



**BOYS & GIRLS CLUB  
OF CAPE COD**

PO Box 895, Mashpee, MA 02649  
31 Frank E. Hicks Drive, Mashpee, MA

Phone: 508-477-8845 Fax: 508-477-1991  
info@BoysGirlsClubCapeCod.org

**GREAT FUTURES START HERE.**

# SUMMER 2023 REGISTRATION FORM

Please fill out one Registration Form per Child

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Entering in September of 2023 \_\_\_\_\_

Name of School Attending in 2023 \_\_\_\_\_

**A \$25 PER WEEK, PER CHILD, NON-REFUNDABLE DEPOSIT IS REQUIRED UNTIL May 5**

After May 5, 50% of the total balance is required.

- Week 1 — June 26 thru June 30
- Week 2 — **July 3 thru July 7, Closed 7/4**
- Week 3 — July 10 thru July 14
- Week 4 — July 17 thru July 21
- Week 5 — July 24 thru July 28
- Week 6 — July 31 thru August 4
- Week 7 — August 7 thru August 11
- Week 8 — August 14 thru August 18
- Week 9 — August 21 thru August 25

\_\_\_\_ Total # of weeks X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
10% discount if paid in full/ 7 WK Min. per child

**Tuition: \$185.00 per week / \$170 for 2<sup>nd</sup> child or more.**

**One Time Registration fee per child for Members - \$10**  
**For Non-Members - \$35**

All fees are non-refundable and must be paid in full by June 2.

Refunds for cancellations (minus the nonrefundable deposit) will only be available prior to June 2.  
No refunds will be provided after June 2.

**LIMITED FINANCIAL AID IS AVAILABLE ON A FIRST COME, FIRST SERVE 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)

**Invoices will be sent to the following Email Address:** \_\_\_\_\_

**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.