



**BOYS & GIRLS CLUB
OF CAPE COD**

PO Box 895, Mashpee, MA 02649
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Phone: 508-477-8845 Fax: 508-477-1991

info@BoysGirlsClubCapeCod.org

GREAT FUTURES START HERE.

SUMMER 2016 REGISTRATION FORM

Please fill out one Registration Form per Child

Name of Child _____ Age _____

Date of Birth _____ Grade Entering in September of 2016 _____

Name of School Attending in 2016 _____

***A \$25 PER WEEK, PER CHILD, NON-REFUNDABLE DEPOSIT IS REQUIRED UNTIL MAY 2nd**

- ___ Week 1 — June 27 thru July 1
- ___ Week 2 — July 5 thru July 8 **Closed (7/4)**
- ___ Week 3 — July 11 thru July 15
- ___ Week 4 — July 18 thru July 22
- ___ Week 5 — July 25 thru July 29
- ___ Week 6 — August 1 thru August 5 **Closed (8/1)**
- ___ Week 7 — August 8 thru August 12
- ___ Week 8 — August 15 thru August 19
- ___ Week 9 — August 22 thru August 26

___ Total # of weeks X \$ _____ = \$ _____

10% discount if paid in full/ 7 WK Min.

Tuition: \$165.00 per week / \$150 for 2nd child or more.

One Time Registration fee per child for Members - \$10

For Non-Members - \$35

Payment methods: check or credit card (Visa or MasterCard only).

Camp T-Shirt Sizes
(PLEASE CIRCLE)

Child Sizes:

- SMALL
- MEDIUM
- LARGE

Adult Sizes:

- SMALL
- MEDIUM
- LARGE

T-SHIRTS ARE REQUIRED TO BE WORN ON ANY FIELD TRIP DAY. MEMBERS WHO FORGET THEIR T-SHIRTS WILL BE ASKED TO CALL HOME FOR ONE TO BE BROUGHT.

All fees are non-refundable and must be paid in full by June 3. After May 2, 50% required. After June 3, payment in FULL
Payment plans are available through 6/3/2016

LIMITED FINANCIAL AID IS AVAILABLE ON A FIRST COME, FIRST SERVED BASIS.

I hereby give permission for my child to participate in on-site activities at the club, and to travel outside the club for scheduled field-trips. I understand that I will assume full responsibility for any accidents incurred, thereby releasing the Boys & Girls Club of Cape Cod, its staff, volunteers and directors of all liabilities. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, and that if I cannot be reached, I hereby authorize the Boys & Girls Club of Cape Cod to transport my child to a hospital or medical facility to secure the necessary medical treatment. I understand that failure to comply with the rules and regulations of the club may result in my child's expulsion from the program.

(Parent or Guardian signature)

(Date)