

Membership - \$25
Weekly Program - \$65

Boys & Girls Club of Victoria Summer Day Camp

For office use only

Registration Date ___/___/14

Shirt Size: YM YL YXL
AS AM AL

Name: _____ Age: _____ (Male/Female)

Address _____ City _____ Zip Code _____

Parent/Guardian: _____ Work Phone: _____

In case of an emergency whom should we contact if the parent cannot be reached?

1. _____

Name	Relationship	Phone
------	--------------	-------

2. _____

Name	Relationship	Phone
------	--------------	-------

Medical Information

State any Physical or Medical conditions or disabilities your child may have that may keep him/her from participating in certain activities.

List Any Medications your child takes daily that staff should know about.

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Physician: _____ Phone: _____

Hospital Preference: _____