



**BOYS & GIRLS CLUBS
OF DURHAM AND ORANGE
COUNTIES**

Craig Gomains
505 Craig St Chapel Hill, NC 27516
Phone: 919-984-4484

SUMMER CAMP APPLICATION
Craig Gomains

\$75.00 per session per child

Session Dates:

Session 1: June 21st - July 9th (Closed July 4th)

Session 2: July 12th - July 30th

Please submit a copy of your child's last report card along with this application.

Child's First Name: _____ Last: _____

Parent Name: _____

Address: _____ State: _____ Zip: _____

DOB: _____ Sex _____ Age: _____ Ethnicity: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Parent/Guardians Last Name: _____ First Name _____

School Information

Current School: _____ Current Grade: _____

Special Education, IEP, Curriculum Assistance: (please circle) Yes No

Medical Information

Doctor Name: _____ Doctor Phone: _____

Insurance Carrier: _____ Permission for Doctor/Hospital: Yes

No

Does your family have health insurance: Yes No

Policy#: _____ Group#: _____

Health Problems: Yes No If yes, explain _____

Medications: Yes No if yes, explain _____

Food Allergies: Yes No if yes, explain _____

Household:



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Child Resides With: (please circle) Mom, Step-Mom, Dad, Step-Dad, Grandparent, Foster Parent, Other

Current Single Parent: Yes No Current Number in Household: _____

Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Yearly Income per household: _____

About the Child:

What Type of Activities/Programs Interest Your Child? () Sports Leagues () Music () Arts & Crafts () Educational Programs () Group Clubs () Technology () Other (Please List) _____

Child's strongest subjects in school? _____

Child's weakest subjects in school? _____

Has your child ever repeated a grade? Yes No If so, which grade?

Does your child receive free or reduced lunch? Yes No

If yes, Free Reduced

Emergency Contact Information (Person(s) Authorized to Pickup Member)

Parent/Guardian: _____

Parent/Guardian: _____

Number: _____

Number: _____

Relationship: _____

Relationship: _____

DOB: _____ Male Female

DOB: _____ Male Female

Address: _____

Address: _____

Parent/Guardian: _____

Parent/Guardian: _____

Number: _____

Number: _____

Relationship: _____

Relationship: _____

DOB: _____ Male Female

DOB: _____ Male Female

Address: _____

Address: _____



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Activity & Photography Consent

I give my child _____ permission to participate in BGCDOC activities and programs. BGCDOC reserves the right to restrict students from field trips and activities based on bad behavior or poor grades.

I give BGCDOC the right or ability for grant purposes to collect information such as height, weight, and BMI. All information is kept confidential and BGCDOC will abide by all HIPAA guidelines.

I do hereby give my child permission to attend and participate in the activities sponsored by BGCDOC. I hereby release the BGCDOC, its employees, associates, and contributors from personal liability from any injury, loss of theft incurred by my child while participating. I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident.

Further I give permission for my child's picture to be used in any BGCDOC publication or outside publications that BGCDOC may subscribe too. I also allow my child's photo to be used on social media sites such as (but not limited to) Twitter, Instagram, and Facebook under the accounts of BGCDOC. Yes _____ No _____
Parents/Guardian's Initials _____

My signature indicates that I completely understand the above statements.

Parents Signature: _____

Date: _____

Permission to Administer Medication

I give permission for my child to be given the following medication:

Child's Name: _____

Name of Medication: _____ Expiration Date: _____

Dosage: _____ Refrigerate

Dates to be Given: _____

Times to be Given: _____

Emergency Only



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Special Instructions:

Parent's Signature: _____ **Date:** _____