



**BOYS & GIRLS CLUB
OF EDEN**

Summer Program

Join the staff at the Boys & Girls Club for a summer filled with exploration, discovery, learning, and FUN!

Explore our 2-acre Brindley Nature Trail and catch minnows in the creek!

Discover Eden's unique history when you visit the Asa Warren House, the Kazoo Factory, and more!

Learn how to prepare healthy meals in Cooking Club, concoct your own lip gloss during Spa Day, or play new games like Kick the Can and Quidditch!

Have fun with our awesome themes, like Wet'n'Wild Day (includes a giant inflatable slip-n-slide), Superhero Day, and Survivor Week!



Dates: Monday-Friday, June 29th-August 21st

Times: 2:00pm-6:00pm

Cost: \$50 per member for an entire summer of fun! (Cost pending grant funding.)

Special field trips will also be available on Wednesdays throughout the summer.

Registration forms available at www.bgcaofeden.org.

For more information, please call the Club at 992-2702.

**BOYS & GIRLS CLUB OF EDEN
SUMMER MEMBERSHIP APPLICATION
2015**



First Name: _____ M: _____ Last: _____

Address: _____ City: _____ State: _____

Zip: _____ Telephone: _____ Gender: Male _____ Female _____

School: _____ Grade in September _____

Race: Caucasian African-American Asian Hispanic Other Birth Date: ____ / ____ / ____

Contact Information:

Father's name: _____ Employment _____ Work Ph # _____
Cell Ph # _____

Mother's name: _____ Employment _____ Work Ph # _____
Cell Ph # _____

Emergency Contact _____ Phone # _____

Emergency Contact _____ Phone # _____

Summer Club Hours: 2:00pm–6:00pm

Summer Membership fee of \$50 allows for unlimited Club use during these hours, Monday-Friday, from June 29th through August 21st. The Club will be closed on Friday, July 3rd and Friday, August 7th.
(Membership fee level dependent on pending grant funding.)

Boys & Girls Club Summer Membership at \$50	\$ _____
Donation to the Boys & Girls Club of Eden – Annual Giving Campaign "It Just Takes One"	\$ _____
TOTAL DUE	\$ _____

Fees are payable by cash, check or money order.
Credit card payments can be made online or at the Club.
Full Payment must be received one week prior to summer session starting or immediately upon your child's attendance at the Club if signing up mid-summer.

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for Doctor/Hospital: Yes No Do you have health and/or accident insurance? Yes No

Insurance carrier: _____

Policy # : _____ Group # : _____

Health Problems/Medicine: No Yes If yes, explain _____

Parent E-mail Address: _____ **Let us keep you informed about what is happening at the Club.**

Disclaimer:
I, _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys and Girls Club of Eden. I hereby release the Boys and Girls Club of Eden, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. I further understand that the Boys & Girls Club of Eden has an "open door" policy for all youth, **which means that my child may come and go at will.** Further, I give permission for my child's photo to be used in any Boys & Girls Club publication, including Facebook and Instagram, and for grant purposes to obtain school grades from my child. *I am aware that the Club closes at 6:00pm unless otherwise posted.*
Parent Signature: _____

BOYS & GIRLS CLUB CODE

- I WILL be respectful to staff, equipment, and other members.
- I WILL use polite language.
- I WILL talk to a staff person if I have a question or problem.
- I WILL remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of Eden. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Member Signature: _____

Please return this application with payment to:

Boys & Girls Club of Eden, Inc.
8284 N. Main Street
Eden, NY 14057
www.bgcaofeden.org

FOR OFFICE USE ONLY: Cash Payments, please request a receipt – No Third Party Billing
Entry Date: _____ Payment: Cash _____ Check# _____ Processed by: _____