



BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY GRANITE FALLS UNIT

SUMMER CAMP 2019

TO REGISTER:

Complete this registration form and a 2019 summer parent packet & drop them off at the Granite Falls Boys & Girls Club, 110 S Alder Ave, Granite Falls WA, 98252. For questions call (360) 386-1583. Our office hours are M-F 12 PM - 6 PM.

- \$125 (4-5 day per week) / \$100 (3 days per week) / \$40 (daily rate)
- Prices do not include the (one time) \$25 dollar registration fee
- Camp hours are from 9AM—3PM (field trips may have adjusted hours)
- Extended hours for registered campers at no additional cost, 6AM-6PM
- Lunch is provided thanks to the GFSD summer lunch program
- Most field trips are Wednesdays from 8:30-3:30PM (space is limited)
- Scholarships (income verification is mandatory) and multi-family discounts may be available to those who qualify
- Once you turn in this form with your \$25 registration fee, you will receive a parent packet with detailed camp information
- Parent packets are due before attending summer camp
- Each week/day must be paid in advance (payment arrangements available)

Contact rcannon@bgcsc.org for registration, sponsorship & general program information.

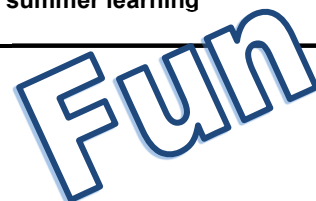


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Activities include weekly fieldtrips, water wars, robotics, Sno-Isle programs, gardening, Yoga, Zumba, Aikido, group games, legos, board games, outdoor activities, computers, video games, legos, STEAM / reading programs to target summer learning



Participant Information



First Name: _____ Last _____ Gender: M F

Birth date: _____ Grade: _____ School: _____

E-Mail: _____ Parent First Name: _____ Last: _____

Day Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Shirt Size YM YL AS AM AL AXL * sizes run 1/2 size small

I would like to donate an additional \$ _____ to support scholarships for kids at the Granite Falls Boys & Girls Club

Disclaimer

I declare that I am the parent or legal guardian of _____ a minor, age _____, I have full custody and control of the child. To the best of my knowledge my child is in good health and is adequately immunized to participate in Club activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached I hereby authorize his/her athletic supervisor, coach or any other Club volunteer or employee to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for my medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the above listed phone. In case I cannot be reached in an emergency, medical treatment as described above may proceed without further authorization. I understand the "open door" policy which allows children to come and go as they please. I understand also that the club accepts no responsibility for keeping my child in the building or on the premises except when enrolled in a licensed childcare program. I hereby give permission for a photo of likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County. The photo will not be sold without the express written consent of the parent or legal guardian. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.

Parent/Guardian Signature: _____ Date: _____

Disclaimer:

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