



BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY GRANITE FALLS UNIT

SUMMER CAMP 2015

TO REGISTER:

Complete this registration form & Drop it Off or Mail it with payment to: 307 N Alder Ave, Granite Falls WA, 98252

- Camp hours are from 9AM—3PM. We will be open from 6AM—6PM for registered campers.
- Field trips will be from 9-3pm on Thursdays (field trip daily rate will be \$40)
- \$100 Weekly Rate—\$25 Daily Rate (excluding field trip days)
- We will be continuing to offer our \$30 per year drop-in program throughout the summer. Drop-in hours are from 3PM—6PM Monday through Friday (Thursday drop-in hours are subject to change depending on our field trip schedule)
- Scholarships are available for those who qualify.
- Once you turn in this form with your first payment you will receive a parent packet with detailed camp information.
- Parent packets are due before attending summer camp. Payment for each week/day must be made before the start of said week/day.
- Contact rcannon@bgcsc.org for registration, sponsorship & general program information.



facebook.com/granitefallsbgcsc

Participant Information

First Name: _____ Last _____ Gender: M F

Birth date: _____ Grade: _____ School: _____

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

Day Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone: _____

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

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:

The Granite Falls School District (the "District") does not assume sponsorship of, or responsibility for the content of any activities offered on this flyer. The District has neither reviewed nor approved the program, personnel, activities or organization announced in this flyer. Distribution of this flyer should not be considered a recommendation or endorsement of the program. The District shall be held harmless from any cause of action or claim arising out of the distribution of this flyer including all costs, attorney fees and judgments or awards.

MORE ON BACK



June 2015

Mon	Tue	Wed	Thu	Fri
15	16	17	18	19
22	23	24	25	26
29	30			

To help us plan our summer, please indicate on these calendars which days or weeks you are planning on attending.

\$100 Weekly Rates!

\$40 Thursday daily field trip rate

\$25 daily rate on all other days

Camp hours are
9AM –3PM*

*Open 6AM-6PM for registered campers

July 2015

Mon	Tue	Wed	Thu	Fri
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August 2015

Mon	Tue	Wed	Thu	Fri
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

Each week must be paid for on or before the start of each week.

Individual days must be paid for on or before the start of each day.