



BOYS & GIRLS CLUB
OF LANGLADE COUNTY

411 Superior St
Antigo, WI 54409

8th Annual Sizzlin' Summer Camp

June 5th – August 18th, 2017

Office Phone:
715-627-1389
Club Phone:
715-627-1800

Summer Camp Registration Fees (1st-8th Grade)

March 1-31: \$375 first child, \$325 each additional child
April 1-30: \$400 first child, \$350 each additional child
May 1-31: \$450 first child, \$400 each additional child
June 1: \$500 first child, \$425 each additional child

INSTRUCTIONS: Please read the attached rules and policies before completing both sides of this form.

YOUTH:

First _____ Middle _____ Last _____

Nickname: _____ Birth Date: _____ / _____ / _____ Gender: Male Female

School: _____ Grade: _____ ***MUST BE GOING INTO 1st GRADE**

T-Shirt Size: Youth Small Youth Medium Youth Large Youth XL Adult Small Adult Medium Adult Large Adult XL
Registration includes one t-shirt. For a second shirt check the box below.
 Additional t-shirt (cost \$5)

Lives With: Both Parents Mother Only Father Only Extended Family Foster Family Group Home

Ethnicity: African American Asian Caucasian Hispanic/Latino
 Native American Multi-Ethnic Other: _____

How did you hear about the Club? Friend/relative School Internet Advertisement/sign Other: _____

HEAD OF HOUSEHOLD:

First _____ Last _____ *E-mail Address _____

Home Address: _____

City: _____ State/Zip: _____ Household Size: _____

Home Phone: () _____ Cell Phone: () _____

Employer: _____ Work Phone: () _____ Ext. _____

Are any parents active in the military? Yes No

(Optional) Under \$10,000 \$10,000 - \$14,999 \$15,000 to \$24,999
Household Income: \$25,000 to \$34,999 \$35,000 to \$49,999 \$50,000 and over

OTHER PARENT / GUARDIAN:

First _____ Last _____ Male Female

Employer: _____ Work Phone: () _____ Ext. _____

OPTIONAL INFORMATION: (Check all programs from which family receives assistance)		
<input type="checkbox"/> SSDI	<input type="checkbox"/> Day Care Voucher	<input type="checkbox"/> School Lunch
<input type="checkbox"/> SSI	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Veterans Compensation
<input type="checkbox"/> TANF	<input type="checkbox"/> General Assistance	<input type="checkbox"/> MA (Medicaid, BadgerCare, etc.)

MEDICAL INFORMATION:	
Does Youth Have Insurance Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Youth Swim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company: _____	Policy Number: _____
List Medical Problems, Disabilities, and Allergies: _____	
List Medications: _____	
Family Physician: _____	Phone: () _____
Preferred Hospital: _____	Phone: () _____

PICKUP INFORMATION:	
List names of individuals (other than parents) authorized to pickup youth. These individuals will also be emergency contacts.	
1. _____	Relationship: _____ Phone: _____
2. _____	Relationship: _____ Phone: _____
Person(s) Not Authorized: _____	

PARENT/GUARDIAN APPROVAL:

I approve my child's application for membership to the Boys & Girls Club of Langlade County. I have received a copy of the Club rules and policies and have read and explained the rules to my child. We agree to follow the Club rules and policies (Ask Permission, Be Safe, Be Responsible, Be Respectful, Have Fun!), and we understand that Club membership is a privilege that may be revoked at any time.

Technology: I understand that my child will have supervised access to the Internet for browsing and educational purposes.

Surveys and Questionnaires: I give permission to the Boys & Girls Club of Langlade County to survey my child about his or her Club experience, behaviors, skills, and attitudes.

School Information: I give permission to the Boys & Girls Club of Langlade County and my child's school to exchange information regarding my child. The purpose of this exchange is to help both organizations do a better job of helping the student be successful in school, in the Club, and in life. This release is valid for one year and may be revoked by contacting my child's school in writing.

Use of My Child's Image and Artwork: I grant the Boys & Girls Club of Langlade County the irrevocable right to photograph / record my child's physical likeness and any artwork or other projects created by my child and to use the said images in the production of promotional materials. I relinquish all rights to copyright, title, property interest and/or any other interesting said images and I waive the right to inspection and approval of the finished reproduction.

Medical Treatment: I give permission for Club staff members to administer first aid treatment or allow a physician or hospital to administer emergency treatment to my child as deemed necessary.

Release of Liability: I will not hold the Boys & Girls Club of Langlade County responsible in case of any loss, damage, injury, or death resulting from use of Club facilities or participation in Club activities either at or away from the Club.

Parent/Guardian Signature _____
Date

I have read and understand the Club rules and policies. I understand that I need to bring my Club card to check in everyday.

Member Signature _____
Date