



BOYS & GIRLS CLUBS  
OF SOUTHERN MARYLAND

# "GREAT FUTURES START HERE" SUMMER CAMP

July 3, 2017 - AUGUST 11, 2017

**Price: \$350.00 (includes Friday field trips) \$250.00 (Monday thru Thursday only)**  
**Early Bird Price: \$325.00\* (includes Fri. field trips) \$225\* (Mon. thru Thurs. only)**  
**\*If Paid By May 31, 2017**

*15% Discount available for two or more in a household* **Fees Are Non Refundable** Bayside

Name of Child (First, MI, Last)		_____ Male _____ Female	Date of Birth: _____ Age _____
Current School (include state):		Grade Completed:	Email:
Name of Parent(s) or Guardian(s):			
Address (Number, Apt. #, City, State, and Zip Code)			
Home Phone	Cell Phone		Work Phone
<b>Medical and Emergency Contact Information</b> If Parent(s) or Guardian(s) cannot be reached, in an EMERGENCY, please call:			
Name (First and Last) and Relationship to Child		Emergency Contact's Phone Number	
Doctor's Name:		Doctor's Phone Number:	
Medical Issues		Special Medication	
State In Which Child's Immunizations were Completed. Please attach records, if out of state.		Date of Last Tetanus Shot <b>(MANDATORY)</b>	
Does your child have any psychological or behavioral problems? _____ Yes _____ No		Do you require extended daycare? ___Yes ___No \$25 per child, per week, must be paid in advance	

**Agreement:** I hereby grant permission for my child to participate in the BGCSM Summer Camp 2017. BGCSM has permission to photograph my child in BGCSM sponsored activities.

**The Release Statement:** In consideration of the acceptance of the camper for enrollment in the Summer Camp, I hereby release and discharge BGCSM, Youth Activities Program, its agents, employees and offices, from all claims, demands, action, judgments and executions which the undersigned, as parent(s) of the camper, ever had or now has or may have, Youth Activities Program, its successors, or assigns for personal injuries known and injuries to property, real or personal, caused by, arising out of the campers enrollment in the Summer Camp. BGCSM reserves the right to terminate a summer camp contract.

Signature of Parent(s) or Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

**Camp Fee Includes 2016-2017 Club Membership. Please complete attached membership form.**