



# 2020 SUMMER CAMP

Summer Session: July 13, 2020– September 4, 2020

Camp Hours: 7:30 am– 5:30 pm

**\*NO CLUBHOUSE HOURS\***

Drop Off Time: 7:30 am– 8:30 am

**NO Exceptions**

Required Everyday: Sack lunch, 2 Water bottle(s), snacks, mask (optional).

Weekly Fees: \$150 per member

Annual Membership: \$50 per child (July 2020-June 2021)

*Payments must be made by Wednesday at 4:30 PM for the following week. First week's payment plus the membership fee are due at the time of your registration appointment.*

**Please check all weeks your child will attend:**

**Week 1: July 13-17, 2020**

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

**Week 5: August 10-14, 2020**

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

**Week 2: July 20-24, 2020**

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

**Week 6: August 17-21, 2020**

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

**Week 3: July 27-31, 2020**

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

**Week 7: August 24-28, 2020**

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

**Week 4: August 3-7, 2020**

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

**Week 8: August 31-September 4, 2020**

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Dates and hours are subject to change.\*\***

I understand that all fees paid for must be used for the corresponding weeks during Camp. I have reviewed and understand the camp hours, fees, and membership details. I have read and signed the following documentation related to COVID-19 (initial each form/waiver):

\_\_\_\_\_ COVID-19 Parent/Member Expectation Form

\_\_\_\_\_ Assumption of the Risk and Waiver of Liability Relating to COVID/19

\_\_\_\_\_ **I also understand that ALL fees are NON-REFUNDABLE and/or NON-TRANSFERABLE.**

In consideration for permitting my child to participate in these events, I agree to indemnify and hold harmless the Boys & Girls Clubs of South County and its officers, agents, employees and volunteer aides from any liability that may occur during the course of their attendance in the program. I further agree that if a medical emergency should arise during the course of Camp and I cannot be reached, the Boys & Girls Clubs of South County employees or volunteer aides shall have my permission to secure the necessary medical treatment for my child. Furthermore, I am aware that my child can not participate without this written permission slip. **Verbal Permission is not allowed.**

**Child** First Name: \_\_\_\_\_ **Child** Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Parent** Name: \_\_\_\_\_ **Parent** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency** Number: \_\_\_\_\_ **Second** Emergency Number: \_\_\_\_\_