



BOYS & GIRLS CLUBS
OF SOUTH COUNTY

Summer Day Camp 24

Session Begins : **June 10, 2024 — July 19, 2024**

Hours: **7:30 am– 5:30 pm**

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

Required Everyday: **Lunch, 1 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:

- Week 1: June 10-14, 2024 (M– F \$150) Receipt# _____ Date: _____
- Week 2: June 17-21, 2024 (W– F \$150) Receipt# _____ Date: _____
- Week 3: June 24-28, 2024 (W– F \$150) Receipt# _____ Date: _____
- Week 4: July 1-5 2024 (M– F \$120) Receipt# _____ Date: _____
- Week 5: July 8-12, 2024 (M– F \$150) Receipt# _____ Date: _____
- Week 6: July 15-19, 2024(M– F \$150) Receipt# _____ Date: _____

We will be **closed Tuesday, July 4, 20234**

**** 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:** _____