



**BOYS & GIRLS CLUB**  
OF CAMDEN COUNTY  
856-963-6490

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

**2011 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 \_\_\_\_\_

Early Drop Off \_\_\_\_\_ Late Pick Up \_\_\_\_\_

**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: \_\_\_\_\_



# PARSKSIDE 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: \_\_\_\_\_

<p><b>1</b></p> <p style="text-align: center;"><b>PRIMARY CONTACT</b></p> <p>Parent/Guardian: ____ Emergency: ____          Person Authorized to Pickup Member: ____          Name: _____          Employer: _____          Occupation: _____          Address H: _____          Address W: _____</p> <p>Relationship to child: _____</p> <p style="text-align: center;"><u>Please Include area code with telephone numbers.</u></p> <p>Home Phone: _____          Cell Phone: _____          Work Phone: _____          Email: _____</p>	<p><b>2</b></p> <p>Parent/Guardian: ____ Emergency: ____          Person Authorized to Pickup Member: ____          Name: _____          Employer: _____          Occupation: _____          Address H: _____          Address W: _____</p> <p>Relationship to child: _____</p> <p style="text-align: center;"><u>Please Include area code with telephone numbers.</u></p> <p>Home Phone: _____          Cell Phone: _____          Work Phone: _____          Email: _____</p>
<p><b>3</b></p> <p>Parent/Guardian: ____ Emergency: ____          Person Authorized to Pickup Member: ____          Name: _____          Employer: _____          Occupation: _____          Address H: _____          Address W: _____</p> <p>Relationship to child: _____</p> <p style="text-align: center;"><u>Please Include area code with telephone numbers.</u></p> <p>Home Phone: _____          Cell Phone: _____          Work Phone: _____          Email: _____</p>	<p><b>4</b></p> <p>Parent/Guardian: ____ Emergency: ____          Person Authorized to Pickup Member: ____          Name: _____          Employer: _____          Occupation: _____          Address H: _____          Address W: _____</p> <p>Relationship to child: _____</p> <p style="text-align: center;"><u>Please Include area code with telephone numbers.</u></p> <p>Home Phone: _____          Cell Phone: _____          Work Phone: _____          Email: _____</p>

# 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.

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**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 \_\_\_\_\_

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**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: \_\_\_\_\_

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**Recommendations and restrictions while in Camp.**

Special diet: \_\_\_\_\_  
Special Medication: Name (s) \_\_\_\_\_  
Amount (s) \_\_\_\_\_ Time (s) \_\_\_\_\_  
Swimming \_\_\_\_\_ Diving \_\_\_\_\_ Running \_\_\_\_\_  
Strenuous Activities \_\_\_\_\_

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General Appraisal: \_\_\_\_\_

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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: \_\_\_\_\_