



BOYS & GIRLS CLUB
of Tipton County
341 W. Jefferson St. Tipton, IN 46072

2009 Summer Camp Application

Office Use Only:

First Child				Second Child				Third Child			
First Name: _____				First Name: _____				First Name: _____			
Middle Name: _____				Middle Name: _____				Middle Name: _____			
Last Name: _____				Last Name: _____				Last Name: _____			
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Age:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Age:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Age:
Home Phone Number: _____				Mothers Cell Number: _____				Fathers Cell Number: _____			

Fathers Name: _____ Work #: _____

Mothers Name: _____ Work #: _____

Fees: Per week fees are: One child \$45, Two children (same family) \$70, and three or more children \$85. Parents selecting to pay per day fees will be charged \$12 per day. Per day fees require payment on the day of attendance. **All Fees are to be paid by the Friday before the session begins.**

Drop Off Begins: Drop off runs from 7:30 AM – 8:00 AM

I wish to register my child(ren) for the following weekly sessions:

- | | | |
|--|--|--|
| ___ Week 1 June 8 th – June 12 th | ___ Week 5 July 6 th – July 10 th | |
| ___ Week 2 June 15 th – June 19 th | ___ Week 6 July 13 th – July 17 th | |
| ___ Week 3 June 22 nd – June 26 th | ___ Week 7 July 20 th – July 24 th | |
| ___ Week 4 June 29 th – July 3 rd | ___ Week 8 July 27 th – July 31 st | ___ Week 9 August 3 rd – August 7 th |

Your Signature below verifies that:

I hereby give permission for my child to participate in on-site activities at the Club, and travel to activities away from the Club by van / bus. I understand that I assume full responsibility for any accidents incurred, thereby releasing the Boys & Girls Club of Tipton, the Staff, the Board of Directors, and volunteers of all liabilities. I understand that in the event of an emergency requiring medical attention for my child that if I cannot be reached, I hereby authorize the transportation of my child to a hospital or medical facility to receive treatment.

x _____ Parent/Guardian Signature	x _____ Date:
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