



**BOYS & GIRLS CLUB
OF WOOSTER**

330-988-1616

www.bgcwooster.org

www.facebook.com/bgcw1

OFFICE USE ONLY Staff Initials: _____

Date Received _____

1st week payment included: Yes No

NEW THIS YEAR! Completed form + payment may be placed in the **blue dropbox** outside the Club entrance @ Edgewood.

2025 SUMMER CAMP REGISTRATION

Allow 2 business days for new forms to be processed. FORMS WILL NOT BE ACCEPTED WITHOUT PAYMENT.

CAREGIVER INFORMATION

Primary Parent/Guardian (must live with child)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Ph.: _____

Email: _____

Emergency Contact #1

(required, must be different from above)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Ph.: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Emergency Contact #2

(required, must be different from above)

Please provide a third, non-parent/non-guardian, Emergency Contact

Name: _____

Address: _____

Phone: _____

WHO DOES THE CHILD LIVE WITH?

____ 2 Parent Family ____ Grandparent(s)

____ Mom Only ____ Guardian

____ Dad Only ____ Shared Custody

____ Other: _____

CHILD INFORMATION:

Child's Name: _____

Address: _____

City, State, Zip: _____

Age: _____ Date of Birth: _____

Weight (required if under 8 years old)*: _____

Height (required if under 8 years old)*: _____

required for van transportation

GENDER ____ Male ____ Female

COMPLETED GRADE _____

SCHOOL ATTENDED _____

RACE

____ African American ____ Hispanic

____ Asian ____ Caucasian

____ Native American ____ Multi-racial

Other _____

ETHNICITY

____ Hispanic

____ Non-Hispanic

FREE/REDUCED LUNCH STATUS

____ Free

____ Reduced ____ Does not qualify

All information requested on our membership application is REQUIRED and is kept strictly confidential. Free/reduced lunch status and race/ethnic background information is needed and used for grant funding and reporting purposes.

Please Check YES or NO: I grant the Boys & Girls Club of Wooster permission to:

YES NO Use photographs and videos of my child for publicity purposes
 YES NO Ask my child to complete surveys that help evaluate the programs
 YES NO Take my child on walking field trips (Freedlander Park, Kean Playground, Soccer Fields, etc.)
 YES NO Take my child on community trips in our Club van during camp hours.

HOURS OF OPERATION —

Sign in = 7:00am—9:00am *youth will not be permitted to enter the building after 9:00am*

Sign out = 3:30pm-5:30pm *please be respectful and do not be late!*

A NOTE IS REQUIRED 24 HOURS IN ADVANCE if your child will arrive after 9:00am or you need to sign out your child before 3:30pm. We may not be able to accommodate due to field trips or other special events. Thank you for understanding.

Only the Authorized Adults listed on this registration form will be permitted to sign out your child.

(Page 1: primary caregiver, emergency contact #1, emergency contact #2)

TRANSPORTATION — If you are interested in transportation to/from Summer Camp, check this box:

Club staff will reach out to you.

FIELD TRIPS — Club staff are busy planning our summer field trips. More details will be available after Camp begins. A small fee will be required to participate.

COMMUNITY PROGRAMS — There may be an opportunity for your child to participate in a special community program. Ex: weekly trips to Aspen Racquet Club, Wayne Center for the Arts, etc.

<p>POOL INFORMATION —</p> <p><i>We will be swimming 2x per week, weather permitting. This also depends on the availability of the public pool.</i></p> <p>⇒ Each child is REQUIRED to have either a current YMCA membership or a pool pass for our summer camp.</p> <p>⇒ If you do not have this information at the time of registration, please send it to us via email at membership@bgcwooster.org prior to the first day of summer camp (June 2).</p> <p>Valid/Current YMCA Membership Number : _____</p> <p>OR Pool Pass Number : _____</p>	<p>Rate your child's swimming ability :</p> <p><input type="checkbox"/> Cannot Swim / wading pool only (cannot go deeper than they can touch)</p> <p><input type="checkbox"/> Basic Swimmer (can float, tread water, navigate their way around the pool)</p> <p><input type="checkbox"/> Intermediate Swimmer (knows how to breaststroke and/or front crawl, tread water for at least 5 minutes)</p> <p><input type="checkbox"/> Advanced Swimmer (swim team experience, can comfortably swim 100 yards without stopping)</p>
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Emergency Medical Authorization
will be used for bus transportation and field trips.

Child's Name: _____

Date of Birth: _____

This form should list all facts concerning the child's medical history including allergies, medications being taken, and any physical impairments of which the Boys & Girls Club of Wooster professional staff and/or emergency medical staff should be aware. This information will be held confidential. This information is being requested so that we may better serve your child.

	Primary Contact	Secondary Contact
Parent/Guardian Name		
Home Phone		
Cell Phone		
Work Phone		
Employer		
	Emergency Contact other than those already listed	
Name & Relationship to Member		Phone Number:

EMERGENCY AUTHORIZATION—initial by the appropriate response.

_____ I **DO** give permission to Boys & Girls Club of Wooster to seek emergency medical treatment for my child if I cannot be reached. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

_____ I **DO NOT** give permission to Boys & Girls Club of Wooster to seek emergency medical treatment for my child if I cannot be reached. **Please note: A BGCW staff person will reach out to you if you choose this option.**

Please list any and all allergies, medical conditions or physical limitations of child:

Please list any/all emotional or behavior limitations of child, as well as any encouraged coping techniques:

Please list any and all medications taken by member (include OTC medications, dose and frequency):

Please tell us anything that will help us better serve your child:

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

Registration and Payment

1 Determine your family's fee category:

2024-2025 Fee Structure
To find your family's fee category:

1. Determine the number of family members residing in your household.
2. Determine the annual Income of the household.
3. Follow the chart to determine your fee category.

Household Size (# of residents)	Category 1 "Free lunches" Maximum Assistance	Category 2 "Reduced lunches" Partial Assistance	Category 3 No Assistance
1	\$19,578 or less	\$19,579 — \$27,861	\$27,862 or greater
2	\$26,572 or less	\$26,573 — \$37,814	\$37,815 or greater
3	\$33,566 or less	\$33,567 — \$47,767	\$47,768 or greater
4	\$40,560 or less	\$40,561 — \$57,720	\$57,721 or greater
5	\$47,554 or less	\$47,555 — \$67,673	\$67,674 or greater
6	\$54,548 or less	\$54,549 — \$77,626	\$77,627 or greater
7	\$61,542 or less	\$61,543 — \$87,579	\$87,580 or greater
8	\$68,536 or less	\$68,537 — \$97,532	\$97,533 or greater
Each additional	+\$5,380	+\$5,380	+\$5,380

For example: A family of 4 earning \$50,000/year would be Category 2

2 Check your qualifying category below:


<input type="checkbox"/>	Category 1	<input type="checkbox"/>	Category 2	<input type="checkbox"/>	Category 3
	\$5/week		\$40/week		\$80/week

3 Indicate which week(s) you would like to register your child for. A waitlist will be created when capacity is reached.

Check Below	Week #	Dates	Theme
<input type="checkbox"/>	Week 1	June 2-6, 2025	Jurassic Adventure
<input type="checkbox"/>	Week 2	June 9-13, 2025	Mad Science
<input type="checkbox"/>	Week 3	June 16-20, 2025 (closed June 19)	We <3 Wooster
<input type="checkbox"/>	Week 4	June 23-27, 2025	Ultimate Survivor
There will be NO summer camp June 30-July 4, 2025.			
<input type="checkbox"/>	Week 5	July 7-11, 2025	Shark Week
<input type="checkbox"/>	Week 6	July 14-18, 2025	Musical Mayhem
<input type="checkbox"/>	Week 7	July 21-25, 2025	Space is the Place
<input type="checkbox"/>	Week 8	July 28-Aug 1, 2025	VIP Week

4 TOTAL COST OF SUMMER CAMP (for the child listed on this registration form).

(# of weeks) _____ x (cost per week) _____ = (total due) \$ _____

5 **NEW**  Payment for your first week of camp is due at time of registration.
Total remaining balance is due by **May 12, 2025.**

Parent/Guardian Signature: _____

Date: _____

Listed are all waivers and acknowledgements required for your child to participate in the Boys & Girls Club of Wooster Summer Camp 2025 program. Initial next to each. Sign and date at the bottom.

BEHAVIOR POLICY

Our aim is to provide clear and straightforward guidance on acceptable behavior, emphasize the positive rather than the negative, and give recognition/praise whenever possible. If members conduct themselves in a disorderly fashion and disregard the Club Expectations and/or endanger the safety of themselves or their fellow members, they will receive an appropriate consequence, including removal from the program if deemed necessary. The Boys & Girls Club of Wooster does not and cannot provide a 1:1 aide for any child. We expect all Club members to Respect their CLUB: Club members, Leaders, Yourself, Boundaries. _____ *Initials*

LIABILITY WAIVER

I, the parent/guardian of the child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Wooster, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from the use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. _____ *Initials*

WAIVER OF DISABILITY

In consideration of my child's membership and participation in the activities and program of the Boys & Girls Club of Wooster, I, as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release, and discharge any and all rights and claims or damages against the Club and/or its sponsors for knowledge of the risks involved in said participation a participants when my child is involved in any of the sponsored activities. _____ *Initials*

OPEN DOOR POLICY

I understand that the Boys and Girls Club of Wooster is an open door facility and open to all members during posted hours of operation. My child will be supervised while at Club. I set the boundaries and consequences if my child leaves the facility without my permission. Once a child is signed out, they will not be allowed to re-enter unless coming back from a pre-approved activity. All youth 13 years of age or older may sign themselves out at any time. _____ *Initials*

PERSONAL PROPERTY WAIVER

All personal property brought into the Club by youth is the responsibility of that youth. The Boys & Girls Club is not responsible for lost, damaged or stolen items. Necessary items, such as backpacks, sweatshirts, towels, should be clearly marked with the member's name. Items that are not collected from our lost and found in a timely fashion will be donated to a local charity. _____ *Initials*

PROHIBITED ITEMS WAIVER

The following items are prohibited from Boys & Girls Club of Wooster programs: Weapons, gaming systems, blankets, money, vapes, drugs of any kind. Prescriptions cannot be administered by staff. We are having a screen-free summer. Cell phones will be collected at breakfast and returned at 3:30pm. _____ *Initials*

SUNSCREEN & ALOE WAIVER

By signing this waiver you give Boys & Girls Club of Wooster permission to provide sunscreen and aloe for your child. It is recommended that parents apply sunscreen to their children before arriving at camp. In the event that your child does not have any sunscreen, your permission is required for Boys & Girls Club of Wooster to be able to provide it. We will also have aloe on hand in case of sunburn. Your permission is required for BGCW to provide it. _____ *Initials*

IF YOUR CHILD IS ALLERGIC TO CERTAIN SUNSCREEN, YOU MUST PROVIDE YOUR OWN SUNSCREEN.

_____ *Initials*

Child's Name: _____

Parent/Guardian/Caregiver Name: _____

Parent/Guardian/Caregiver Signature: _____

Date: _____



**BOYS & GIRLS CLUB
OF WOOSTER**

BGCW Family Handbook Acknowledgement 2025 Summer Camp

I acknowledge that I have been provided with a copy of the Boys & Girls Club of Wooster (BGCW) Family Handbook, which contains important information on BGCW policies and procedures.

I understand that I am responsible for familiarizing myself with the policies in this handbook and agree to comply with all rules applicable to me and my family.

I understand that BGCW reserves the right to make changes to its policies or procedures at any time at its discretion.

I further understand that BGCW reserves the right to interpret its policies or to vary its procedures as it deems necessary or appropriate.

I have read (or will read) and agree to abide by the policies and procedures contained in the handbook.

Authorized Adult Name (printed): _____

Authorized Adult Name (signed): _____

Child's Name (first & last): _____

Date: _____

