



2011 SUMMER PROGRAM APPLICATION

Member's Name _____ Home Phone _____

Address _____ City _____ Zip _____

Birthdate ____/____/____ Grade in Fall _____ Age _____ Sex: M F

FIRST EMERGENCY CONTACT:

Name	Phone	Cell Phone	Relation to child
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Additional Emergency Contact (other than parent):

Name	Phone	Cell Phone	Relation to child
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CHILD'S T-SHIRT SIZE: Youth S M L Adult S M L XL

Date shirt received _____ Staff Initials _____

Enrollment is on a space-available basis only. Registration fees are non-refundable.

Enrollment is only confirmed with full payment.

Weekly fees must be received 1 full week in advance
(i.e., by 5:00 p.m. Monday for the following week)

If payment is received after this day, no scholarships or discounts will be available, the "Weekly Rate" will apply.

Registration Fee:

\$35.00 Non Members
\$20.00 Current Members

Weekly Special Rate:

\$65.00 for 1st & 2nd child(ren)
\$55.00 each additional child in family

Scholarship Rate: \$50.00 per week (Must be paid at least 5 business days in advance)

Weekly Rate: \$75.00 per week (Must be paid at least 1 business day in advance)

No discounts or scholarship rates apply.

Drop In Rate: \$25.00 per day (Same-day enrollment) Subject *to space availability*.

PLEASE CHECK THE WEEK(S) YOU WISH TO REGISTER YOUR CHILD: OR FILL IN THE LINE WITH THE DAY

<input type="checkbox"/> JUNE 6-10_____	<input type="checkbox"/> JULY 11-15_____
<input type="checkbox"/> JUNE 13-17_____	<input type="checkbox"/> JULY 18-22_____
<input type="checkbox"/> JUNE 20-24_____	<input type="checkbox"/> JULY 25-29_____
<input type="checkbox"/> JUNE 27-JULY 1_____	<input type="checkbox"/> AUGUST 1-5_____
<input type="checkbox"/> JULY 5-8_____	<input type="checkbox"/> AUGUST 8-12_____
<i>CLOSED JULY 4</i>	<input type="checkbox"/> AUGUST 15-19_____

I give my consent for photographs, in which my son/daughter may appear, to be used in any decent way the Boys & Girls Club may care to use them. I also give consent for my son/daughter to take part in various local field trips during the Boys & Girls Club of Moorpark's Summer Program.

Camp hours are from 7:00 a.m. - 6:00 p.m. Monday - Friday. It is understood that a late fee of \$10.00 per child is charged every 10 minutes after 6:00 p.m. If the Club has not heard from the parents by 7:00 p.m. members will be picked up by the Moorpark Police Department for their safety.

I, parent/guardian of the child named below, in consideration of the request and permission to participate in the referenced activity, hereby assume full responsibility for all risk of injury or loss that may result from my child's participation in this activity, including transportation, and hereby agree to defend, indemnify, hold harmless, release and forever discharge the Boys & Girls Club of Moorpark, its respective officers, agents and employees, past and present, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the Boys & Girls Club of Moorpark, or its respective officers, agents or employees, past and present, by reason of any accident, illness, injury to or death of any persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occurring during said participation, or any time subsequent thereto.

In the event of an emergency, and I cannot be reached, I give my permission to the Boys & Girls Club of Moorpark, and/or it's agents, to obtain whatever medical assistance is necessary at my expense.

I, _____ being parent, guardian or other person entitled to legal custody of _____, a minor child, do hereby authorize the Boys & Girls Club of Moorpark, into whose care I have entrusted said minor child to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor child under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provision of the Medicine Practice Act, or to consent to an X-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

Families using CDR or other alternative payment methods must be approved in advance and additional paperwork is required before enrollment in this program.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

DOCTOR: _____ PHONE: _____

INSURANCE CO.: _____ POLICY #: _____

SPECIAL INSTRUCTIONS: _____
