



Please choose the program the child will participate in.

_____ Extended Program: Monday through Friday, 7:30am-5:30pm \$950 per child

_____ Basic Program: Monday through Friday, 9:30am-3:30pm, \$700 per child

- Is the child a Returning Summer Program member? Yes ___ No ___
- Child's Date of Birth? _____ / _____ / _____
- Age of the child by the Admission Date, June 21, 2021? _____
- Grade the child will be Entering in September 2021? _____
- Would the child like to purchase a locker for \$30? Yes ___ No ___

(Office Use: Locker #: _____)

Child's First Name _____ M.I. _____ Last Name _____

Physical Address _____ Mailing address _____

City _____ State _____ Zip _____

Email Address _____

Male ___ Female ___ Height _____ Weight _____

Eye Color _____ Hair Color _____ Skin Color _____

Race: Caucasian ___ Hispanic ___ Native American ___ Asian ___ African American ___ Other ___

Identifying Marks: _____

Parent/Guardian 1 and Parent/Guardian 2 will be allowed to make changes to this form upon showing proper identification

Guardian 1/Parent 1

*Can sign-out the member: Yes ___ No ___

Name _____

Relationship _____

Home Address _____

Home Phone (____) _____

Cell Phone (____) _____

Employer _____

Occupation _____

Work Address _____

Work Phone (____) _____ Ext: _____

Hours at Work _____

Guardian 2/Parent 2

*Can sign-out the member: Yes ___ No ___

Name _____

Relationship _____

Home Address _____

Home Phone (____) _____

Cell Phone (____) _____

Employer _____

Occupation _____

Work Address _____

Work Phone (____) _____ Ext: _____

Hours at Work _____

If parent/guardian is unreachable, we will contact the following Emergency Contacts in the order that you place them.

I give my permission for my child to be released to the following people:

1. **Name** _____ Address _____

Relationship to Child _____ Phone _____

2. **Name** _____ Address _____

Relationship to Child _____ Phone _____

3. **Name** _____ Address _____

Relationship to Child _____ Phone _____

Additional Contacts: I give permission for my child to be released to the following people:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Self Sign-out (Please choose 1 option)

I DO give permission for my son/daughter to sign themselves out of the park

Parent/Guardian Initial: _____

Time of release: _____ Circle Day(s): M T W R F

I DO NOT give permission for my son/daughter to sign themselves out of the park.

Parent/Guardian Initial _____

Parent/Guardian Authorization for Health Care:

- All information on the Blackstone Valley Boys and Girls Club Summer Program Registration Form and Member Health History Form is correct and accurately reflects the health status of the member. The member has permission to participate in all Club activities except as noted by me and/or an examining physician. I hereby give permission to have my child examined by a doctor, if program staff deems it necessary. I give permission to the physician selected by the Club to order x-rays, routine tests, and treatment related to the health of the member for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the member. I understand the information on this form will be shared on a “need to know” basis with program staff. I give permission to photocopy this form. In addition, the program has permission to obtain a copy of the member’s health record from providers who treat the member and these providers may talk with the program’s staff about the member’s health status.
- I authorize staff in the summer care program who are trained in the basics of first aid to give my child first aid when appropriate, routine health care, dispense medication and seek emergency medical treatment when needed. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to secure necessary medical treatment for my child.

Parent/Guardian Signature X _____ **Date:** _____

Acceptance of Policy and Procedure Manual:

- I hereby give permission for my son/daughter to become a member of the Blackstone Valley Boys & Girls Club and participate in the BVBGC summer program. I understand that the town of Blackstone, the BVBGC, and club personnel are not responsible for personal injury or loss of property. I give my consent for any photographs in which my child may appear to be used by the club in their literature or publicity.
- I also understand that there will be no refunds under any circumstances after the start of the program and that transferring of memberships is also not allowed.
- The following items are prohibited at the Club: Anything drug, alcohol or tobacco related, any type of weapon, personal equipment, Explosives, Matches, Lighters, Animals or Pets, and Anything Electronic such as smart devices (tablets, interactive watches, IPODS, cell phones), video games, two-way radios, trading cards, and anything else that is of value. If members bring these items to the Club, they will be confiscated by staff with disciplinary action taken.
- No sandals of any kind will be permitted in the park except for the pool area. Children must wear appropriate athletic/closed toed shoes.
- I have read the Blackstone Valley Boys & Girls Club policy and procedure manual for the summer program and agree that my child must follow all procedures accordingly. I, being the parent/guardian of the above, understand and accept the policy manual that was given to me upon registration of my child into the 2021 Summer Program and I understand that the rules are strictly enforced by staff and repeated disciplinary actions may result in expulsion from the park with no reimbursement. I understand that it is my responsibility to review with my child all aspects of the policies and procedures for their safety and protection.

Parent/Guardian Signature X _____ **Date:** _____

BLACKSTONE VALLEY BOYS AND GIRLS CLUB MEMBER HEALTH HISTORY FORM

Member Name _____

Date of last physical examination ____/____/____

****A copy of the child's most recent immunization record MUST be submitted with the registration packet.**

Does your family have health and/or accident insurance Yes ___ No ___ Subscriber: _____

Insurance Carrier _____ Policy # _____ Group # _____

Health-Care Providers:

Name of member's primary doctor(s) _____ Phone (_____) _____

Name of dentist(s) _____ Phone (_____) _____

Name of orthodontist(s) _____ Phone (_____) _____

General Health History – Please answer the following questions about the member.

- | | | | |
|--------------------------------------|--|--|--|
| 1. Ever been hospitalized? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 10. Have any skin problems? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Ever had surgery? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 11. Passed out/had chest pain during exercise? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Have recurrent/chronic illnesses? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 12. Had mononucleosis during the past 12 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Had a recent infectious disease? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 13. Wear glasses, contacts, or protective eyewear? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Had a recent injury? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 14. Had fainting or dizziness? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Ever had back/joint problems? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 15. Had asthma/wheezing/shortness of breath? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Have diabetes? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 16. Have problems with diarrhea/constipation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Have seizures? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 17. Traveled outside the country in the past 9 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Have headaches? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health - Please answer the following questions about the member.

- | | |
|---|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Had a significant life event that continues to affect the member's life?
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please explain "Yes" answers in the space below, noting the number of the questions. The Club may contact you for additional information.

Medication a pharmaceutical drug that legally requires a medical prescription to be dispensed.

Is the child currently taking any doctor prescribed medication?

NO _____

YES _____ If yes, please note in the box below.

Name of Medication	Date Started	Reason	Time given	Dose given	How administered

Will the child be taking any of the above medications while at the Club during the program?

NO _____

YES _____ If yes, a **Medication Administration Form** must be provided for each medication. This form can be found on our website and also in our Club office. All medications and forms must be given to either our First Aid Attendant or Management. Medication must be in the original pharmacy container with labels which show the member's name and how the medication should be given. Provide enough of each medication to last the entire time the member will be at the program.

Allergies

No Known Allergies _____

This member is allergic to: Food _____ Medicine _____ The Environment _____ Other _____

Please describe the allergy and the severity of the reaction.

Restrictions – Please check one.

____ I have reviewed the program and activities and feel that the member may participate **without restrictions.**

____ I have reviewed the program and activities and feel that the member may participate **with the following restrictions or adaptations:**

What Have We Forgotten to Ask?

Please provide any additional information about the member's health that may affect the member's ability to fully participate in the program. The Club may contact you for additional information: