



BOYS & GIRLS CLUBS
OF SOUTH COUNTY

Spring Day Camp 24

Session Begins : **March 18** , 2024 — **March 29**, 2024

Hours: **7:30 am– 5:30 pm**

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

Required Everyday: **Lunch, 3 Water bottles, snacks, mask (optional).**

Weekly Fees: \$150 per member

Annual Membership: \$50 per child (July 2023- June 2024)

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.

**Minimum of 20 children enrolled*

Please check all weeks your child will attend:

<input type="checkbox"/>	<u>Week 1: March 18 - 22, 2024 (M– F \$150)</u>	Receipt# _____	Date: _____
<input type="checkbox"/>	<u>Week 2: March 25 -29, 2024 (W– F \$150</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 indemnity 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:** _____