**Father’s Name** _____________________________________________

**Mother’s Name** _____________________________________________

**Member First and Last Name** _____________________________________________

**Current Phone Number** ________________________Date of Birth __________________

**Parent/Guardian Signature** _____________________________________________

---

**Member Information**

- In consideration of my child’s membership and participation in the activities, special programs and/or special events of the Boys & Girls Club, I hereby fully waive, release, and hold harmless the Boys & Girls Club, together with all its agents, employees, representatives, officers, and directors from any and all claims, causes of actions, damages, costs, expenses, and other liabilities in any way arising out of or resulting from such membership or participation, including, but not limited to, any personal injury, accident, illness, property damages or any loss, injury or harm of any nature whatsoever.

- I attest and verify that I have full knowledge of any and all risk involved in such membership and participation, and that I will, on behalf of the named member(s), assume full responsibility for such risks and pay any and all medical, emergency, and other costs and expenses in the event of injury, accident, illness, or any loss, injury or harm of any nature whatsoever, regardless of whether I have authorized such expenses. I acknowledge that my child is in good health, physically fit, and sufficiently trained to participate in membership and in programs, activities, and events of the Boys & Girls Club.

- As a reminder, all fees are to be paid by closing on Friday to participate. Children must be picked up by closing time as there is no grace period. Credits will not be issued for suspension of any kind and fees are non-refundable/non-transferable.

**Weekly Prices:**

<table>
<thead>
<tr>
<th>Weekly</th>
<th>FM</th>
<th>PM (3+ Days)</th>
<th>Weekly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEEK 1: AUGUST 17-21</td>
<td>$8</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>WEEK 2: AUGUST 24-28</td>
<td>$8</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>WEEK 3: AUGUST 31-SEP. 04</td>
<td>$8</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>WEEK 4: SEPTEMBER 07-11</td>
<td>$8</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>WEEK 5: SEPTEMBER 14-18</td>
<td>$8</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>WEEK 6: SEPTEMBER 21-25</td>
<td>$8</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>WEEK 7: SEP. 28-OCT. 02</td>
<td>$8</td>
<td>$25</td>
<td>$25</td>
</tr>
</tbody>
</table>

**Grand Total:** $  

**Requirements**

- Face masks are **REQUIRED** for every child who enters the building.
- All children **MUST** maintain 3 feet of social distancing at all times.
- Your child’s items will be sanitized upon arrival.

**Pricing**

- Payments are **REQUIRED** the Friday prior in order for your child to attend.
- Three days or more will enroll your member for the entire week.
- Sibling discounts or financial aid do not apply to daily rates.
- Sibling Discount: 1st Child—$25, 2nd Child—$20, 3rd Child—$15

---

**Program Reminders**

- Session forms must be paid by closing on Friday to participate.
- Children must be picked up by closing time as there is no grace period.
- All fees are non-refundable/non-transferable.

---

**Office Use Only**

<table>
<thead>
<tr>
<th>Date form received:</th>
<th>TOTAL AMOUNT PAID:</th>
<th>BALANCE DUE:</th>
<th>Received by:</th>
<th>Input into COMET by:</th>
<th>Date Cashed out:</th>
<th>Cash</th>
<th>Credit Card</th>
<th>Check #</th>
</tr>
</thead>
</table>

---

**Payment taken by:**

- Date form received: ________________________________