

2025 Summer Camp Application

| | | | | CHILD | NFORMATION | | | | | |
|---|--------|-------|-------|--------|--|--------|-----|----|----|--|
| First Name | | | | | Last Name | | | | | |
| Suffix | | | | | Informal Name | | | | | |
| | | | | | | | | | | |
| Foster Care | Circle | YES | OR | NO | Racial/Ethnic Identity | | | | | |
| Gender | | | | | Birthdate | | | | | |
| School Name | | | | | Grade | | | | | |
| Address | | | | | City | | | | | |
| State | | | | | Zip | | | | | |
| | | | | Al | LERGIES | | | | | |
| Does your child have any known allergies: | Circle | YES | OR | NO | If so, explain: | | | | | |
| Does the child use an EpiPen? | Circle | YES | OR | NO | | | | | | |
| | | | ı | MEDICA | _ INFORMATION | | | | | |
| Diagnosed Medical Conditions | Circle | YES | OR | NO | If so, explain: | | | | | |
| Other Physical, Mental or Medical Limitations | Circle | YES | OR | NO | If so, explain: | | | | | |
| Does the Member Receive Additional Support in School/Community? | Circle | YES | OR | NO | If so, explain: | | | | | |
| Does the Member use an Inhaler? | Circle | YES | OR | NO | Does the Member Self-Administer Medication? | Circle | YES | OR | NO | |
| Does the Member use Insulin? | Circle | YES | OR | NO | | | | | | |
| | | | INS | URAN | E INFORMATION | | | | | |
| Insurance Carrier | | | | | Member/Policy Number | | | | | |
| Group Number | | | | | | | | | | |
| | | DIMAE | ov cu | ABDIA | N CONTACT INFORMATION | | | | | |
| First Name | Ρ | KIWA | KT GU | AKDIA | Last Name | | | | | |
| Relationship to Child | | | | | Mobile Phone | | | | | |
| Alternate Phone | | | | | Email | | | | | |

| ADDITIONAL GUARDIAN CONTACT INFORMATION | | | | | | | | | |
|---|-----------|---------|------|----------|-----------------------------------|--------|-----|----|----|
| First Name | | | | | Last Name | | | | |
| Relationship to Child | | | | | Mobile Phone | | | | |
| Alternate Phone | | | | | Email Address | | | | |
| | | | | | | | | | |
| | | | E | MERGENC | Y CONTACTS | | | | |
| EMERGENCY CONTACT 1 | | | | | EMERGENCY CONTACT 2 | | | | |
| First Name | | | | | First Name | | | | |
| Last Name | | | | | Last Name | | | | |
| Mobile Phone | | | | | Mobile Phone | | | | |
| Alternate Phone | | | | | Alternate Phone | | | | |
| Relationship | | | | | Relationship | | | | |
| Authorized for Pickup | Circle | YES | OR | NO | Authorized for Pickup | Circle | YES | OR | NO |
| | | нс | OUSE | OLD SUPP | ORT INFORMATION | | | | |
| Primary Language Spoken in the Home | | | | | Member Lives With: | | | | |
| Number of Adults in Household | | | | | Number of Youth in Household | | | | |
| Other Relatives in Household | Circle | YES | OR | NO | If so, explain: | | | | |
| Approx Annual Household Income | | | | | | | | | |
| | | | ТОИ | AUTHORIZ | ED TO PICK UP | | | | |
| | (list any | individ | | | authorized to pick up your child) | | | | |
| First Name | | | | | First Name | | | | |
| Last Name | | | | | Last Name | | | | |
| Relationship | | | | | Relationship | | | | |

| Inital Here | Disclaimer & Waivers |
|-------------|---|
| | Disclaimer I, do hereby give my son/daughter permission to attend and participate in activities sponsored by the Boys and Girls Club of Eden-Lake Shore. I hereby release the Boys and Girls Club of Eden-Lake Shore, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. I further understand that the Boys and Girls Club of Eden-Lake Shore has an "open door" policy for all youth, which means that my child may come and go at will. My signature below indicates that I completely understand the above statement. |
| | Administering First Aid Products In the situation of the occasional scrape, bee sting, sunburn or prevention of sunburns we sometimes need to administer basic first aid. This would include using products like antibacterial cream, sunscreen, aloe/burn cream, anti-itch cream, bee sting ointment, alcohol wipes and hydrogen peroxide, the situation of the occasional scrape, bee sting, sunburn or prevention of sunburns we sometimes need to administer basic first aid. |
| | Photo Relese I agree my child's picture may be used in Boys & Girls Club publications, and marketing materials |
| | Healthy Snack I agree my child may participate in our healthy snack program (allergies permitting). |
| | Safety At the Boys & Girls Club of Eden-Lake Shore, Child Safety is always our number one priority. Ensuring child safety is fundamental to the mission of our organization I have read and understand the Boys & Girls of Eden-Lake Shore Safety Policies found at https://bgcedenlakeshore.org/safety-policy |
| | Eden Dairy Queen Friday's at 4pm, I give my son/daughter permission to walk with staff members to the Eden Dairy Queen during Spring-Fall months, weather permitting. Member must have cash to purchase items |
| | Holiday Adoption At holiday time The Boys & Girls Club is fortunate to have donors adopt families who are in need. Check this box if your family would be interested in becoming adopted if the opportunity presents itself. ALL information will remain confidential. |
| | |
| (Signa | ature of Parent) Date |
| (P | rint Name) |