

Registration Date _____

Summer Program 2018

Summer Membership Application (ages 7 – 13)

Nantucket Boys & Girls Club

Member Information

Member First Name _____ Last Name _____

Gender: M/F Age: _____ (child must be 7 years old by June 25, 2018) Date of birth _____

Has your child been a member of the Nantucket Boys & Girls Club in the past? _____

Ethnic Background: __American Indian __Asian __Black/African American __Hispanic/ Latino __Native Hawaiian/Pacific Islands
__White __ 2 or more races/ __Some other race

Address _____

City _____, State _____ Zip Code _____ Phone: _____

Name of School _____ Grade in Fall 2018 _____

Parents Information

Name of Legal Guardian #1 _____ Relationship _____

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

Name of Employer _____

Name of Legal Guardian #2 _____ Relationship _____

Phone #: 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: _____

Consents

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

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

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, beginning June 25, 2018) \$1,500.00

_____ **Weekly Membership** \$225.00/week

Please check all that apply:

- _____ Week 1 (June 25 – June 29)
- _____ Week 2 (July 2 – July 6) *closed Wednesday, July 4th*
- _____ Week 3 (July 9 – July 13)
- _____ Week 4 (July 16 – July 20)
- _____ Week 5 (July 23 – July 27)
- _____ Week 6 (July 30 – August 3)
- _____ Week 7 (August 6 – August 10)
- _____ Week 8 (August 13 – August 17)

Total # of weeks to attend: _____ Total amount due: \$ _____

**A deposit of 50% is due at registration. Remaining balance is due by June 1, 2017. If child is signed up after June 1st full payment will be expected at time of registration.*

**Financial aid will be available for qualified individuals who are year round residents. Scholarship applications must be submitted by April 13, 2018. Please check with the Club for scholarship forms.*

I hereby give consent for my child to participate in the Nantucket Boys & Girls Club 2018 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.

I have filled out all corresponding registration and medical information forms

I have provided the Nantucket Boys & Girls Club with current medical records/immunization forms from my child’s primary physician

Nantucket Boys & Girls Club complies with regulations of the Massachusetts Department of Public Health and is licensed by Nantucket Health Department. Parents may request copies of background checks, health care and discipline policies, by contacting the Executive Director.

Parent/Guardian Signature _____ Date _____

Office use only:

Student Health Form/Immunization Records _____ Emergency Health Sheet _____

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 ___

Member Name (Last Name, First Name) _____

Nantucket Boys & Girls Club
2018 Summer Program

EMERGENCY HEALTH SHEET

Parent/Guardian _____ Day and/or Cell # _____

Parent/Guardian _____ Day and/or Cell # _____

If a parent/guardian cannot be reached in an emergency, names of responsible adults to call who may pick up child:

Name _____ Day and/or Cell # _____

Name _____ Day and/or Cell # _____

Child's Physician _____ Phone # _____

Child's Health Insurance Carrier _____ Policy # _____

I authorize the NBGC to call my family physician if I cannot be reached and such a call is necessary

I give permission to have the designated staff of the NBGC to administer the following:

- | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|
| All of the below | <input type="checkbox"/> | None of the below | <input type="checkbox"/> |
| Calamine Lotion | <input type="checkbox"/> | Sunscreen | <input type="checkbox"/> |
| Sudafed | <input type="checkbox"/> | Acetaminophen (Tylenol) | <input type="checkbox"/> |
| Ibuprofen (Advil) | <input type="checkbox"/> | Insect Repellent | <input type="checkbox"/> |
| | | Antacid | <input type="checkbox"/> |

Notes or exceptions: _____

Does your child have any chronic health conditions? _____

Does your child have allergies? _____

Does your child carry any of the following? Inhaler Epi-Pen Medications

Medication and reason: _____

Any additional information the NBGC should be aware of? _____

Would you like a Director to contact you to discuss any special needs your child may have before the start of camp? YES / NO

Signature of Parent or Guardian _____

Date _____

PLEASE FILL OUT INFORMATION ON BACKSIDE

Swimming and Water Activities

A part of your child's Nantucket Boys & Girls Club summer program experience is spending time at the beach and in the water. Our waterfront policies and procedures have been carefully designed to insure safety at all times. Staff members overseeing waterfront activities hold lifeguard certifications, have received additional training regarding specific waterfront and beach related safety procedures, and are supervised by our Aquatics Director while facilitating any water activities. Beach activities and staff performance will be closely supervised to insure compliance with all policies and procedures.

Students spend time at north shore and harbor beaches only; e.g., Dionis, Brant Point and Children's Beach. It is important parents/guardians and your children understand all water activities are optional. If members do not wish to participate in water activities there are many other options provided.

Each member's swimming ability will be tested the first day they participate in a beach activity. In order to help insure your child's safety, please rate your child's swimming experience and ability. This information will be included on your child's emergency contact card which is carried by the staff leader on all field trips and beach trips.

Swimming ability

My child is a

___ very strong swimmer ___ moderate swimmer ___ weak swimmer

___ my child cannot swim

Has your child received swim lessons or been part of a swim team? ___

Are you comfortable with your child participating in water activities? ___

Comments _____

Member name _____

Parent signature _____

