

Summer Camp Registration

Please circle the location your child(ren) will attend:

Bremerton

North Mason Teen Center

Sand Hill

Sidney Glen

Orchard Heights

Parent/Guardian (s) _____

Home phone _____ Day phone _____ Cell/pager _____

Mailing address _____

Child #1

Name _____

Age _____ DOB _____

Grade entering in the Fall _____

Please circle the weeks your child will attend

1 2 3 4 5 6 7 8 9

Child #2

Name _____

Age _____ DOB _____

Grade entering in the Fall _____

Please circle the weeks your child will attend

1 2 3 4 5 6 7 8 9

Child #3

Name _____

Age _____ DOB _____

Grade entering in the Fall _____

Please circle the weeks your child will attend

1 2 3 4 5 6 7 8 9

- **Membership and payment in full for first week attending is due at time of registration.**
- **A deposit of \$20 due for each additional week will hold a spot, applies to your payment of that week.**
- If paying in full for all weeks attending, no deposit is required.
- **Membership is annual** so due only if not current member through summer.

Discounts:

- **Sibling Discount** is \$5 for first child, \$10 for second child, etc, **Sibling discount does not apply if financial aid in some other form is given.**
- **Reduced lunch** qualifies for \$50 fee, **Free lunch** qualifies for \$25 fee. **Military family** discounts apply—see staff.
- **5% discount if paying for entire summer in full at time of registration (all weeks offered).**

Calculating the cost per child:

Membership \$50
(this fee is only required if yearly fees have not yet been paid through summer)

Camp costs: \$75 x # of weeks attending: \$ _____
Or

Deposit: \$20 x _____ (# of weeks) + \$75 first week charge

Discount: (military, free/reduced rate) \$ _____

Total child #1 : \$ _____
(membership costs, if necessary + camp costs OR deposit - discounts)

Total amount due: \$ _____
(cost per child + donation)

Membership \$50
(this fee is only required if yearly fees have not yet been paid through summer)

Camp costs: \$75 x # of weeks attending: \$ _____
Or

Deposit: \$20 x _____ (# of weeks) + \$75 first week charge

Discount: (sibling, military, free/reduced rate) \$ _____

Total child #2 : \$ _____
(membership costs, if necessary + camp costs OR deposit - discounts)

Membership \$50
(this fee is only required if yearly fees have not yet been paid through summer)

Camp costs: \$75 x # of weeks attending: \$ _____
Or

Deposit: \$20 x _____ (# of weeks) + \$75 first week charge

Discount: (sibling, military, free/reduced rate) \$ _____

Total child #3 : \$ _____
(membership costs, if necessary + camp costs OR deposit - discounts)

CAMPERSHIPS

This program enables the Boys & Girls Clubs of South Puget Sound to provide camping opportunities to youth who otherwise couldn't afford to attend.

Yes I would like to contribute!

_____ \$75 _____ \$50 _____ \$25 _____ other: \$ _____
Please include this with your payment.

Thank You!

We accept exact cash, check, Visa, and Master Card

Cash _____ Check _____ Visa _____ MC _____

Card number _____ Expiration Date _____ 3-digit CCV Code (on back of card) _____

Name as it reads on the card _____

Please read and sign this Assumption of Risk and Release, Publicity, & Medical Treatment

Consent: I, the undersigned parent or guardian of this applicant, a minor, do hereby authorize staff of the Boys & Girls Clubs of South Puget Sound and its agents to administer first aid & to consent to emergency medical, surgical, or dental examination, treatment, etc. by a physician, EMT, or hospital. By participating in these programs and using the Club's facilities and equipment and its agents' facilities and equipment, I agree to release and hold harmless the Clubs, their agents, employees, officers and directors from all claims for injury, death, property damage and expenses, including attorney's fees, arising from participation. I agree that pictures taken of my children in the programs, and samples of their work may be used for future promotional purposes. In absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release.

Parent Signature _____ Date _____

Printed Name _____

Register IN PERSON at the Club:
2-6pm at all locations in West Sound

Registration forms and fees can be mailed to:
PO Box 214, Belfair, WA 98528

Registration forms can be faxed to:
360.782.6833
(Visa/Master Card only accepted with this method)

Checks may be made payable to:
Boys & Girls Clubs of South Puget Sound
For more information please call: 360.362.1854