



**BOYS & GIRLS CLUBS
OF WARWICK**

2014 Boys & Girls Clubs of Warwick Summer Blast Registration Form (Must accompany BGCW membership form)

Student's Name: _____ Date of Birth: _____ female: [] Male: []
 Student's Address: _____ City/State: _____ Zip: _____ Phone: _____
 School: _____ Grade: _____

Guardian Name: _____ Guardian Name: _____
 Relationship: _____ Relationship: _____
 Phone: _____ Phone: _____ Phone: _____

*Is there any court order relating to the child's custody or release? Yes [] No []
 If yes, Please provide a copy of the court order.*

Parent/Guardian(s) will be contacted first

Emergency Contact/Pick Up #1 (other than parent/guardian) Name: _____
 Phone: _____ Phone: _____
 Emergency Contact/Pick Up #2 (other than parent/guardian) Name: _____
 Phone: _____ Phone: _____

Student will be dismissed at the end of the program and you will be able to pick them up outside of the front doors. If you need to pick up your child before 3:00 dismissal, you must sign them out with the BGCW staff.

My child will get home by: _____ walking from BGCW _____ Pick-up _____ Ext. Care*

*Extended care is available, and students pre-registered for that service will be transported to our Camp, and will need to be signed out there.

Please note, Tuesdays & Thursdays, Students will be transported to our summer camp, program will end at 3pm, but students are welcome to remain at the camp until 6pm at no additional fee, and will need to be signed out there.

Our program fees are based on your child's lunch status during the school year. Please refer to the following Chart to determine your appropriate fee, and attached your verification letter from the school (if applicable)

During the School Year my Child Receives:	I agree to Pay:	With Extended Care M, W, F
Free Lunch	\$10/week	\$20/week
Reduced Lunch	\$20/week	\$30/week
Full-Pay Lunch	\$30/week	\$40/week

Balance due on or before the first day of programming. Checks & Money Orders are accepted
 Checks can be made payable to Boys & Girls Clubs of Warwick
 Amount included: \$ _____



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Medical History – Health Record

Please note: In order for your child to attend any day care center or summer camp in Rhode Island, you must provide an immunization record and evidence of a pre-admission physical examination conducted by a licensed physician.

.....
Please complete the information below and use the reverse side of this form for the physical examination.

Health History: (Check – any potential problem for which staff should be prepared.)

Frequent Colds: Ivy, Sumac, Oak Poisoning Frequent Sore Throats:

Stomach Upsets: Allergies (Bee Stings, etc. please be specific)

Does your child know how to swim? Yes No

Medications currently being taken: _____

Are there any conditions, which should be brought to the attention of the staff?

.....

PARENT/GUARDIAN AUTHORIZATION FOR EMERGENCY MEDICAL CARE

IN CASE OF EMERGENCY, I hereby authorize the Boys & Girls Clubs of Warwick to arrange for medical examination and/or treatment for my child. I would prefer to have my child, if the need arises, taken to

_____ Hospital.

X _____
Signature of Parent or Guardian

Date

PLEASE ATTACH A RECENT PHOTOGRAPH OF YOUR CHILD

**APPLICATION WILL NOT BE CONSIDERED
COMPLETE WITHOUT PICTURE**

Glue or tape picture here:

INFORMATION ON SUMMER B.L.A.S.T 2014!

Dates: July 7th – August 15th
Time: 8:00 am – 3:00 pm

Extended care is available, and transportation will be provided for **pre-registered** campers M,W,F until 6pm

Tuesdays & Thursdays
Campers will need to be picked up at the Masonic Youth Grounds after 3pm (weather permitting)

YES!

My child will need extended care.

I understand that my child will need to be picked up from the Masonic Youth Grounds

*There will be NO Extended Care available on Monday, August 11th

Fees:

\$30 per week

\$10 per Week for extended care per child.

*sliding scale may be available based on free/reduced lunch eligibility

Important Notes:

- Your child will participate
- Your child will participate in discovery walks in the neighborhood as part of the service learning process
- Your child will participate in weekly field trips off site and will be transported by bus
- Your child will be transported to and participate in Camp Activities on Tuesday and Thursday afternoons (weather permitting) and will need to be picked up at our Camp located at 116 Long Street on those days

VAN RIDER PLEDGE

*For scheduled field trips, afternoons at the Summer Camp and extended care.
Campers will be transported using our Club Mini-Busses and vans.*

While riding in the Boys & Girls Clubs of Warwick vans, I promise to:

Always wear my seatbelt securely.

Always face the front of the van.

Never eat or drink in the van.

Always help keep the van clean of trash on the inside.

Never make gestures with my hands or face at other vehicles that drive by the van or people walking.

Always sit back in my seat.

Always keep my voice low, so the driver can hear.

Always keep my camp supplies in my backpack.

Always keep my hands inside the van.

I understand that if I break these promises, it could result in being suspended from Summer Camp

Member's signature _____

Date _____

I, the parent/guardian of _____ have read the above pledge and understand that if my child breaks the pledge, it could ultimately result in suspension from Summer Camp

Parent/Guardian signature _____

Date _____



HASBRO SUMMER LEARNING INITIATIVE

PARTICIPANT PHOTO/VIDEO WAIVER AND RELEASE

NOTICE: Parent or legal guardian must sign this document if participant is a minor.

PARTICIPANT NAME: _____

ADDRESS: _____

PHONE: _____

DATE: _____

THIS WAIVER AND RELEASE is made as of the Date specified above by the participant identified above ("Participant") in connection with the use by United Way of RI ("UWRI") and/or Hasbro, Inc., on behalf of itself and its subsidiary and affiliated entities (collectively, "Hasbro"), of participant's name, likeness and image.

Participant understands that he/she may be filmed and/or photographed by UWRI and/or Hasbro or its agents in the course of participating in an event with representatives from Hasbro and UWRI. In consideration for this participation, Participant hereby grants to UWRI and Hasbro and to such other persons or entities which Hasbro and UWRI may from time to time designate, the right to use the Participant's name, likeness and image in videos, photographs and other materials, whether in whole or part, in connection with promotional and marketing communications, including but not limited to video presentations, newsletters, brochures and other printed and digital materials, shared with UWRI and/or Hasbro employees, shareholders, customers and business partners. Participant understands that Participant will not receive any monetary compensation for the grant of these rights.

Participant and Participant's successors and assigns hereby voluntarily irrevocably and unconditionally release and forever discharge UWRI, Hasbro, and their successors, assigns, officers, directors, employees, stockholders, representatives, agents and attorneys and all persons acting by, through, under or in concert with them, from and against any and all claims, losses, damages, liabilities, expenses and causes of action of every kind and nature whatsoever arising out of Hasbro's use of Participant's name, likeness and image in accordance with this Waiver and Release.

Nothing contained herein shall be deemed to state or imply that UWRI and/or Hasbro shall have any obligation to use Participant's name and likeness in any manner whatsoever.

PARTICIPANT (Signature): _____ DATE: _____

If Participant is under 21 years of age, the parent or legal guardian of Participant should sign below.

I am the parent or legal guardian of Participant and do hereby consent and grant my permission to all the foregoing.

PARENT OR LEGAL GUARDIAN (Signature): _____

DATE: _____



BOYS & GIRLS CLUBS
of Warwick

Membership
Fee of
\$30 per year
is required

First _____ Middle _____ Last _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____ Male Female Age _____ D.O.B _____

School Info: Current School _____ Grade _____
 Child's Ethnicity: Caucasian African-American Asian Hispanic
 Multi-Racial Native American Other _____

Meal Program: Please check one
 Free Lunch Reduced Lunch Do not qualify

Guardian/Parent 1
 Name: _____
 Relationship: _____
 Employed at: _____
 Home #: _____
 Work #: _____ Cell# _____
 Email: _____

Guardian/Parent 2
 Name: _____
 Relationship: _____
 Employed at: _____
 Home #: _____
 Work #: _____ Cell# _____
 Email: _____

Medical Information:

Emergency Contact: _____ Relationship: _____ Phone: _____
 (OTHER THAN THE PARENT)

Please describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while involved in Boys & Girls Clubs of Warwick activities:

Please list any medications (prescribed, or over the counter) that your child takes on a regular basis
 Name of Prescription/Dose: _____ For what condition? _____
 Name of Prescription/Dose: _____ For what condition? _____
 Name of Prescription/Dose: _____ For what condition? _____

Health Insurance Name of Health Plan: _____

Under whose name: _____ Subscriber # _____

PARENT/GUARDIAN AUTHORIZATION FOR EMERGENCY MEDICAL CARE

IN CASE OF EMERGENCY, I authorize the Boys & Girls Clubs of Warwick to arrange for medical examination and/or treatment for my child. I would prefer to have my child, if the need arises, taken to _____ Hospital.

Signature of Parent/Guardian: _____ Date: _____

SEE REVERSE SIDE ***SEE REVERSE SIDE*** ***SEE REVERSE SIDE***

Office Use: Rec'd Date _____ Staff Init. _____ Ret.# _____ Nor OB

Date Entered _____ Staff Initial _____

CDBG

The Club requests this information to use for general, statistical purposes only. Frequently, potential Club funding sources such as Local Grantors, United Way, Boys & Girls Clubs of America and charitable foundations ask for various statistics for the youth and families served by the Club. Thank you in advance for your understanding and assistance

1. Number living in household: ___ Adults ___ Children
- Member lives with: Mom Dad Step Mom Step Dad Grand parents
 Guardian Other _____
- Member has with ___ Sister(s) & ___ Brother(s), _____
2. Is/Are Parent(s)/Guardian(s) in the military? ___ Active Duty ___ Reserves
3. Total Household Income (please check one)
 \$0 - \$20k \$20k-\$30k \$30k-\$40k \$40k-\$50k \$50k-\$60k \$60k-\$70k \$70k +
4. Is English a second language for this child? Yes No
 If yes, what is the primary language? _____

Mission:

The Boys & Girls Clubs of Warwick is a non-profit organization working to help youth of all background, with a special concern for those from disadvantaged circumstances, develop the qualities to become responsible citizens and leaders. Our core services include activities such as educational games, tutoring, drug prevention, sports and physical education, recreation, arts & crafts, and environmental awareness, etc.

Membership:

Any child in grades 1 through 12 can join the Boys & Girls Clubs of Warwick. You do not have to be a resident of Warwick. A yearly membership fee of \$30, a \$20 monthly fee and a completed application is all it takes to be a member at the Boys & Girls Club! If a family qualifies for free/reduced lunch—the monthly fee is waived. (Letter from child's school is required)

ATTENTION PARENTS: PLEASE READ AND SIGN THE FOLLOWING

WAIVER OF LIABILITY

In accordance with section 7-6-9 of the Rhode Island General Laws entitled "Exemption from Liability", I hereby waive any liability that the BOYS & GIRLS CLUBS OF WARWICK, its officers, directors, trustees, agents, servants or employees might have for and agree that said BOYS & GIRLS CLUBS OF WARWICK, its officers, directors, trustees, agents, servants and employees shall not be liable for any bodily injury to the participant incurred while such participant is practicing for, participating in, any contest or exhibition of an athletic nature sponsored by the BOYS & GIRLS CLUBS OF WARWICK, and hereby assume the risk of any bodily injury to such participant incurred while such participant is practicing for or participating in any contest or exhibition of an athletic nature sponsored by the BOYS & GIRLS CLUBS OF WARWICK.

My child may join the Boys & Girls Club of Warwick, and participate in Boys & Girls Club facilitated activities both in and around the Boys & Girls Club property. I understand that my child may be used in photographs, videos, literature, web pages and news releases in local media and other media outlets both traditional and electronic. I understand the above mentioned fee schedule and understand that failure to comply with the rules and regulations of the Boys & Girls Club may result in a cancellation of membership with no refund of dues. I certify that the above information is true and correct to the best of my knowledge. I read and understood the Waiver of Liability, and I understand that the club and its personnel are not responsible for loss of personal property.

X _____ _____
(Parent or Guardian's Signature) Date

I wish to become a member of the Boys and Girls Clubs of Warwick. I promise to respect my club, its property, and other members.

X _____
(Member's Signature)