Summer Camp 2020- Early Education Center Enrollment Application
***New students must submit a Universal Health form and their Immunization Records.**

Child's Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____ Sex: _____
Primary Number_____ Age as of 10/15/20: ____ years ____ months

Parent/Guardian Information:
Name: _____ Relationship to Child**:** _____
Email Address:_____
Business Name: _____ Business Phone:_____
Business Address: _____
Cell Phone: _____ Home Phone: _____

Name: _____ Relationship to Child: _____
Email Address:_____
Business Name: _____ Business Phone:_____
Business Address: _____
Cell Phone: _____ Home Phone: _____

Marital Status: (please check one): Married___ Separated___ Divorced___Widowed ___ Single___

Persons authorized to pick up child other than mother and father listed above:
Name: _____ Name: _____
Relationship to child: _____ Relationship to child: _____
Phone:_____ Phone: _____
*If there is a person/people who are **not** allowed to pick up your child due to a court order please list them below and provide documentation.
_____

Child's Doctor: _____ Phone:_____
Physicians Address: _____
Are there any conditions or specific needs, mental or physical that require special attention?
_____
Allergies or medication: _____

Image Release

As the parent/guardian of the above named child I do irrevocably assign and grant unto the Boys & Girls Club of NWNJ the immutable and unconditional right and permission to use my child's name, likeness, voice and/or image for the purpose of producing an audio/video/photograph/film and/or printed material including the right and permission to copyright, use, produce, and/or publish said audio/video/photograph/film and/or printed material at the sole discretion of the Boys & Girls Club of NWNJ. I further waive any and all right to inspect and/or approve any a video/photograph/film and/or printed material that may be published/distributed and/or otherwise utilized as deemed appropriate by the Boys & Girls Club of NWNJ.

PLEASE CHECK ONE:

□**Yes, I give my full consent on behalf of said minor.** □**No, I do not give my consent on behalf of said minor.**

Consent to participate

I hereby give consent for my child to participate in the Boys & Girls Club of NWNJ. I assume all risk in regard to participation in this and any other Boys & Girls Club program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Club of NWNJ its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities. By my signature, I attest to the following: That the above information is correct. That in the event of a medical emergency, I authorize the Boys & Girls Club of NWNJ to seek emergency medical care for my child as deemed necessary by the Director.

_____ _____
Signature of Parent or Guardian **Date**