



Child's Name: _____ **Birth date:** _____
Address: _____

Parent/Guardian name: _____
Home Phone: _____ **Work Phone:** _____
Number where you can be reached in an emergency: _____
Alternate Emergency Contact: _____ **Relationship:** _____
Alternate Emergency Phone Number(s): _____
Pertinent Medical Information: (allergies, medication, etc.): _____

Permission to participate in Summer Camp Activities as posted for the week.

Please read each section below and initial, then sign and date at the bottom.

I give permission for my child to participate in all summer day camp activities sanctioned by the Boys & Girls Club of Bainbridge Island, and for my child to leave the Club accompanied by Boys & Girls Club staff for scheduled or spontaneous field trips. For scheduled field trips, I give permission for my child to be transported in vehicles owned by the Boys & Girls Club and operated by qualified Boys & Girls Club staff, as well as to travel on public transportation (WA State Ferries, Seattle METRO buses, etc.). These activities will be listed whenever possible on the weekly summer day camp schedule. Spontaneous field trips will be short, walking field trips within a half mile of the Club. **Initial** _____

I give permission for my child to be given emergency treatment, including first aid and/or CPR, by a first responder or other qualified individual, and for him or her to be transported by ambulance to an emergency center for further life-saving treatment, if necessary. In the event I cannot be contacted, I further authorize and consent to emergency treatment for my child. **Initial** _____

I understand that my child is expected to arrive at the Boys & Girls Club wearing closed-toe shoes and sunscreen. I will send in a personal supply of sunscreen for my child to reapply during the day. I agree that I will hold the Club harmless if my child or I do not follow these guidelines. **Initial** _____

I acknowledge that my child will not be permitted to leave the Boys & Girls Club alone or with anyone else without my verbal or written permission. If my child is picked up past our closing time of 6:30, I agree to pay a \$5 per minute charge, which will be billed to my account. **Initial** _____

Parent/Guardian Signature

Date