



BOYS & GIRLS CLUBS
OF SOUTHERN MARYLAND

"Great Summers start Here..."

Choose one or more:

- Session 1 - June 27 - July 8 - \$175 9:00am - 4:30pm
- Session 2 - July 11 - July 22 - \$175 9:00am - 4:30pm
- Session 3 - July 25 - August 5 - \$175 9:00am - 4:30pm

(All 3 Sessions Discounted to \$475)

- Early Care - Session 1 - \$50 7:30am - 9:00am
- Early Care - Session 2 - \$50 7:30am - 9:00am
- Early Care - Session 3 - \$50 7:30am - 9:00am

- Late Care - Session 1 - \$50 4:30pm - 6:00pm
- Late Care - Session 2 - \$50 4:30pm - 6:00pm
- Late Care - Session 3 - \$50 4:30pm - 6:00pm

Fees Are Non Refundable

Name of Child (First, MI, Last)	<input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

Agreement: I hereby grant permission for my child to participate in the BGCSM Summer Camp 2022. 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, 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 for personal injuries known and injuries to property, real or personal, caused by, or arising out of the camper's enrollment in the Summer Camp. BGCSM reserves the right to terminate a summer camp contract.

Signature of Parent(s) or Guardian(s) _____

Date _____

Names of authorized people who may pick up camper:

_____ Cell Phone Number _____

_____ Cell Phone Number _____

_____ Cell Phone Number _____