



BOYS & GIRLS CLUBS
OF SOUTH COUNTY

2020 Winter Camp

Winter Session: **December 21-23, 2020 and December 28-30, 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.**

Weekly 3-day Fee: \$90 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.

☐ **Week 1: December 21-23, 2020**

Receipt #: _____ Date: _____

☐ **Week 2: December 28-30, 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: _____