

Boys & Girls Club of Western Broome, Family Center
 One Clubhouse Road
 Endicott, NY 13760
 (607) 745-0225

2010 TEEN SUMMER SERVICE CHALLENGE (ages 13-18)

All participants must be pre-registered! Registration begins May 3, 2010

Fee: \$55 / Two (2) week session; \$35 / One (1) week – Cash or Check

Fee: \$56.85 / Two (2) week session; \$36.25 / One (1) week – if paid by Credit Card

Monday – Friday 9:00am – 4:30pm

The objective of the program is to involve teens in club and community service. Half of each day will be devoted to service projects. The other half of the day will be recreational. All TSSC participants will need to pre-register to attend for the whole day and parents and participants will need to sign a contract. Possible projects include: nursing home visits, visiting senior housing centers, helping at food pantries and soup kitchens, environmental projects, helping local animal shelters, and providing assistance at the Boys & Girls Club. There may be added cost for some recreational activities. All participants need to be members. Registration is limited to 15-20 participants per session. For more information contact the Teen Director at (607) 754-0225.

Extended Care Hours: 6:30 am – 9:00am and/or 4:30pm – 6:00pm

Fee: \$15 / 1 week one time slot; \$25 / 1 week both time slots – Pre Paid - Cash or Check

\$30 / 2 weeks, one time slot; \$50 / 2 weeks, both time slots – Pre Paid – Cash or Check

** Fee: \$15.35 / 1 week one time slot; \$25.45 / 1 week both time slots – Pre Paid – Credit Card**

\$30.50 / 2 weeks, one time slot; \$50.70 / 2 weeks, both time slots – Pre Paid – Credit Card**

You may drop your child off NO EARLIER than 8:50am without registering and paying for extended hours. **NO EXCEPTIONS.**

Fill in dates your teen will be attending:

Arrival / Departure Time

Session I	June 28 th – July 2 nd	_____	_____
	July 5 th – July 09 th	_____	_____
Session II	July 12 th – July 16 th	_____	_____
	July 19 th – July 23 rd	_____	_____
Session III	July 26 th – July 30 th	_____	_____
	August 2 nd – August 6 th	_____	_____
Session IV	August 11 th – August 13 th	_____	_____
	August 16 th – August 20 th	_____	_____

2010 Teen Summer Service Challenge Registration Form

Childs Name _____ DOB ____ / ____ / ____ Age _____

Address _____
 Street City State zip code

Parent / Guardian Name _____ Phone (9:00am – 4:30pm) (____) _____ - _____

Home Phone (____) _____ - _____ 2010Membership # _____

Emergency Contact Person _____ Relationship to Child _____

Phone (____) _____ - _____

NOTE: Teen Summer Service Challenge Conduct Form MUST BE signed by the parent/guardian & teen, and turned into the office before teen can start the program.

EMERGENCY MEDICAL CARE FORM

Child's Last Name _____ First Name _____

Child Resides With: _____

Mother's Name _____

Employed/Student at: _____

Home Telephone # () _____ Work Telephone # () _____ Cell Phone # _____

Father's Name _____

Employed/Student at: _____

Home Telephone # () _____ Work Telephone # () _____ Cell Phone # _____

-or-

Guardian's Name _____

Employed/Student at: _____

Home Telephone # () _____ Work Telephone # () _____ Cell Phone # _____

***PERSONS TO CONTACT IN AN EMERGENCY:**

(please include someone who will know your whereabouts)
Information should be consistent with cover sheet

***First Choice:**

Name _____ Telephone # () _____

Address _____ Relation to Child _____

***Second Choice:**

Name _____ Telephone # () _____

Address _____ Relation to Child _____

***MEDICAL SUPPORT:**

Child's Physician _____ Telephone # () _____

Child's Dentist _____ Telephone # () _____

Other Medical Specialist _____ Telephone # () _____

Emergency Hospital Preference _____

Please list any allergies or pertinent medical information: _____

IMPORTANT! Please sign and date the medical release form on the next page!

EMERGENCY MEDICAL RELEASE FORM

Child's Name _____

If emergency care is deemed necessary for my child by a member of the Summer Fun Club staff and I cannot be contacted, I hereby authorize the program director or staff to act on my behalf in granting permission for my child to receive all required emergency treatment from a professional physician. These steps may include, but are not limited to, the following:

- 1) An attempt will be made to contact the child's parent/guardian, or the individuals listed on the emergency medical care form.
- 2) In the event that we cannot locate you, we will proceed to one of the following options:
 - a) Contact a paramedic nearby
 - b) Have the child transported via ambulance to an emergency hospital under the supervision of a program staff member
- 3) Any expenses incurred under such circumstances as those listed in #2 above will be borne by the child's parent/guardian. Note: your child's membership at the Boys & Girls Club of Western Broome Family Center provides secondary accident insurance (after primary insurance has paid and provided documentation to the club office only).
- 4) The Boys & Girls Club staff/employees will not be held responsible for anything that may happen as a result of false, erroneous, or incomplete information given at the time of registration.

The undersigned, who are parents/guardians having legal custody of the above named minor, hereby authorize the Boys & Girls Club Summer Fun Club program, into whose care their child has been entrusted, to consent to any of the following medical necessities whenever the need may arise. This includes, but is not limited to, x-ray examinations, anesthetic, medical/surgical diagnosis or treatment, and/or hospital care to be rendered to said minor. Staff will only allow treatment under the counsel of a professional physician and surgeon licensed under the Medical Practice Act, or by a dentist licensed under the provisions of the Dental Practice Act. The undersigned further authorizes Boys & Girls Club SFC to have the child released into the custody of a previously designated representative, should hospital care no longer be required.

***This form is to be used only in cases of extreme EMERGENCIES, when a child's parent/guardian cannot be contacted.**

Signature of Parent/Guardian _____ Date _____

Signature of Second Parent/Guardian _____ Date _____



Teen Summer Service Challenge Conduct Form

Dear Parent(s)/Guardian(s) of Teen Summer Challenge participants at the Boys & Girls Club of Western Broome, Family Center.

The summer is almost here! It is almost time to get ready for our Teen Summer Service Challenge (TSSC) program. We hope to make this a fun, safe and productive summer for your teens. Please read this contract thoroughly to have a better understanding of how the summer program will run.

Teens need to be members and registered in the TSSC in order to be able to at the club this summer. Teens in this program need to be at the Club from 9:00am – 4:30pm. Teens cannot be dropped off before 8:50 a.m. and may not remain after 4:30 p.m. (this includes the facility and surrounding areas, i.e. playground, parking lot and hill). Care before 9:00 am and after 4:30pm is available for an additional charge, please inquire at the office if needed. Teens need to participate in the full day of TSSC, as half of the day is recreational, and the other half, service oriented. Teens may leave the club for lunch with parents' permission but need to report back to the club on time.

Teens participating in TSSC are expected to follow the Clubs rules as well as the following:

1. **The Counselors are responsible for your safety.** You will respect the counselors and avoid disrespect. If you question the decision/action of an adult, you may speak with them privately and courteously.
2. **Everyone is expected to participate equally.** Each participant will participate in both activities and service projects to the best of their ability.
3. **You are representatives of the Boys & Girls Club and need to act accordingly.** Club policies and rules will be abided by at all times. There will be consequences for not being respectful or not obeying the rules.

I have read and discussed the above with my teen. We understand them and agree with them. By signing this form we understand that if any serious disciplinary action needs to be taken it will be done in this order.

1. A strong verbal warning
2. Teen/Parent and counselor conference
3. Teen will be asked to leave the program.

Teen's Name _____

Teen's Signature _____

Parents/Guardian _____

Signature _____

Date Signed ____ / ____ / ____