



**JAMES L. McKEOWN  
BOYS & GIRLS CLUB  
OF WOBURN**

<b>STAFF USE ONLY</b>	
Membership #:	_____
Invoicing Complete:	_____
Spreadsheet Complete:	_____
ETO Enrollment:	_____

## Summer Camp Application Packet

**Camper's Name:** \_\_\_\_\_

**Each packet must include the following:**

- Completed Application \_\_\_\_\_
- Summer Camp Deposit (non-refundable) \_\_\_\_\_
- Recent Physical Form from Doctor (within 1 year) \_\_\_\_\_
- Financial Aid Application (only if applying) \_\_\_\_\_

**Enrollment Agreement – Please read carefully and then sign below.**

- The registration fee (\$25) and \$30 deposit per week are enclosed. (Registration will not be processed without the registration fee or deposit). **BOTH THE REGISTRATION FEE AND WEEKLY DEPOSITS ARE NON-REFUNDABLE.**
- I agree to pay the balance of camp fees BY THE MONDAY OF THE WEEK BEFORE attendance at camp and understand that if I do not, my child's saved spot will be relinquished.
- A copy of the child's completed physician's form (within one year) & immunization record is attached. I understand that my registration will not be processed without this paperwork.
- I understand it is my responsibility to bring any special conditions or concerns about my child to the Boys & Girls Club staff's attention.
- I give permission to the James L. McKeown Boys & Girls Club to have, use, publish and reproduce photographs, slides, or videotapes of my child for its records, public relations or advertising programs.
- I grant permission for my child to participate in all James L. McKeown Boys & Girls Club organized activities including off campus field trips.
- I have read the James L. McKeown Boys & Girls Club price schedule. I understand and accept the program's policy concerning registration fees, required deposits, weekly tuition and terms of enrollment.
- I understand that once an application is accepted by the James L. McKeown Boys & Girls Club, no funds or transfer of funds will be made for withdrawal, dismissal, failure to attend or incomplete attendance.
- **I certify that the above named child on this registration is physically, mentally, socially and emotionally prepared to participate in all activities.**
- **I understand that the Boys & Girls Club staff reserves the right to dismiss a camper when in his/her judgment the camper's behavior interferes with the rights of others, the smooth functioning of the group or activity, or violates the camp's principles of conduct.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Positive Place for Summer Camp**

Please PRINT all information and answer all question neatly & legibly. Only complete forms will be processed!  
All information provided remains confidential and is used for both safety and funding purposes, to keep costs affordable.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_

T-Shirt Size (**Circle ONE**): Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Street Address \_\_\_\_\_ Apt./Suite Number (if applicable) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SCHOOL INFORMATION**

School Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Grade Entering in Sept. \_\_\_\_\_

Type of School (circle one): Charter Home Parochial Private Public

Anticipated High School Graduation Date: \_\_\_\_\_

Do you anticipate that your child will progress to the next grade on time?: Yes No

**DEMOGRAPHIC INFORMATION:** *This is required & confidential. It is used to solicit donations that help us keep the price of camp affordable to families.*

<b>Ethnicity: (check all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other _____	<b>Member lives with: (check all that apply)</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian	<b>Single Parent Household? (check one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Marital Status Of Parent/Guardian:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Size of Family:</b> <input type="checkbox"/> 2 Persons <input type="checkbox"/> 3 Persons <input type="checkbox"/> 4 Persons <input type="checkbox"/> 5 Persons <input type="checkbox"/> 6 Persons <input type="checkbox"/> 7 Persons <input type="checkbox"/> 8 Persons
<b>Household Public Benefits: (check all that apply)</b> <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> None	<b>School Lunch Status:</b> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Neither  <b>Housing:</b> <input type="checkbox"/> Section 7 <input type="checkbox"/> Section 8 <input type="checkbox"/> Public Housing <input type="checkbox"/> Low Income Housing <input type="checkbox"/> Emergency Housing (shelter, hotel) <input type="checkbox"/> Other	<b>Homeless in last 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Language Most Used:</b>	<b>Annual Household Income:</b>  <b>History with Juvenile Justice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Was child adjudicated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Status Offender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Child of Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Foster Child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## Family Info, Health History, & Emergency Contact Information

Child's Name \_\_\_\_\_

Age as of 6/30/20: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about the James L. McKeown Boys & Girls Club Summer Camp Program?: \_\_\_\_\_

### Parent/Guardian #1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Employer: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

\_\_\_\_\_

### Parent/Guardian #2 (if applicable)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Employer: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

\_\_\_\_\_

### **Local Emergency Contact (Other than parent, in order you would like them to be called. NOTE – we will always try the parent/guardian first.)**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

### **Medications:**

Medications to be administered at James L. McKeown Boys & Girls Club\*: \_\_\_\_\_

Medications given at home: \_\_\_\_\_

\*Medications should be brought to the James L. McKeown Boys & Girls Club in the original labeled pharmacy container. Parents must sign medication consent forms prior to any medication being administered.

Has your child had any serious injuries/operations/chronic illness or disabilities? (Please list dates.) \_\_\_\_\_

\_\_\_\_\_

### **Child Health Data**

Significant Health Concerns: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Bee Sting Allergies: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

Epinephrine pen is prescribed? \_\_\_\_\_

### **Health History Information**

Check and date all that apply:

Asthma	Ear Infections
Diabetes	Infectious Diseases
Bleeding/Clotting Disorders	Bowel/Bladder Disorders
Heart Disorders	Fears/Phobias
Hypertension	ADHD
Convulsions	Emotional/Behavioral Disorders

**Health History & Emergency Information Form (continued)**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy or Group# \_\_\_\_\_

Child's Limitations in any activities? \_\_\_\_\_

Any other special considerations? \_\_\_\_\_

**Female Campers**

Has this child menstruated? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, has she been told about it? Yes \_\_\_\_\_ No \_\_\_\_\_

Any special considerations? \_\_\_\_\_

**Important – Must Be Completed**

This health history form is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. Emergency Authorization: I authorize the James L. McKeown Boys & Girls Club staff who are trained in basic first aid to give my child first aid when appropriate. I hereby give permission to the medical personnel selected by the James L. McKeown Boys & Girls Club to order x-rays, routine tests and treatment for my child. And, in the event that I and my emergency contact or physician cannot be reached in an emergency, I hereby give my permission to the physician selected by the James L. McKeown Boys & Girls Club to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child as named above. I also give permission to the James L. McKeown Boys & Girls Club in event of an emergency to authorize transportation for my child. I understand that I will assume all responsibility for any accidents incurred thereby releasing the James L. McKeown Boys & Girls Club, its staff and its directors of all liability.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of minor \_\_\_\_\_

**In addition to this form, a recent completed medical examination form and immunization record MUST accompany the full camp application. Camp applications will not be accepted without this form from the child's physician.**

## Medical Examination and Immunization History

**Note: You may substitute this form with one provided by your child's physician.**

**The completed medical examination & immunization history MUST accompany your camp application. Camp applications will NOT be accepted without a copy of this form dated within the past 12 months.**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M/F  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Health Examination by a Licensed Physician

Code: V=Satisfactory      X=Not Satisfactory (explain)      0=Not Examined

Eyes	Hct. Or Hgb. Test	Skin
Glasses	Lungs	Urinalysis
Ears	Abdomen	Allergy: (Please Specify)
Nose	Hernia	
Heart	Extremities	General Appraisal:
Genitalia	Posture	

Current medical problems, recent injuries, operations or chronic conditions: \_\_\_\_\_  
\_\_\_\_\_

Regular and/or periodic medications and reasons for taking them: \_\_\_\_\_  
\_\_\_\_\_

Diet: Does this individual have any medically prescribed meal plan or dietary restrictions? \_\_\_\_\_  
\_\_\_\_\_

Allergies (food, drug, environment, bee stings, etc.): \_\_\_\_\_  
\_\_\_\_\_

Is an Epinephrine pen prescribed? Yes \_\_\_\_\_ No \_\_\_\_\_

Medication or treatment to be administered during the camp day: \_\_\_\_\_  
\_\_\_\_\_

Camp participation: This individual may participate in all camp activities unless otherwise indicated.

Limiting conditions: \_\_\_\_\_  
\_\_\_\_\_

Additional Health Information: \_\_\_\_\_  
\_\_\_\_\_

## Medical Examination and Immunization History (continued)

Please record the date (month and year) of all basic immunizations and all booster doses:

Vaccines	Year of Basic Immunization	Year of Last Booster	Vaccines	Year of Basic Immunization	Year of last Booster
DPT/DtaP	1.		Polio	1.	
	2.		OPV/IPV	2.	
	3.			3.	
	4.			4.	
	5.		MMR		
Or TD			Measles		
Or Tetanus			Mumps		
HIB			Rubella		
Hepatitis B	1.		Varicella		
	2.				
	3.				

Tuberculin Test: Type: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

### Physician's Certification

I have examined the above applicant (Licensed Physician's Name) \_\_\_\_\_

Date Examined \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

It is my opinion that the above applicant's condition \_\_\_\_\_ does / \_\_\_\_\_ does not restrict his/her participation in an active summer camp program.

Licensed Physician's Signature \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Authorization to Administer Medication to a Camper**  
(To be completed by parent/guardian.)

Name of Camper: \_\_\_\_\_ Age \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_ Diagnosis (at parents' discretion) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose given at camp: \_\_\_\_\_

Route of administration: \_\_\_\_\_ Frequency: \_\_\_\_\_ Date ordered: \_\_\_\_\_

Duration of order: \_\_\_\_\_ Quantity received: \_\_\_\_\_

Expiration date of medications received: \_\_\_\_\_ Special storage requirements: \_\_\_\_\_

Specific directions (e.g., on empty stomach/with water):

Specific precautions: \_\_\_\_\_

Possible side effects/adverse reactions: \_\_\_\_\_

Other medications (at parents' discretion): \_\_\_\_\_

Location where medication administration will occur: \_\_\_\_\_

I hereby authorized the James L. McKeown Boys & Girls Club to administer to my child \_\_\_\_\_, the medication(s) listed above, in accordance with 105 CMR 430, 160.

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medication, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

\*Health Supervisor – A person who is at least 18 years of age, specifically trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Sessions & Price Schedule

The prices for daily camp, 9:00 a.m. – 5:30 p.m. are as follows:

**Ages 5-6..... \$230/week**  
**Ages 7-11 ..... \$210/week**  
**Ages 12-14 .....\$155/week**

Camper age is determined by the age of the child as of 6/30/2020.  
 A \$25 registration fee and \$30/week deposit is due at the time of registration.

**Please indicate the sessions for which you are applying.**

*Remember that our camp WILL sell out, and we likely will not be able to add additional weeks for your child.  
 The registration fee and deposit are non-refundable and non-transferable.*

- **Session 1** June 29 – July 2    \$ \_\_\_\_\_  
     *Closed July 3<sup>rd</sup>; 4 Day Payment*
- **Session 2** July 6 - July 10    \$ \_\_\_\_\_
- **Session 3** July 13 - July 17    \$ \_\_\_\_\_
- **Session 4** July 20 - July 24    \$ \_\_\_\_\_
- **Session 5** July 27 – July 31    \$ \_\_\_\_\_
- **Session 6** Aug 3 - Aug 7    \$ \_\_\_\_\_
- **Session 7** Aug 10 - Aug 14    \$ \_\_\_\_\_
- **Session 8** Aug 17 - Aug 21    \$ \_\_\_\_\_
- **Session 9** Aug 24 – Aug 28    \$ \_\_\_\_\_

**Optional Extended Care**  
**7:30 a.m. - 9:00 a.m. (\$25/week)**  
*Price to be added to weekly total balance.*

- **Session 1** June 29 - July 2    \$ \_\_\_\_\_  
     *Closed July 3<sup>rd</sup> (\$20 payment)*
- **Session 2** July 6 - July 10    \$ \_\_\_\_\_
- **Session 3** July 13 - July 17    \$ \_\_\_\_\_
- **Session 4** July 20 - July 24    \$ \_\_\_\_\_
- **Session 5** July 27 - July 31    \$ \_\_\_\_\_
- **Session 6** Aug 3 - Aug 7    \$ \_\_\_\_\_
- **Session 7** Aug 10 - Aug 14    \$ \_\_\_\_\_
- **Session 8** Aug 17 - Aug 21    \$ \_\_\_\_\_
- **Session 9** Aug 24 - Aug 28    \$ \_\_\_\_\_

**Total Fee for Morning Care: \_\_\_\_\_**

**Camp Sub-Total**    \$ \_\_\_\_\_

**Morning Care**    \$ \_\_\_\_\_

**Registration Fee**    \$ 25

**Total Cost**    \$ \_\_\_\_\_

**Deposit Due**    \$ \_\_\_\_\_ (\$30 Per Week Attending + \$25 Registration Fee)

**Remaining Balance**    \$ \_\_\_\_\_ (Total Cost – Deposit = Remaining Camp Balance)

**Payment must be made by the MONDAY before the week of attendance. Failure to make payment as scheduled will result in the loss of reserved spot.**

**If you'd like to set up automatic payments with your credit card, please ask for a payment form.**

**For Staff Use Only:**

Amount Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

*Staff – please make a copy of this completed page & give the copy to the parent at time of registration.*



## Transportation Plan

Child's Name \_\_\_\_\_

My child will **arrive** at the Boys & Girls Club  
by:

\_\_\_\_\_ Parent/Guardian drop-off  
\_\_\_\_\_ School bus drop-off  
\_\_\_\_\_ Public Transportation  
\_\_\_\_\_ Other: (explain)

My child will **depart** from the Boys & Girls Club  
by:

\_\_\_\_\_ Parent/Guardian pick up  
\_\_\_\_\_ School bus drop-off  
\_\_\_\_\_ Public Transportation  
\_\_\_\_\_ Other: (explain)

If your child is **walking to or from the Boys & Girls Club**, you must sign below. I give permission for my child to walk to and/or from the James L. McKeown Boys & Girls. I understand that the James L. McKeown Boys & Girls Club and its staff are only responsible for my child when he/she enters the front door of the facility. I also understand that the James L. McKeown Boys & Girls Club and its staff are not responsible once my child leaves the program.

My child may begin walking home at the following time on any given day of camp: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I give my permission for my child to be released from James L. McKeown Boys & Girls Club of Woburn at the end of the day as stated. I also give my permission to the following people to receive my child at the end of the day. \*We strongly recommend that you have alternative sources to pick-up your child in the event that you are running late or unable to pick-up your child. We encourage parents in the program to have another family in the program to be a resource for each other.

1. Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

If someone not on this list is going to be picking up your child, please call or write a note for the James L. McKeown Boys & Girls Club staff.

**Please note that there is a \$1 per minute late fee charged for any child picked up later than 5:30.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Meeting the Needs of Mildly Ill Children**

Any child who appears mildly ill and shows no sign of an emergency is taken aside, encouraged to rest and observed for symptoms. Parents or emergency contacts are notified of symptoms. Based on symptoms, a decision is made if the camp will care for the child.

### **Illness Policy**

Parents will be contacted to pick up their children if any of the following conditions exist. Children must be picked up as soon as possible.

1. Fever (temperature of 100 degrees or above)
2. Abdominal pain, breathing difficulty, or other pain which is persistent, lasting 30 minutes.
3. Indications of a contagious disease.
4. Other symptoms (i.e. vomiting, diarrhea, rash) which the staff feels warrants such action.

Children may return to the program under the following conditions:

1. The child is well enough to attend the program.
2. Results from a throat culture are known.
3. Antibiotic treatment has been given for 24 hours.
4. Lesions from chicken pox have dried and crusted.
5. Child is able to participate in regular program activity.

Parents will be notified in case of any communicable disease such as Measles, Mumps, or Chicken Pox.

Copies of the complete Health Care Policy are available upon request.

## Parent/Guardian's Permission to Apply Sunscreen

Camper's Name: \_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for the personnel at James L. McKeown Boys & Girls Club of Woburn to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be playing outside, especially between the hours of 9:00 a.m. and 5:00 p.m. As with any topical medication or cream, the first application of any brand of sunscreen should be applied at home to evaluate your child's possible allergic reaction to that product. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs.

I do not know of any allergies my child has to sunscreen.

Please ONLY apply sunscreen that I have sent to camp with my child. The brand/type is:

\_\_\_\_\_

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body: \_\_\_\_\_

Parent/Guardian Full Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Emergencies

Emergency Information must be kept up to date. Staff must be able to contact parents in case of an emergency. If changes occur in your information (change in job, telephone, address or contact people), please notify the Boys & Girls Club staff in writing, immediately.

In the event of a medical emergency, the following list of events shall take place:

1. Woburn Police, Fire and Ambulance call 911.
2. Call child's parents.
3. Pediatrician called if parent cannot be reached.
4. If parents are not reached, contact emergency contact(s) and keep trying to reach parents.
5. Contact Club Executive Director.
6. Child will be transported by ambulance to medical facility. The child's emergency file will travel with him/her to the medical facility.
7. When possible, a staff person will go with the child to the medical facility.

Depending on the urgency of the situation, parents may be contacted prior to initiation of EMS (911)

Staff must complete an injury report on all injuries. If emergency treatment is necessary, the injury report must be given to the Program Director that same day. The Program Director must contact MDPH about any emergency treatment and fax a copy of the injury report to MDPH.

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I hereby give the James L. McKeown Boys & Girls Club permission to administer basic first aid and/or CPR to my child, \_\_\_\_\_, and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health. I understand that I will assume full responsibility for any accidents incurred thereby releasing the James L. McKeown Boys & Girls Club, the staff and the directors of all liability.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Field Trips

Occasionally, campers may attend a field trip off site for their "special experience" of the week. Trips may be to a local park, beach or museum. Field trips will not occur every week, but parents will be informed in advance.

I hereby give my permission for my son/daughter, \_\_\_\_\_, to participate in field trips. I give my permission for my child to receive medical treatment in case of a medical emergency. I understand that I will assume full responsibility for any accidents incurred thereby releasing the James L. McKeown Boys & Girls Club, its staff and its directors of all liability.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Consent & Release Information:**

Please initial after each statement:

- *I hereby release, waive, acquit and forever discharge the James L. McKeown Boys & Girls Club, their representatives, successors, insurers, assigns or any other person or entity associated with the above organization such as staff, directors, volunteers from all liability, claims, demands, or causes of action for any and all loss, damage, or injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities either at or away from the Club. X \_\_\_\_\_*
- *My child has permission to be used in public relation materials for the James L. McKeown Boys & Girls Club. Examples of these materials include photographs, videos, literature, web pages, and new releases in both traditional and electronic media. X \_\_\_\_\_*
- *I understand that my child may be asked to complete surveys and/or assessments relative to Club programming. This information is used to improve Club services, and is always kept confidential. I understand that the James L. McKeown Boys & Girls Club may share information about my child with Boys & Girls Clubs of America for research purposes and/or to evaluate the program's effectiveness. X \_\_\_\_\_*
- *I give my permission for my child to participate in mentoring activities as a member of the James L. McKeown Boys & Girls Club. X \_\_\_\_\_*
- *I give my permission to the James L. McKeown Boys & Girls Club and \_\_\_\_\_ School to exchange information regarding my child \_\_\_\_\_. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, at the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's school or the Boys & Girls Club in writing. X \_\_\_\_\_*
- *I understand that my child will have access to the internet while at the Club and that he/she will be instructed on the proper use of a computer, including appropriate websites. I will not hold the James L. McKeown Boys & Girls Club, its staff, directors, or volunteers responsible for any of my child's inappropriate access. X \_\_\_\_\_*

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**Camper Signature**

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**Parent/Guardian Signature**

---

**Date**