



# All Day Summer Camp!

RECREATION | ARTS | STEM | AND MORE!

**JUNE 12 – AUGUST 31, 2017**  
Monday – Friday | 7 am – 6 pm

**ALL-DAY CAMP INCLUDES:**

- Structured, fun programming throughout the day for ages 6-12
- Field trip opportunities throughout the summer
- Breakfast, lunch, and dinner provided
- Trained, caring staff

**TO REGISTER:**

- Call **507-287-2300** or visit [www.bgclubroch.org](http://www.bgclubroch.org)
- Register in person at **1026 East Center Street**
- Registration begins March 13 (limited space available)
- Register for 2 week sessions (6 sessions total for the summer)
- \$150 per session; club membership required

*Financial assistance and scholarships available upon request.*



SESSION 1



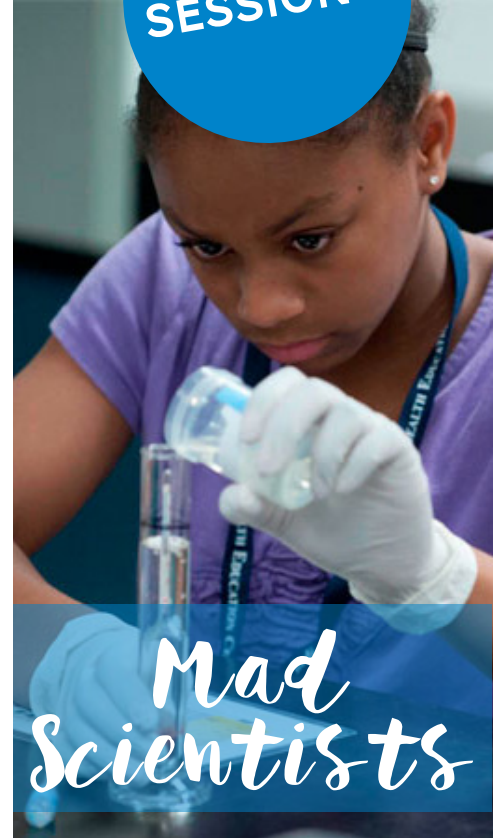
*Around  
the World*

SESSION 2



*Young  
Patriots*

SESSION 3



*Mad  
Scientists*

SESSION 4



*Fun with  
Nature*

SESSION 5



*Water-  
palooza*

SESSION 6



*Time  
Travelers*

# STEP I: COMPLETE MEMBERSHIP APPLICATION

**2017 SUMMER MEMBER INFORMATION:**  New Member  Returning Member Member #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Member's Cell Phone: \_\_\_\_\_ Member's Email: \_\_\_\_\_

Ethnicity:  White  Asian  Black/African American  American Indian/Alaskan Native  White & Asian  Hispanic

Native Hawaiian/Other Pacific Islander  White & Black/African American  Black/African American & American Indian/Alaskan Native

## CONTACT INFORMATION:

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## EMERGENCY CONTACTS: *Please list two emergency contacts other than Parents/Guardians listed above.*

1. Full Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## MEDICAL INFORMATION: Does your child have any health conditions? YES NO

If yes, explain: \_\_\_\_\_

\*If your child will need medication during Club hours, they must be able to administer it to themselves. Boys & Girls Club of Rochester will securely store it until necessary. *Please contact Club staff for a Medication Release Form.*

## HOUSEHOLD INFORMATION: Please circle what best describes you annual household income.

2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
\$19,600	\$22,050	\$24,500	\$28,410	\$32,570	\$36,730	\$40,890
\$32,700	\$36,800	\$40,850	\$44,150	\$47,400	\$50,700	\$53,950
\$52,300	\$58,850	\$65,350	\$70,600	\$75,850	\$81,050	\$86,300

How many people live in your household? \_\_\_\_ How many under the age of 18? \_\_\_\_ Household Monthly Income: \_\_\_\_\_

Is household headed by a single parent?  Yes  No

Is anyone in the household serving in the Military?  Yes  No If so, which branch? \_\_\_\_\_

Eligible for free or reduced school lunch?  Free  Reduced  N/A *Please submit a copy of this form to the Welcome Center Staff.*

Primary language spoken in your household?  English  Other: \_\_\_\_\_

*The information collected will be kept confidential. Information may be used to secure funding from government, private, and non-profit agencies, that will enable Club to maintain affordable membership/program fees for all.*

## STEP 2: COMPLETE CAMP REGISTRATION

**NAME OF CAMPER:** \_\_\_\_\_

SESSION	DATES	THEME	FEES	MARK "X"	STAFF INITIALS
PLEASE MARK AN "X" IN THE APPROPRIATE BOX FOR ALL WEEKS DESIRED. PLEASE USE ONE REGISTRATION FORM PER MEMBER.					
Session 1	June 12 - 23	Around the World	\$150		
Session 2	June 26 - July 7	Patriots	\$150		
Session 3	July 10 - 21	Mad Scientist	\$150		
Session 4	July 24 - August 4	Fun with Nature	\$150		
Session 5	August 7 - 18	Waterpalooza	\$150		
Session 6	August 21 - 31	Time Travelers	\$150		
ALL WEEKS	June 12 - August 31	All Themes	\$825		

*Sliding fee scale/scholarships are available based on income. Please contact Welcome Center staff to determine eligibility.*

**DROP-INS:** Drop-in fees are \$20 per day, and must be paid at the time of drop-off.

**SHUTDOWN:** Boys & Girls Club of Rochester will be Closed June 5 - 9 and September 1 - 8 for staff training.

**OFFICE USE ONLY:** Received by: \_\_\_\_\_ Date received: \_\_\_\_\_  Entered in MTS  
 Payment:  Cash  Credit/Debit Card  Check (# \_\_\_\_\_ )  Scholarship

**CAMP FEE TOTAL:** \_\_\_\_\_

**CLUB MEMBERSHIP:** \$25

**GRAND TOTAL:** \$

*Application valid 6/12/2017 - 9/1/2017.*

How did you hear about BGCR Summer Camp?  Newspaper  Website  Friend  Other \_\_\_\_\_

## STEP 3: READ & SIGN PARENT AUTHORIZATION

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN BELOW:**

- I give permission for my child to participate in Boys & Girls Club of Rochester activities and programs, knowing there is a certain amount of risk involved in all youth activities. I further understand that Boys & Girls Club of Rochester is not responsible for the time or manner in which my child may arrive at or leave the Club.
- I give my child permission to take quarterly surveys to measure my child's involvement and success in Club activities.
- I understand Boys & Girls Club of Rochester may use photographs and video of my child for promotional purposes.
- I give permission for my child to participate in field trips and other activities sponsored by Boys & Girls Club of Rochester up to 5 miles from Club. This includes trips to Quarry Hill, RCTC Field House, Rochester Area Family Y, Rochester Public Library, as well as other trips to community partners who are involved with Boys & Girls Club of Rochester.
- I understand that transportation may be provided by Boys & Girls Club of Rochester staff in a club van, bus, or public transportation.
- I understand the hours of operation for Boys & Girls Club of Rochester and any member left at the facility after Club hours may be referred to the on-call social worker with Olmsted County.
- In the unlikely event that an accident should occur, I take full financial responsibility for any medical expenses my child may incur as a result of participating in Boys & Girls Club of Rochester activities. In case of serious illness or injury, I give Boys & Girls Club of Rochester staff and/or emergency personnel permission to administer any necessary treatment to my child, including contacting the doctor or ambulance at my expense.
- I have read and understand the refund, fees, and cancellation procedure below.
- I agree that Boys & Girls Club of Rochester, its employees (both paid and volunteer), Board of Directors, and affiliated agencies shall not be held liable for any claims, demands, actions, or causes of action, whatsoever, for any injury caused to me or my child as a result of my child's Involvement in Boys & Girls Club of Rochester activities. I expressly relieve and discharge Boys & Girls Club of Rochester from all acts of negligence on the part of Boys & Girls Club of Rochester, its employees (both paid and volunteer), the corporation, agents, officers, and affiliated agencies.
- I give permission for Rochester Public Schools to communicate academic and behavioral information to Boys & Girls Club of Rochester for the purpose of providing educational assistance and enhancement to my child. Such information is to be used only by Boys & Girls Club of Rochester and shall not be transferred to other agencies without consent of a parent/guardian or legal authority.
- The disclosure of information is voluntary and will be kept confidential as provided by law. Refusal to provide the information will not subject the program participant to any adverse treatment (except that where the disability status is a requirement for participation in a program or activity, the program participant may be found to be ineligible if s/he does not disclose his/her status). This information will be used only in accordance with the law.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**BOYS & GIRLS CLUB  
OF ROCHESTER**

*Equal Opportunity Employer/Service Provider*

1026 East Center Street | Rochester, MN 55904  
www.bgclubroch.org | 507-287-2300

**FEES:** All fees are due in full 14 days before the start of each camp session in order to participate.

**REFUNDS:** All deposits and/or payments are non-refundable. If cancellation of a session is due to a medical emergency, a Physician's note is required.

**WITHDRAWALS:** If a member discontinues attending the camp session once it has started, there will be no refunds or credits. Boys & Girls Club of Rochester reserves the right to dismiss a member whose conduct is dangerous, illegal, or in the judgment of the Unit Director, detrimental to the facility and/or to other members. The unused fees will not be refunded.