



Winter Camp

Child's Name _____ School _____
 Child's Name _____ School _____
 Parent's Name _____

Place an X on the days your child will attend Camp . Pre-payment is required \$25 a day or \$140 for all 6 days



Thursday,
December 22nd
"Santa's coming to
Town"



Tuesday,
December 27th
"Winter
Wonderland"

Wednesday,
December 28th
"Snow Much Fun
with Reading"

Thursday,
December 29th
"Reindeer Games"
Bowling Field Trip add
\$5.00

Friday,
December 30th
"How the Grinch
Stole Christmas"

Tuesday,
January 3rd
"New Years
Celebration"



Emergency Card filled out front and back _____

Total Amount Paid _____ + Field Trip Fee \$5= _____

Payment & Registration information received by _____

DSHS or Private Pay (Circle One) *DSHS approval required prior to Camp starting.*



**Authorization for Medical Treatment/
Emergency Treatment**

In case of serious accident or illness to my child's body or in the event that the injury/illness involves my child's mouth or teeth, I hereby authorized the staff of the Boys & Girls Clubs of Benton and Franklin Counties, my child's physician, dentist, emergency personnel, and those individuals named on the Membership Form to give any necessary treatment to my child, including emergency surgery. You may call the doctor and or ambulance for updating medical information to the Boys & Girls Clubs of Benton and Franklin Counties.

Permission for Field Trips

I give permission for my child to attend the field trips provided by the Boys & Girls Club. I give Boys & Girls Club Staff permission to provide transportation by Ben Franklin Transit or Club van. I know that my child may walk to field trips. I understand that the Boys & Girls Club is not liable for any injuries, which may be incurred while being transported or while walking.

Signature of Parent/Legal Guardian _____

Date _____ **Cell phone** _____

Emergency Information Card

Child's Name _____ D.O.B. _____

Father's Name _____ Home# _____

Work Place _____ Work # _____

Mother's Name _____ Home # _____

Work Place _____ Work # _____

Please list 2 emergency contacts in case we are unable to contact you in the event of an accident/illness that requires we send your child home.

Name _____ # _____

Name _____ # _____

Medications _____