BOYS & GIRLS CLUB
OF CAMDEN COUNTY
856-966-9700

Return Completed Form with Medical Exam, Applicant's Birth Certificate, Immunization record and Camp fee.

2010 SUMMER CAMP/CIT APPLICATION
PARKSIDE CLUBHOUSE

Unit Name: **Marjorie & Lewis Katz Clubhouse**

First Name: ____________________ Middle: ________________ Last: ______________________________

Address: ____ At this Address Since: __________

City: ______________________ State: _________ Zip: ________________ In Area Since: __________

Telephone: ___________________ Birth Date: ______________ Age:___________ New Member Y / N

Ethnicity: ________________ Gender: ____Male ____Female T-Shirt Size _______________

School Information:

Current School: _____________________________________ Current Grade: _____ Current GPA: ____

Current Teacher: _________________________________ Food Program: _________________________

Medical Information:

Doctor Name: _____________________________ Doctor Phone: _________________________

Permission for Doctor/Hospital: ____Yes ____No

Does your family have health and/or accident insurance: ____Yes ____No

Insurance Carrier: ____

Policy #: ___________________________________ Group#: ___________________________________

Serious Health Problems: ____Yes ____No If yes, explain _____________________________________

Medications: __ Yes ___ No If yes, explain____

General:

Parent Understood Signed Insurance Disclaimer and Permission Statement: ____Yes ____No

This member has permission to be used in public relations materials: ____Yes ____No

This member may participate in all Boys & Girls Club activities in or adjacent to the club building: ____Yes ____No

My child **(Does / Does Not)** require Parent/Guardian Pickup (Circle one)

Do You Belong to:

____Boy Scouts or Girl Scouts ____School Club ____YMCA or YWCA ____Church Group

Religion: ____________________________ Other: ________________________________

Will you attend club: (check one)

____Year-around ____Only during School Year ____Only during Holidays or Summer

How long a Member in Years: ___________ Club Member Since: ___________

Reason(s) for joining: ___Fun ___Learning ___Sports ___Other: ___________________________

Household: This information is gathered for the purpose of improving our Club for your child.

Annual Gross Household Income:			
Annual	$0 - $5000 _____	$30,001 - $35,000 _____	$60,001 - $65,000 _____
Gross	$5001 - $10,000 _____	$35,001 - $40,000 _____	$65,001 - $70,000 _____
Household	$10,001 - $15,000 _____	$40,001 - $45,000 _____	$70,001 - $75,000 _____
Income:	$15,001 - $20,000 _____	$45,001 - $50,000 _____	$75,001 - $80,000 _____
	$20,001 - $25,000 _____	$50,001 - $55,000 _____	$80,001 - $85,000 _____
	$25,001 - $30,000 _____	$55,001 - $60,000 _____	$85,001 - $90,000+ _____

Do you live with your: ___Mom ___Step Mom ___Dad ___Step Dad ___Grandparent ___Other: ___________

Is there a Member of the Household 65 years old or Older: ____Yes ____No

Is there a Member of the Household Handicapped: ____Yes ____No

Current Head of Household: ____Female ____Male

Current Housing Area: ____

Current Single Parent: ____Yes ____No Current Number in Household: _________________

Number of Brother: _____ Ages: _______________ Number of Sisters: _____ Ages: _______________

Disclaimer:

The Boys & Girls Clubs of Camden County is not responsible or liable in any way in the event of harm or injury occurring to the child. It is agreed that the parent or guardian will not hold the Boys & Girls Clubs of Camden County responsible for the welfare or whereabouts of the child. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Club of Camden County legal fees.

Parent/Guardian Signature: _____________________________________ Date: _____________________

Member's Signature: _____________________________ Date: _____________________

FOR OFFICE USE ONLY Membership#: _______________________

Entry Date: ________________ Expiration Date: ____________________ Status: _______________

Birth Certificate on File: ____Yes ____No Birth City: ____________ Birth State/Country: ____________

Type: ________________ New or Renewal Member: __________________ Processed by: ____________

PARKSIDE CLUBHOUSE APPLICATION
Boys & Girls Club of Camden County

Please list the names and telephone numbers of the person(s) authorized to pick up your child or to be contacted in case of an emergency. Please include Parent/Guardian.

Member's Name: ____________________________________

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1
PRIMARY CONTACT
Parent/Guardian: ____ Emergency: ____
Person Authorized to Pickup Member: ____
Name: ____________________________________
Employer: _________________________________
Occupation: _______________________________
Address H: ________________________________
Address W: ________________________________

Relationship to child: _________________________

<u>Please Include area code with telephone numbers.</u>
Home Phone: _______________________________
Cell Phone: ________________________________
Work Phone: _______________________________
Email: _____________________________________
</td>
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2

Parent/Guardian: ____ Emergency: ____
Person Authorized to Pickup Member: ____
Name: ____________________________________
Employer: _________________________________
Occupation: _______________________________
Address H: ________________________________
Address W: ________________________________

Relationship to child: _________________________

<u>Please Include area code with telephone numbers.</u>
Home Phone: _______________________________
Cell Phone: ________________________________
Work Phone: _______________________________
Email: _____________________________________
</td>
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3

Parent/Guardian: ____ Emergency: ____
Person Authorized to Pickup Member: ____
Name: ____________________________________
Employer: _________________________________
Occupation: _______________________________
Address H: ________________________________
Address W: ________________________________

Relationship to child: _________________________

<u>Please Include area code with telephone numbers.</u>
Home Phone: _______________________________
Cell Phone: ________________________________
Work Phone: _______________________________
Email: _____________________________________
</td>
<td>
4

Parent/Guardian: ____ Emergency: ____
Person Authorized to Pickup Member: ____
Name: ____________________________________
Employer: _________________________________
Occupation: _______________________________
Address H: ________________________________
Address W: ________________________________

Relationship to child: _________________________

<u>Please Include area code with telephone numbers.</u>
Home Phone: _______________________________
Cell Phone: ________________________________
Work Phone: _______________________________
Email: _____________________________________
</td>
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</table>

PARKSIDE CLUBHOUSE PHYSICAL EXAMINATION

This examination is required prior to the start of Summer Camp.

The physical exam is a State requirement; it will also provide the staff of the Boys & Girls Club of Camden with pertinent information which will help to serve the needs of your child.

IMMUNIZATION HISTORY: This is a record of basic immunization and most recent booster doses.

DPT OR DT OR TD Date_______________ Date _____________ Date _____________ Date ____________

Polio _____________ Date _______________ Date______________ Date _____________ Date ____________

Measles Date ______________ Other: _________________________________ Date ____________

Rubella Date ______________ Other: _________________________________ Date ____________

Mumps Date ______________ Other: _________________________________ Date ____________

MEDICAL EXAMINATION – To be filled out by licensed physician.

General Appearance _____________________________________ Height ______________ Weight ______________

Blood Pressure ____________________ Urinalysis ______________ Posture & Spine __________________________

Throat – Tonsils ______________________________ Eyes _____________ Vision ______________________________

Glasses _______________ Extremities ___________________ Heart _________________ Nose _________________

Ears ________________ Hearing ____ Feet ______________________

Lungs _________________ Skin ________________________

Allergy: (Please specify) ____

Neurological Findings: ____

Describe Abnormal Findings and or Handicapping conditions: ____

____

Recommendations and restrictions while in Camp.

Special diet: ____

Special Medication: Name (s) ____

Amount (s) _____________________________ Time (s) ____________________________

Swimming _______________________ Diving ________________________ Running __________________________

Strenuous Activities ____

General Appraisal: ____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp /Year Round After school and Youth Center Activities, except as noted above.

____

Examining Physician

Address: ____

Telephone: ___________________________________ Date of Examination: ___________________________