



**BOYS & GIRLS CLUB
OF HARRISBURG**

Summer Camp Registration Form

June 14th – August 13th 2021

Angino (Berryhill) Clubhouse – 1227 Berryhill Street (8:00am – 7:30pm)

John N. Hall Clubhouse – 1700 Hanover Street (8:00am – 7:30pm)

\$20 Annual Membership

_____ Angino (Berryhill) Clubhouse

_____ John N. Hall Clubhouse*

\$25 per week Summer Camp (1 session per Member)

Age Group & Time Slot

_____ Preps (6 – 9 years old) 8a – 11:30a

_____ Preps (6 – 9 years old) 12p – 3:30p

_____ Cadets (10 – 12 years old) 8a – 11:30a

_____ Cadets (10 – 12 years old) 12p – 3:30p

_____ Juniors & Seniors (13 – 18 years old) 4p – 7:30p*

\$50 registration deposit

(will be applied to the last two weeks of camp)

Payments are due every Friday for following week

Late pickup fee will be assessed every 10 minutes in \$10 increments.

(Must be paid before child can return)

Child's Name: _____

Date of Birth: _____ Age: _____ Phone Number: _____

I hereby give my child _____ permission to attend summer camp and I further agree not to hold the Boys & Girls Club of Harrisburg or its employees responsible for accident or injury incurred while attending summer camp. Further, my child is responsible for all personal belongings, which should be labeled with his/her name. I agree to the payment terms listed above.

Parent/Guardian Signature

Date

GREAT FUTURES START HERE.



Membership Application

Angino Clubhouse – Downey Clubhouse – John N Hall Clubhouse
Annual Membership Fee: \$20

OFFICE USE ONLY:

Unit Name:	Membership Number:	Date:
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MEMBER INFORMATION

Full Name:		
Home Address:		
City:	State:	Zip Code:
Birth Date:	School:	Grade:
Gender: MALE FEMALE	Race & Ethnicity:	
Lunch Program (circle one): FREE REDUCED NON-NEEDY NONE		
Allergies or Medications:		
Medical or Behavior Issues:		

PARENT/GUARDIAN INFORMATION

Full Name:	
Home Phone:	Relationship to Member:
Cell Phone:	Work Phone:
Email:	
Is the head of household a single parent?	

EMERGENCY CONTACT 1

Full Name:	
Phone Number:	Relationship to Member:

EMERGENCY CONTACT 2

Full Name:	
Phone Number:	Relationship to Member:

PICK – UP INFORMATION

Is there a restraining order preventing anyone from having contact with the child? YES NO	
NOTE: You must provide legal documentation if choosing "Yes."	
Full Name:	Relationship to Member:

FOOD & OTHER ALLERGIES

For BGCHBG to serve your child better, please list any health and/or allergy condition(s) your child may



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have: _____ Nuts _____ Dairy _____ Hay Fever _____ Bee Stings _____ Other

If yes, please list all foods your child cannot eat: _____

Other allergies: _____ Yes _____ No

If yes, please list: _____

PARENT/CHILD AGREEMENT

INITIAL

_____ I understand and agree that BGCHBG is not responsible for lost, stolen, or broken items.

_____ I understand and agree that BGCHBG is not responsible for medical, dental, hospital or other expenses incurred as a result of an injury suffered on BGCHBG property or during any of its activities away from the Club.

_____ I understand and agree that my child must be picked up by closing time or a fee will be charged. Members are not allowed to wait outside for their rides to come.

_____ I understand and agree that bullying and fighting is not allowed at the Club and will result to disciplinary action.

_____ I authorize the BGCHBG to photograph or record my child and use their image in Club publications and/or media presentations. If applicable, I authorize members of the media to photograph or tape my child engaging in Club activities or special events.

_____ I authorize my child to participate in all BGCHBG activities in or adjacent to the Club building.

I understand and agree to the rules of the Boys & Girls Club of Harrisburg and request that my child be admitted into membership.

Signature of Parent/Guardian _____ Date _____

Signature of Child _____ Date _____

The Boys & Girls Club of Harrisburg reserves the right to adjust our policy based on actions that may not be mentioned above that we deem harmful to the member, other members and/or our staff.