



184 Horton Street London, ON N6B 1K8
 Tel (519) 434-9114 Fax (519) 432-9306 www.bgclondon.ca

FOR OFFICE USE ONLY	
Kidtrax #	_____
Membership Code#	_____
Expiry Date#	_____
Approach#	_____

B.L.A.S.T CAMP 2010 REGISTRATION FORM

AGES 13 - 16

SESSION: \$235 (includes lunch every day)

Child's Name: _____
First Middle Last

Date of Birth: _____ / _____ / _____ Age: _____ Sex: Male [] Female []
Day Month Year

Address: _____
Street Name & # City Postal Code

Home Phone #: (_____) _____

e-mail Address: _____ Would you like to receive Club information via e-mail? Yes [] No []

Does your Child know how to swim? Yes [] No [] School: _____ Grade: _____

FATHER / STEP FATHER / GUARDIAN

Name: _____
 Occupation: _____
 Employer: _____
 Work: (_____) _____

MOTHER / STEP MOTHER / GUARDIAN

Name: _____
 Occupation: _____
 Employer: _____
 Work: (_____) _____

FAMILY HISTORY

Parent(s) Marital Status: Other [] Married [] Separated [] Divorced [] Widowed [] Single []
 Child lives with: Mother [] Father [] Both [] Mother and Step Father [] Father and Step Mother [] Grandparent []
 Aunt / Uncle [] Sister / Brother [] Other [] Please Specify: _____

Number of Sisters: _____ Number of Brothers: _____ Number of People in the Household: _____

Emergency Contact (*Other than Parent*):

_____	_____	(_____) _____	(_____) _____
<small>Name</small>	<small>Relationship to Child</small>	<small>Day Phone # & Ext.</small>	<small>Cell Phone #</small>

Name of Two People Who Are Authorized to Pick-up your child:

1. _____ 2. _____

List anyone NOT ALLOWED to pick up your child. _____

Does Your Child Have Medical, Physical, or Emotional concerns that we should know about? If yes please give details:
 i.e. ADHD, emotional outbursts, allergies or any other concerns that may require more attention than the 1:12 ratio
 camp offers. Please explain: _____

List of all Medications Your Child is Taking: _____

Health Card #: _____ Physician: _____ Phone #: (____) _____

Do you give consent to the Boys' & Girls' Club to use your child's name & photo for public purposes: Yes No

1. Please list any previous experience your teen has had with children and youth. _____

2. What does your son/daughter hope to learn from participating in this camp? _____

3. Has your teen taken the St. John's Ambulance Babysitter course? Yes No

Membership Prices are subsidized according to *combined* family income.

Annual Combined Family Income: 1 Under \$24,000 2 \$24,001 - \$30,000 3 \$31,000 - \$50,000 4 over \$50,000

ADMINISTRATION POLICIES

PAYMENT OF FEES

Full payment must be received at the time of registration. We accept VISA, MasterCard, Debit, Cash and cheques. Post-dated cheques must be dated no later than June 1, 2010. If payments are not received by June 1, 2010, your child will be withdrawn from camp.

CHANGE OF WEEKS/ CAMP & REFUND POLICY

To receive a refund, all changes and cancellations must be submitted in writing at least one week prior to the start date. A \$15 Administration fee will be charged for NSF Cheques, Cancellations or Changes.

CHILDREN WITH DIFFICULT BEHAVIOUR AT CAMP

Parents will receive a Behaviour Management Form, signed by Camp Coordinators and Management, to assist their child in dealing with any difficult behaviour experienced at camp. If your child needs to leave camp for not correcting inappropriate behaviour, a refund will not be issued.

I have read and understood the Boys' & Girls' Club of London policies and request that my son/daughter be admitted to camp. I have explained the rules to my son/daughter and agree that the Boys' and Girls' Club will not be responsible for any accidents to the boy/girl while on the premises or while engaged in any activities away from the Club.

Parent / Guardian Signature

Date

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S1 - WK 2 & 3 Amt. Due: _____ Early / Late Fees: _____ Subsidy: _____ Membership Fee: _____ Amount Pd: _____

Paid By: Cash Debit Visa Master Card Cheque Post Dated Chq. _____

Date Registered : _____ Receipt #: _____ Received By: _____

S2 - WK 3 & 4 Amt. Due: _____ Early / Late Fees: _____ Subsidy: _____ Membership Fee: _____ Amount Pd: _____

Paid By: Cash Debit Visa Master Card Cheque Post Dated Chq. _____

Date Registered : _____ Receipt #: _____ Received By: _____