

# BLACKSTONE VALLEY BOYS & GIRLS CLUB

## 2026 SUMMER PROGRAM REGISTRATION FORM

Is the child: New \_\_\_\_\_ Returning \_\_\_\_\_

- Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Age of the child by the Admission Date, June 22, 2026? \_\_\_\_\_
- Grade the child will be Entering in September 2026? \_\_\_\_\_

I am registering the child for the:

- Extended Program: Monday through Friday, 7:30am-5:30pm \_\_\_\_\_
- Basic Program: Monday through Friday, 9:30am-3:30pm \_\_\_\_\_
- Is the parent/guardian an active military member? Yes \_\_\_ No \_\_\_
- Would the child like to purchase a locker for an additional \$30? Yes \_\_\_ No \_\_\_

### MEMBER INFORMATION

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: M\_\_\_ F\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Skin Color \_\_\_\_\_

Race: American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_

Hispanic/Latino \_\_\_\_\_ White \_\_\_\_\_ Two or More Races \_\_\_\_\_ Some other Race \_\_\_\_\_

### THE MEMBER MAY BE RELEASED TO FOLLOWING INDIVIDUALS:

\*\*Guardian/Parent 1 & 2 may make changes to this form upon showing proper identification\*\*

**\*\*All names must match what is stated on the government issued ID\*\***

**Guardian/Parent 1** \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Work Hours \_\_\_\_\_

**Guardian/Parent 2** \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Work Hours \_\_\_\_\_

Additional Contacts: (OTHER THAN PARENT/GUARDIAN) - I give my permission for the member to be released to the following people: **\*\*All names must match what is stated on the government issued ID\*\***

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

**Self -Sign-out (Please choose 1 option)**

I **DO** give permission for the member to sign themselves out of the park. P/G Initial: \_\_\_\_\_

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

I **DO NOT** give permission for the member to sign themselves out of the park. P/G 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 the member 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 Program who are trained in the basics of first aid to give the member 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 the member. However, if I cannot be reached, I hereby authorize the program to transport the member to the nearest medical care facility and/or to secure necessary medical treatment for the member.

Parent/Guardian Signature X \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission for the child 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 the member may appear to be used by the Club in their literature or publicity.

I have read the Blackstone Valley Boys & Girls Club 2026 Summer Program Policy & Procedure Manual and agree that the member must follow all procedures accordingly. I, being the parent/guardian of the above, understand and accept the Policy & Procedure manual 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 the member all aspects of the policies and procedures for their safety and protection.

Parent/Guardian Signature X \_\_\_\_\_ Date: \_\_\_\_\_

- I understand, no sandals of any kind will be permitted in the park except for the pool area. Children must wear appropriate athletic/closed toed shoes. INITIAL \_\_\_\_\_
- I understand there will be **no refunds** under any circumstances after the start of the program and that transferring of memberships is not allowed. INITIAL \_\_\_\_\_
- I understand that the following items are prohibited at the Club: Anything drug, alcohol or tobacco related, any type of weapon, personal equipment, explosives, matches/lighters, animals/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. INITIAL \_\_\_\_\_

## BVBGC MEMBER HEALTH HISTORY FORM

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

**\*\*No packet will be accepted without this immunization record.**

Member Name \_\_\_\_\_ Date of last physical examination \_\_\_\_/\_\_\_\_/\_\_\_\_

- Does your family have health and/or accident insurance? Yes \_\_\_ No \_\_\_
  - Subscriber: \_\_\_\_\_
- Insurance Carrier \_\_\_\_\_
  - Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### **Health-Care Providers:**

- Name of primary doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- Name of dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- Name of orthodontist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

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

*Please explain "Yes" answers in the space below.* 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.**

- Ever been treated for attention deficit disorder or attention deficit hyperactivity disorder? Yes  No
- Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes  No
- During the past 12 months, seen a professional to address mental/emotional health concerns? Yes  No
- Had a significant life event that continues to affect the member's life? Yes  No
- ie-History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster

*Please explain "Yes" answers in the space below.* The Club may contact you for additional information.

**Prescribed 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 \_\_\_\_\_ 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 on the child's 1<sup>st</sup> day. 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 the member may participate **without restrictions**.
- \_\_\_\_\_ I have reviewed the program and activities and feel 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: