & Girls Club. I further grant them the right to exhibit, distribute, sell or otherwise dispose of these materials.
- I assume full responsibility for the member's health being such that the activities will in no way aggravate any condition present. In doubt, medical advice will be sought and followed. I agree that the Concord Boys & Girls Club will be notified in advance of any changes in the member's health status that may affect the member's needs during club activities. I declare the statements on this form to be true.
- This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable. WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND AUTHORIZATION, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

Parent/Guardian Signature

Date

3. Use of Sunscreen:

I give permission for my child to wear sunscreen. Boys & Girls Club Staff have permission to apply the sunscreen on my child.
If my child does not have his/her own sunscreen, I give Boys & Girls Club staff permission to use a sunscreen, provided by the Club, for my child.

Parent/Guardian Signature

Date

4. First Aid: I give permission for my child to receive basic first aid treatment.

Parent/Guardian Signature

Date

5. Emergency Medical Transportation:

I give permission for my child to receive emergency medical transportation and treatment if I cannot be reached immediately.

Parent/Guardian Signature

Date

The licensing authority for this program is the bureau of licensing and certification child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents and must make them available for parents to review upon request. Statement of findings and corrective action plans are also available on-line at <http://childcare.dhhs.nh.gov> or by calling the bureau at 603-271-4624 or 1-800-852-3345, extension 4624.

During the licensing, monitoring, and complaint investigation visits to licensed program the department shall speak with children regarding the care they receive at the program if in the judgment of the licensing specialist the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. **However, if your do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the site director or designee, and update annually, a signed, dated statement indicating your preference.**

6. Pick the weeks your child would like to come (use camper's grade entering fall 2012)

	Concord Grades 1-4	Concord Grades 5-8	Hopkinton Grades 1-6	Suncook Grades 1-8	Warner Grades 1-8	Art Camp Grades 5-8	Expedition Bound Grades 5-8
Week 1: 6/18-6/22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not available	Not available
Week 2: 6/25-6/29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Session 1 (wks 2,3,4) Obligates 3 weeks of payment	<input type="checkbox"/> Session 1 (wks 2,3,4) Obligates 3 weeks of payment
Week 3: 7/2-7/6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Week 4: 7/9-7/13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Week 5: 7/16-7/20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Session 2 (wks 5,6,7) Obligates 3 weeks of payment	<input type="checkbox"/> Session 2 (wks 5,6,7) Obligates 3 weeks of payment
Week 6: 7/23-7/27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Week 7: 7/30-8/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Week 8: 8/6-8/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Session 3: (wks 8,9, 10) Obligates 3 weeks of payment	<input type="checkbox"/> Session 3: (wks 8,9, 10) Obligates 3 weeks of payment
Week 9: 8/13-8/17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Week 10: 8/20-8/24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	X

7. Please Tell Us Your Child's T-Shirt Size

- 6/8 Adult M
 10/12 Adult L
 14/16 Adult XL

One shirt is included with your registration. You can order additional shirts for \$10 each.
 I would like _____ additional shirts to be paid with this registration.

8. Here's where your weekly fee is determined

I am applying for assistance through the State of New Hampshire Child Care Assistance Program

Are you currently eligible and "linked" to the Club through the State? Yes No
 If yes, please complete the Club's green State Assistance Contract with a Club staff member.
 If no, please meet with Shirley or AshleyJane to complete the State Form 2530 and the Club's green State Assistance Contract.. (In Suncook and Warner, Bob and Jimmy will complete with you.)

-OR-

I am applying for assistance through the Concord Boys & Girls Club Scholarship Program

Please circle the scholarship that applies to your camper based on persons in home and income. In order to be considered for scholarship, a copy of your most recent tax return must be shown. Scholarship funds are limited and are awarded on a first come, first served basis based on the chart below.

# Persons in home	Income	Income	Income	Income	Income
2	27,949 or less	27,950-36,775	36,776-40,453	40,454-44,130	44,131 and over
3	35,207 or less	35,208-46,325	46,326-50,958	50,959-55,590	55,591 and over
4	42,465 or less	42,466-55,875	55,876-61,463	61,464-67,050	67,051 and over
5	49,723 or less	49,724-65,425	65,426-71,968	71,969-78,510	78,511 and over
6	56,981 or less	56,982-74,975	74,976-83,473	83,474-89,970	89,971 and over
7	64,239 or less	64,240-84,525	84,526-92,978	92,979-101,430	101,431 and over
8	71,497 or less	71,498-94,075	94,076-103,483	103,484-112,890	112,891 and over
Club Scholarship Saves You	\$40.00/week	\$30.00/week	\$20.00/week	\$10.00/week	\$0.00/week
Early Enroller (by 4/27) Pays	\$75/week	\$85/week	\$95/week	\$105/week	\$115/week
Non-Early Enroller (after 4/27) pays	\$95/week	\$105/week	\$115/week	\$125/week	\$135/week

Here's Your Last Step

One-on-One Camp Policy Checklist/Payment Contract

Stop by Bradley Street 8 am-6 pm or other units 3-6 pm to complete with a staff member.

Camper Name (please print) _____

Guardian Name (please print) _____

Staff Initials _____
Guardian Initials _____
/

REGISTRATION CONFIRMATION POLICY

- Waivers in this application have been signed
- Immunization record and proof of physical dated 8/27/10 or later must be on file, attached , mailed to 55 Bradley Street or faxed to AshleyJane at 229-0305 before child will be registered!**
- You are not registered until you get a confirmation letter in the mail. Please be sure the weeks listed on the confirmation letter are accurate.**
- Parent will need to sign a field trip authorization form on the first day of camp.

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Fuel Sur-Charge: If the average cost of regular unleaded gasoline reaches \$4/gallon, we may opt to implement a sur-charge of up to \$5/week.

/

Food, Sunscreen: Parent is responsible for packing breakfast (if applicable), lunch, water, snacks, sunscreen.

/

Medication at Club: If child needs to take medicine of any kind at the Club, including over-the-counter, a medication authorization form (available at the Club) with doctor's signature must be on file.

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Payment Policy

- Fill out the fee chart and review weekly payment for camper
- Due upon arrival Monday of weeks camper attends
- Camper cannot attend if payment is not received Monday morning
- \$25 fee for all returned checks
- Failure to pay will mean you will not be able to register for future program until the balance is paid

/

State of NH Assistance Policy: Please complete State Assistance Contract with a Club staff member.

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Camper Shirt Policy

- Shirt size is recorded on inside page
- Extra shirts can be ordered and paid for at time of registration
- Shirts required on certain days, campers arriving without shirts will be provided with one and charged \$10 due at time of next payment

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Cancellation Policy: Cancellation form must be turned in to and signed by staff member at least two weeks prior to the Monday of the registered week of camp.

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Drop Off and Pick Up Policy: Regular camp hours: 7:00 am to 6:00 pm
-Late pick up charge \$5 for first 10 min plus \$1 per minute after that

As the person responsible for this child, I am acknowledging that I have reviewed and understand all of the summer camp policies with a staff member. I agree to adhere to the outlined policies. I understand that failure to adhere to these policies may result in my child losing their spot in summer camp.

Guardian Signature _____

Date _____

Staff Signature _____

Date _____

Staff Member: Collect \$25 registration fee and copy back page for guardian.

WEEKLY FEE CALCULATION	Fee
Completed registration by April 27	\$115
Completed registration after April 27	\$135
State Assistance (see chart to right)	→
SUBTOTAL	
Club scholarships	- \$_____/wk
Additional Camper in Household	- \$10/wk
TOTAL WEEKLY FEE	

STATE-ASSISTANCE PAYMENT CHART		
State Step 1	\$15/week	
State Step 2	\$20/week	
State Step 3	\$25/week	
State Step 4	\$30/week	
State Step 5 +	\$35/week	

Registration Fee:	\$25
Additional Shirts @ \$10 ea.	\$
Other Payment:	\$
Amt. Paid Today:	\$
Rec'd By:	