



BOYS & GIRLS CLUBS
OF SOUTH COUNTY

Summer Day Camp

Session Begins : June 16, 2021

Hours: 7:30 am– 5:30 pm

Drop Off Time: 7:30 am– 8:30 am (NO Exceptions)

Required Everyday: Lunch, 2 Water bottle(s), snacks, mask.

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:

<input type="checkbox"/> <u>Week 1: June 16– June 18, 2021</u> (Wed-Fri)	Receipt #: _____	Date: _____
<input type="checkbox"/> <u>Week 2: June 21– June 25, 2021</u>	Receipt #: _____	Date: _____
<input type="checkbox"/> <u>Week 3: June 28– July 2, 2021</u>	Receipt #: _____	Date: _____
<input type="checkbox"/> <u>Week 4: July 6– July 9, 2021</u> (Tue-Fri)	Receipt #: _____	Date: _____
<input type="checkbox"/> <u>Week 5: July 12– July 16, 2021</u>	Receipt #: _____	Date: _____

**** All information is 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: _____