



BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY

261 Sky River Parkway Monroe, WA 98272
Athletic Director- Andre Graham
Tel: (360) 794-4775 Email: agraham@bgcsc.org

Summer Sports Camp Registration

Child's Name: _____

Grade (Fall 2017): _____ Age _____ School: _____

Please indicate which program you will be using:

Lil Champs Activity Camp \$45.00(Fridays only) July 14th, 21st, 28th & Aug 4th
 3-4yr olds 4:30pm-5:30pm

Basketball Camp \$70.00 July 10th-13th
 K-2nd grade 10:00am-11:30pm
 3rd-6th grade 12:00pm-2:00pm
 7th grade- HS 2:00pm-4:00pm

Volleyball Camp \$70.00 July 17th-21st
 3rd-6th grade 10:00am-Noon
 7th grade-High school 1:00pm-3:00pm

Lil Tykes Soccer camp: \$50.00 10:00am-11:30am July 24th-27th



“While the Monroe Public Schools reviews the offered material for appropriateness, it does not assume responsibility for actual content or any of the activities offered.”



**BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY
MONROE UNIT**

**CHILDCARE &
SUMMER CAMP
REGISTRATION
Contact Information**

<i>First</i>	<i>Middle</i>	<i>Last</i>
Child's Name _____		
Child's Birthdate _____	Grade (current/going into) _____	Home Phone _____
Street Address _____		City _____ Zip Code _____
1)Parent/Guardian _____		Living with Yes No

Cell Phone _____	Employment _____	Work Phone _____
Street Address _____		City _____ Zip Code _____
2)Parent/Guardian _____		Living with Yes No

Cell Phone _____	Employment _____	Work Phone _____
Street Address _____		City _____ Zip Code _____

People to Notify in Case of Emergency

1)Name _____	Relationship _____	Permission to Pickup Yes No
Cell Phone _____	Home Phone _____	Work Phone _____
Address _____		City _____ Zip Code _____

2)Name _____	Relationship _____	Permission to Pickup Yes No
Cell Phone _____	Home Phone _____	Work Phone _____
Address _____		City _____ Zip Code _____

3)Name _____	Relationship _____	Permission to Pickup Yes No
Cell Phone _____	Home Phone _____	Work Phone _____
Address _____		City _____ Zip Code _____



**BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY
MONROE UNIT**

**CHILDCARE &
SUMMER CAMP
REGISTRATION
Code of Conduct**

Allergies: Let us know and remind us if you have food, animal or medical allergies.

Code of Conduct: Follow the 4 Rules of Respect. All children will read and sign to help them better understand the policies:

- 1) Respect yourself wearing appropriate clothing; no violent or vulgar print. No Hoods or face masks.
- 2) Respect others by being responsible, courteous, friendly, sharing, and considerate.
- 3) Respect the Club, clean up after yourself, returning all materials to their proper place. Food is to be kept at tables, and only soft sole shoes in the gym.
- 4) Respect the Staff by following their direction.

Emergency:

1) Evacuation Plans: we hold drills on a monthly basis in case of fire, earthquake, etc. All youth in the building need to walk safely to the field by the Baseball field and wait for staff to instruct you further. In case of real emergency, even **club members cannot leave**. We need to count to ensure all have left the building and are accounted for.

2) Emergency Preparedness Plan: Disaster Response: If there is an earthquake or extreme disaster, please stay on premises so parents know they can come get you at the club.

Field Trip: Forms must be signed by parents in order to participate, don't forget to remind them.

Pets: No pets are permitted on the premises.

Medications: If you have any medications, you must take them at entry only, and with permission. No medications can be shared.

Transportation: If you are riding in the Boys and Girls Club vehicles for field trips, you must follow seatbelt and all policies.

I have read the Child/Teen Code of Conduct and will follow the rules set forth:

Youth Name _____

Youth Signature _____



**BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY
MONROE UNIT**

**CHILDCARE &
SUMMER CAMP
REGISTRATION
Medication Authorization Form**

Child's Name _____ Date of Birth _____

Program Name Boys and Girls Club of Snohomish County Today's Date _____

To administer a prescription medication

- 1) The medication must be in it's original container, with a legible label from the pharmacy indicating the child's name, date, name of medicine, dosage, and time, number of days medication is to be given, and expiration date of medication, doctor's/nurse practitioners name, pharmacy name and telephone number.
- 2) Samples must be accompanied by a doctor's written prescription.
- 3) Medications are to be given only to the child indicated on the label (no siblings can share)
- 4) A separate authorization is required for each medication and each episode of illness.
- 5) Label constitutes the physician's/nurse practitioner's order.
- 6) Parent/guardian is to give as many doses as possible at home, we are strictly a back-up for additional doses. (lunchtime)

Medication Name _____

Reason for giving _____

Start date ____ / ____ / ____ End date ____ / ____ / ____

Dosage: _____ Times to be given ____ am ____ pm

Dosage time parent provides ____ am ____ pm

Given by: mouth in eyes on skin (location) _____

Possible side effects _____

Special handling other than lockbox _____ Refrigeration Yes No

We do not provide non-prescription medication from home without written confirmation as to need. If it's a repetitive medication for migraines, etc, please get a doctors signature and we will keep in lockbox.

Medication _____ Purpose _____

Doctor's/Nurse Practitioner Signature _____

All medication given is documented, and empty bottles you will be notified. It is up to you to keep up the supply.

Parent/Guardian Signature: _____ Date: _____