

Boys & Girls Club of Assabet Valley
Participant Information

**PLEASE COMPLETE THE FOLLOWING.
(ONE FORM PER CHILD.)**

Child's Name _____ Grade Entering in Sept. _____
Last First Middle Initial

Address _____ Home Phone _____

Parent's Name _____ **Parent's Name** _____

Location During Program _____ Location During Program _____

Phone Number _____ Phone Number _____

Instructions _____ Instructions _____

Cellular # _____ Cellular # _____

MY CHILD MAY BE DISMISSED TO EITHER PARENT: YES NO

If "NO", legal documents must be on file with the Boys & Girls Club office.

Promotional Authorization

I understand that at times photographs or images taken of my child during Boys & Girls Club programs may be used in promotional material, which may include but is not limited to flyers, notices, bulletin boards, newspapers or club websites.

Signature of Parent/Guardian

Date

I understand that it is the parents responsibility to transport children to and from the Boys & Girls Club Summer Programs. I also understand that I am required to provide all food and drinks for my child. **YES NO**

I understand that it is my responsibility to transport my child to and from the program: **YES NO**

Are there any health, medical or other issues/conditions the staff should be aware of? **YES NO**

I hereby authorize The Boys & Girls Club of Assabet Valley to release my child to the following adults and/or contact these people in case of an emergency:

Name _____ Phone # During Program _____

Name _____ Phone # During Program _____

Name _____ Phone # During Program _____

Name _____ Phone # During Program _____

Name _____ Phone # During Program _____