



BOYS & GIRLS CLUBS
OF THE NORTHTOWNS

MEMBERSHIP APPLICATION

Sports Camp

Sheridan Parkside Community Center
169 Sheridan Parkside Dr. Tonawanda, NY 14150
Email: critz@bgcnt.net



BOYS & GIRLS CLUBS
OF THE NORTHTOWNS

Program Runs: July 6th- August 13th

Open to Ages 7-14 years old

Operating Hours:

Mon-Thurs: 1:30 pm-4:30 pm

Fridays: 1:30 pm-3 pm

Member Information

First Name: _____ Middle: _____ Last: _____

Date of Birth: ___ / ___ / ___ Current Age: ___ Gender Identity: _____

Ethnicity: (Please check all that apply) White ___ Black ___ Hispanic ___ Native American ___
Other ___

Address: _____ City: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ School: _____

Grade completed in the 2020-2021 School Year: _____

Child's Shirt Size: Youth S ___ M ___ L ___ XL ___ Adult S ___ M ___ L
___ XL ___

Primary Parent/ Guardian Contact

Parent/ Guardian

Relationship to member: _____

Relationship to member: _____

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Home Phone:(_____) _____

Home Phone:(_____) _____

Cell Phone:(_____) _____

Cell Phone:(_____) _____

Work Phone:(_____) _____

Work Phone:(_____) _____

Employer: _____

Employer: _____

Able to pick up? ___ YES ___ NO

Able to pick up? ___ YES ___ NO

Email Address: _____

Email Address: _____

****Please print email neatly so we can ensure we can communicate via email ****

Member Health/ Medical Information

Child's Name: _____ Date: _____

Parent/ Guardian: _____ Date: _____

Phone Number: (____) _____

Health History:

(Please check whether your child has a history of any of the following)

YES

NO

_____ Allergies (please specify) _____
Please specify the severity of the allergy: _____

_____ Asthma
_____ Bee Sting Reaction
_____ Convulsions
_____ Heart Condition
_____ Special Diet (please specify) _____
_____ Diabetes

ARE THERE ANY MEDICAL RESTRICTIONS OR LIMITATIONS TO YOUR CHILD?

_____ NO _____ YES, EXPLAIN _____

Does your child require any special assistance that camp staff needs to be aware of to be successful?

I GIVE MY PERMISSION FOR THE BOYS & GIRLS CLUBS OF THE NORTHTOWNS STAFF TO APPLY THE FOLLOWING:
(CHECK ALL THAT APPLY/ INITIAL)

TOPICAL OINTMENTS (FOR MINOR CUTS AND SCRAPES)

(Parent/ Guardian INITIALS _____)

SUNSCREEN (Parent/ Guardian INITIALS _____)

TOPICALLY APPLIED INSECT REPELLENTS

(Parent/ Guardian INITIALS _____)

Medical Disclaimer:

This health information is accurate and correct insofar as I know. In the event that I cannot be reached in an emergency, I authorize The Boys & Girls Clubs of the Northtowns and/ or its agents

to obtain the proper treatment to assure the health and well-being of my child. This authorization shall extend to and include hospitalization for first aid where/ when necessary.

 Signature of Parent/ Guardian Date

Signature of Family Doctor Date

Designated Pick-Up/ Emergency Contacts

It is a requirement of the Boys & Girls Clubs of the Northtowns that each parent/ guardian provide the names of authorized persons that can pick up their child. If the person's name is not listed below, they will not be allowed to pick up the member. Any changes must be addressed with the Camp Director immediately. **These people will also be classified as Emergency Contacts. Please put in desired order of calls to be made in case of an emergency if the primary contact is unavailable.**

	Name:	Phone Number:	Relationship to Member:
1			
2			
3			
4			

Not able to pick up child:

Please designate if anyone is not able to pick up child. If a listed person attempts a pick up the primary contact will be immediately notified by a camp staff.

	Name:	Relationship to Member:
1		
2		

Please fill out as accurately as possible.

Member lives with: (Please circle all that apply)
 Mom Dad Step Mom Step Dad Grandparent Foster Parent Other: _____

Annual Gross Income (before taxes): _____

Number of people in household _____ Number of children under 18 _____

Number of handicapped in household _____ Number of people in household over 65 _____

Has the child repeated one or more grades? YES _____ NO _____

Has a sibling experienced teen pregnancy? YES _____ NO _____

Please check all that apply to the following questions:

	NEVER	CURRENTLY	PREVIOUSLY
Child involved in foster care?			
Parent military involvement?			
Parent incarcerated?			
Child involved with criminal justice system?			
Sibling involved with criminal justice system?			
Has child been a runaway?			
School attendance problems?			
Child gang involvement?			
Sibling gang involvement?			

Disclaimer:

By virtue of this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/children and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with or in any way arising out of my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any and all Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any club program.

I do hereby give my son/daughter permission to attend and participate in activities sponsored by the Boys & Girls Clubs of the Northtowns.

I hereby release the Boys & Girls Clubs of the Northtowns, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating.

I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident.

Signature of Parent/Guardian **Date**

Name of Parent/Guardian **Name of Club/Camp Participant**

AUTHORIZATION TO BE PHOTOGRAPHED FOR PUBLICITY PURPOSES

INITIAL _____ I give the Boys & Girls Clubs of the Northtowns, Camp TeBeCe permission to photograph/ or take video of my child for publicity purposes while participating in activities at Summer Camp. **Please note that all photos/ videos are on our organizational website www.bgcnt.org or on our Facebook page.** We also on occasion use photos in promotional flyers for summer camp.

INITIAL _____ I **do not** give the Boys & Girls Clubs of the Northtowns, Camp TeBeCe permission to photograph or take video of my child.

Parent/ Guardian Signature

Date

PARENT HANDBOOK SIGN OFF 2021

I agree to abide by the attached policies and procedures of the Boys & Girls Clubs of the Northtowns as stated in our parent handbook provided. I understand that any violation could result in childcare being terminated until these matters are successfully handled to the satisfaction of the camp directors.

Child's Signature

Parent/ Guardian Signature

- **Camp registration is first come, first serve. Due to COVID-19 spaces are limited. Once the registration cap is reached per week all additional campers will be put on a waiting list. This is subject to change as dictated to us by licensing authorities.**

- **All Forms can be emailed to: critz@bgcnt.net or mailed to**

Boys & Girls Clubs of the
Northtowns
ATTN: SPORTS Camp
325 Franklin St.
Tonawanda, NY 14150

Signature: _____

Date: _____

Any questions please email us: critz@bgcnt.net