BOYS & GIRLS CLUBS
OF SOUTHERN MARYLAND

"Be The Next..."
SUMMER CAMP

June 22 , 2020 – July 31, 2020 (6-week option)
June 22, 2020 – August 14, 2020 (8-week option)

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

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

Medical and Emergency Contact Information
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 **(MANDATORY)**
Does your child have any psychological or behavioral problems? _____ Yes _____ No	Do you require extended daycare? ___Yes ____No $25 for am care / $25 for pm care - per child, per week, must be paid in advance each week

Agreement: I hereby grant permission for my child to participate in the BGCSM Summer Camp 2020. 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 _____