SUMMER CAMP 2022

Week 1 (June 13—17)  Fantasy Week
Week 2 (June 20—24)  Holiday Week
Week 3 (June 27—July 1)  Pokémon Week
Week 4 (July 5—8)  Time-Travel Week
Week 5 (July 11—15)  Disney-verse Week
Week 6 (July 18—22)  Hidden Talent Week
Week 7 (July 25—29)  Villain Week
Week 8 (August 1—5)  Mad Science Week
Week 9 (August 8—12)  Carnival Week

AT CLUB MORTON
ON SITE AT SEQUOIA MIDDLE SCHOOL
2855 BORCHARD RD., NEWBURY PARK
8AM - 5PM
AVAILABLE FOR PARTICIPANTS ENTERING GRADES 1 - 9

Camp Sessions
Choose one session or join us for all three!

SESSION 1
June 13–July 1
SESSION 2
July 5–July 22
SESSION 3
July 25–August 12

$100 NONREFUNDABLE DEPOSIT REQUIRED

SIGN UP BEFORE WE FILL UP!

FULL-DAY CAMP
3-Week Session Fee
8am to 5pm
Mon–Fri $570
Mon, Wed, Fri $370
Tue & Thu $275

HALF-DAY CAMP
3-Week Session Fee
10am to 2pm
Mon–Fri $300

Register
Call us @ (805) 375-5635 or visit us @ bgccconejo.org
This health history is correct and the person herein described has permission to engage in all prescribed Boys & Girls Clubs of Greater Conejo Valley (BGC/GCV) activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the BGC/GCV Director to hospitalize, secure proper treatment for, and to order an examination, x-ray, injection, anesthesia or surgery for my child as named above. If I cannot be reached, I give my permission to the BGC/GCV, and/or its agents, to obtain whatever medical assistance is necessary for my child at my expense.

The undersigned hereby agrees to defend, indemnify and hold harmless the BGC/GCV, Conejo Valley Unified School District, and its officers, employees and agents against any and all loss, liability charges, expenses (including attorney fees), and costs of whatsoever character which may arise by reason of participation in any program. (BGC/GCV does not provide accident, medical, liability, workers’ compensation insurance, or any other insurance for program participants.) I agree to carefully inspect and satisfy myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participation at the premises.

PARENT/GUARDIAN AUTHORIZATION FOR THE BOYS & GIRLS CLUBS OF GREATER CONEJO VALLEY (BGC/GCV)

- Video surveillance is in use in and around the Club facility, on Club property, and on Club Transportation.
- In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary.
- I hereby give permission for my child to become a member and participate in activities of the Boys & Girls Clubs of Greater Conejo Valley. My child promises to take care of their Club and its property and to follow Club rules, including appropriate use of technology and personal devices while at the Club.
- I expect my child to stay at the Club until picked up: ☐Yes ☐No
- I give permission for my child to be transported to and from program areas, on field trips, and in the case of an emergency.
- I give permission for my child to walk within a one-mile radius of the Clubhouse with a staff member for various Club activities.
- I understand BGC/GCV will periodically show movies rated PG-13 or lower and play T rated video games.
- I understand the BGC/GCV retains the right to use photographs, slides or video-taped material of my child taken during activities for promotional purposes and waive all rights for compensation.
- I understand the Club is not responsible for my child’s personal belongings and will advise my child to leave valuables at home.
- I give permission for the release and exchange of confidential information from the Conejo Valley Unified School District or Las Virgenes Unified School District in order to provide programs and coordinate services for my child. I understand that my records are protected under federal confidentiality regulation and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- I agree to defend, indemnify and hold harmless the BGC/GCV, Conejo Valley Unified School District, Las Virgenes Unified School District and their officers, employees and agents against any and all loss, liability charges, expense (including attorney fees) and costs of whatsoever character which may arise by reason of participation in any program.
- Boys & Girls Clubs of Greater Conejo Valley has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.
- I understand there will be a late fee of $15.00 per member for each 15-minute increment used after the club closes. The Police Department will be asked to watch your child if we have not heard from the parent/guardian after 1 hour of the club closing.
- I understand the BGC/GCV Parent Handbook is available on our website at www.bgconejo.org and that it is my responsibility to read this Parent Handbook, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it.
- I understand that the Boys & Girls Club of Greater Conejo Valley is not responsible for any staff outside of club duties.
- I understand the BGC/GCV covid guidelines are subject to change and the BGC/GCV aligns with the CDC Government Agency and the CA State requirements.
- Anyone who develops symptoms will be isolated in a room separate from others and sent home.
- If your child is feeling sick, you agree to pick them up within 60 minutes of notification.
- Any member feeling sick will not be admitted to Club.
- Unused days will not be refunded or transferrable.
Summer Camp: Fees, Refunds & Cancellations, Withdrawals, Deposits, and Scholarships Available:

**Fees:**
- All fees are due 7 days before the start of the session. A $25 late fee will be applied if payments are late, or we may give the child’s spot to someone else on waiting list.
- Campers will not be permitted to attend camp if a balance remains on their accounts.
- Pay online at: [www.bgccconejo.org](http://www.bgccconejo.org) by accessing the parent portal.

**Withdrawals:** If a camper discontinues attending the camp session once it has started, no refunds or credits are issued. Boys & Girls Clubs of Greater Conejo Valley (BGCGCV) reserves the right to dismiss a camper whose conduct is dangerous, illegal, or, in the judgment of the Club director, detrimental to the camp or other campers. We will not refund any unused tuition.

**Deposits:**
- Non-refundable deposits are required to hold a child's spot at each camp session and are due at registration.
- See Summer Camp at a Glance (page 3) for camp session deposit amounts.

**Refunds and Cancellations:**
- All deposits or payments are non-refundable.
- If the cancellation of a session is due to a medical emergency, a physician’s note is required, and a $25 administration fee will apply.
- Any changes are subject to a $25 administration fee.

**Scholarships Available:**
- Financial scholarships are available for families who qualify.
- See your Club director for an application and more information.

Parent/Guardian Initial: _____________________

Print name of Parent/Guardian: _____________________ Best contact number: (______) ___________________

Signature Parent/Guardian: _____________________ Date: _____________________
MEMBER INFORMATION

Name (Last) ___________________________ (First) ___________________________ (Middle) ___________________________ ☐ Male ☐ Female

Date of Birth _______/_____/______ School ___________________________ ☐ New Member ☐ Returning Member

Grade as of 9/1/22 ____________ Age _______ Other Family Members Attending/Attended Club ____________________________

MOTHER/GUARDIAN INFORMATION ☐ Check if this is the Member’s primary residence.

Name ___________________________ Employer ___________________________

Street Address ___________________________ City ___________________________ State _______ Zip ___________________________

Home Phone ___________________________ Cell ___________________________ Work ___________________________ E-Mail ___________________________

FATHER/GUARDIAN INFORMATION ☐ Check if this is the Member’s primary residence.

Name ___________________________ Employer ___________________________

Street Address ___________________________ City ___________________________ State _______ Zip ___________________________

Home Phone ___________________________ Cell ___________________________ Work ___________________________ E-Mail ___________________________

EMERGENCY CONTACT: (Need Contact Info for people not listed above)

Emergency Contact ___________________________________ Relationship to Member ___________________________ Phone Number ___________________________

Emergency Contact ___________________________________ Relationship to Member ___________________________ Phone Number ___________________________

MEDICAL INFORMATION

Name of Doctor ___________________________ Doctor’s Phone Number ___________________________

Health Insurance Company ___________________________ Policy and Certificate #: ___________________________

Has your child ever had the following ☐ EAR INFECTIONS ☐ ASTHMA ☐ CONVULSIONS ☐ MEASLES ☐ CHICKEN POX ☐ MUMPS ☐ HAY FEVER ☐ DIABETES ☐ HEARING AIDS ☐ CONTACT LENSES ☐ BEHAVIORAL PROBLEMS?

Has your child has an allergic reaction to: ☐ INSECT STING/BITES ☐ POISON OAK OR IVY ☐ FOOD IF SO, PLEASE LIST:

Is your child current with all immunizations? ☐ YES ☐ NO

Has your child had any operations, serious injuries, diseases or problems with physical activity that may limit him/her? ☐ NO ☐ YES Please Explain:

Does your child need to take medication during camp? ☐ NO ☐ YES MEDICATION(S):

Is there anything you would like us to know about your child.

ALL MEDICINE MUST BE CLEARLY LABELED IN ITS ORIGINAL CONTAINER AND GIVEN TO THE CLUB DIRECTOR, ALONG WITH A WRITTEN AUTHORIZATION TO ADMINISTER MEDICATION.

CONFIDENTIAL HOUSEHOLD INFORMATION

Please note, this is for statistical and fundraising purposes only.

ETHNICITY: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other ____________

ANNUAL HOUSEHOLD INCOME: ☐ $10,000 or below ☐ $40,001 - $50,000 ☐ $60,001 + ☐ $50,01 - $60,000 ☐ $20,001 - $30,000 ☐ $30,001 - $40,000

DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH?: ☐ Yes ☐ No

MILITARY: ☐ Yes ☐ No

Head of Household: ___________________________

FEES...REFUNDS...CANCELLATIONS...WITHDRAWALS

If a balance is not paid seven (7) days prior to the session, a $25 late fee will be applied or the child’s spot may be given to someone else if there is a waiting list. Campers will not be permitted to attend camp if a balance remains.

Refunds, Transfers and Cancellations: All deposits and/or payments are non-refundable. If cancellation of a session is due to a medical emergency, a physician’s note is required, minus the $25 Administration Fee. Any changes are subject to a $25 Fee.

Withdrawals: If a camper discontinues attending the camp session once it has started, there will be no refunds or credits. BGC/GVC reserves the right to dismiss a camper whose conduct is dangerous, illegal, or in the judgment of the Camp Director, detrimental to the camp and/or to other campers. Any unused tuition will not be refunded.

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Signature of Parent/Guardian___________________________________________    Date:_______________________

Financial Assistance is available on a case-by-case basis. Please complete a confidential ‘Request for Financial Assistance.’
Documentation required: Total income of household members, previous year’s tax returns, and proof of most recent form of income.

Please circle camps desired in the appropriate box(es). Please complete one form per camper.
Registration is available beginning February 1

<table>
<thead>
<tr>
<th>Camp</th>
<th>Grade</th>
<th>Fee</th>
<th>Deposit</th>
<th>Days</th>
<th>Time</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
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<tbody>
<tr>
<td>Anderson At Los Cerritos Full Day</td>
<td>1-8th</td>
<td>$570</td>
<td>$100</td>
<td>Monday - Friday</td>
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<td>Camp</td>
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<tr>
<td>Anderson At Los Cerritos Tues/Thurs</td>
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<td>$275</td>
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<td>Grossman At Chaparral Full Day</td>
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Total
APLICACION PARA CAMPAMENTO DE VERANO

INFORMACION DE MIEMBRO

Apellido ___________________ Primer Nombre ___________________ Segundo Nombre ___________________ ☐ Masculino ☐ Femenino

Fecha de Nacimiento / / Escuela ___________________ ☐ Nuevo miembro ☐ Miembro consecutivo

Año escolar después de 9/1/22 ___________________ Edad ___________________ Nombre de otros miembros de la familia en el campamento _________

INFORMACION DE MADRE / TUTOR . . . . . . ☐ Verifique si esta es la residencia principal del Miembro

Nombre ___________________ Empleador ___________________ Domicilio ___________________ Ciudad ___________________ Estado ___________________ Código Postal ___________________ Telefono ___________________ Celular ___________________ Trabajo ___________________ Correo Electronico ___________________

INFORMACION DEL PADRE / TUTOR . . . . . . ☐ Marca de verificacion de residencia principal

Nombre ___________________ Empleador ___________________ Domicilio ___________________ Ciudad ___________________ Estado ___________________ Código Postal ___________________ Telefono ___________________ Celular ___________________ Trabajo ___________________ Correo Electronico ___________________

INFORMACION MEDICA

Nombre de Doctor ___________________ Compañia de aseguranza medica ___________________ Telefono ___________________ Numero de poliza ___________________

Elija las condiciones que el miembro a sufrido ☐ INFECCION DE OIDO ☐ ASMA ☐ CONVULSIONES ☐ SARAMPION ☐ VARICELA ☐ PAPERAAS ☐ FIEBRE DE HENO ☐ DIABETES ☐ AUXILIARES DE SONIDO ☐ LENTES DE CONTACTO ☐ PROBLEMAS DE CONDUCTA

Elije las cajas que indicuen alergias o que a sufrido el miembro: ☐ PICADURA DE INSECTO ☐ HIDRA VENENOSA ☐ COMIDA. PORFAVOR EXPLIQUE EL TIPO DE COMIDA: __________________________

Selecione si el miembro esta al dia con todas sus vacunas: ☐ SÍ ☐ NO

Ha tenido el miembro alguna operacion, lecion grave enfermedades o problemas fisicos que puedan limitarlo? ☐ NO ☐ SÍ

Por favor explique: __________________________

Si su hijo necesita tomar medicamento(s) durante el campamento porfavor explique ☐ NO ☐ SI MEDICAMENTO(S): __________________________

Si su hijo/niña necesita tomar medicamento(s) durante el campamento porfavor explique __________________________

TODOS LOS MEDICAMENTOS DEBEN SER CLARAMENTE ETIQUETADOS EN SU CONTENEDOR ORIGINAL Y ENTREGADO A EL DIRECTOR JUNTO CON UNA AUTORIZACION DE ADMINISTRACION MEDICA

INFORMACION FAMILIAR

ETNICIDAD ☐ Hispánico(a) ☐ Afroamericano(a) ☐ Asiático(e) ☐ Nativo(a) Americano ☐ Caucásico(a) ☐ Otro(a) __________

INGRESO ANUAL DEL HOGAR ☐ $10,000 or below ☐ $10,001 - $20,000 ☐ $20,001 - $30,000 ☐ $30,001 - $40,000 ☐ $40,001 - $50,000 ☐ $50,001 - $60,000 ☐ $60,001 +

SU HIJO(A) RECIBE ALMUERZO GRATUITO O REDUCIDO?

☐ SÍ ☐ NO

Militar: ☐ SÍ ☐ NO

Jefe de hogar?: __________________________

REEMBOLSOS, CANCELACIONES, RETiros... PRECIOS

Si un saldo no se paga siete (7) días antes de la Sesión, el lugar del niño puede ser dado a otra persona si hay una lista de espera y se aplicará un cargo por retraso de $ 25. A los campistas no se les permitirá asistir al campamento si queda un balance.

Reembolsos, transferencias y cancelaciones: Todos los depósitos y/o pagos no son reembolsables. Si la cancelación de una sesión se debe a una emergencia médica, se requiere una nota del médico, menos la cuota de administración de $ 25.00. Cualquier cambio está sujeto a una tarifa de $ 25.

Retiros: Si un campista deja de asistir a la sesión del campamento una vez que ha comenzado, no habrá reembolsos ni créditos. BGC / GCV se reserva el derecho de despido a un campista conducta es peligrosa, ilegal o, a juicio del Director del Campamento, perjudicial para el campamento y/o para otros campistas. La matrícula no utilizada no será reembolsada.

AUTORIZACIÓN DE PADRES/ TutoRES PARA LOS NIÑOS Y CHICAS CLUBES DE CONEJO & LAS VIRGENES (BGC / GCV)

Boys & Girls Clubs of Greater Conejo Valley

☐ En caso de emergencia, autorizo al Club a buscar atención médica y transporte para mi hijo si se considera necesario.

☐ Por la presente doy permiso para que mi hijo se convierta en miembro y participe en las actividades de El Boys and Girls Club of Greater Conejo Valley. Mi hijo se compromete a cuidar de su Club y de su propiedad, no es permitiendo que ninguna otra persona tenga o use su Tarjeta de Miembros, y se respetuoso con las reglas del Club.

☐ Espero que mi hijo se quede en el Club hasta que lo recoja. Sí ☐ No

☐ Yo doy permiso para que mi hijo sea transportado hacia y desde las áreas del programa, en excursiones y en caso de emergencia.

☐ Yo doy permiso para que mi hijo camine dentro de un radio de una milla del Clubhouse con un miembro del personal para varias actividades del Club.

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☐ Entiendo que el Club no es responsable por las pertenencias personales de mi hijo, y le aconsejo a mi hijo que des objetos de valor en casa.

☐ Estoy de acuerdo en defender, indemnizar y eximir de responsabilidad al BGC / GCV, al Distrito Escolar Unificado de Conejo Valley, al Distrito Escolar Unificado de Las Virgenes ya sus oficiales, empleados y agentes contra cualquier pérdida y gastos de responsabilidad. De cualquier carácter que pueda surgir por razón de participación en cualquier programa.

☐ Entiendo que habrá una multa de $ 15.00 por miembro por cada incremento de 15 minutos que se use después de que el club cierre. Se le pedirá al Departamento de Policía que vigile a su hijo si no hemos tenido noticias del padre / tutor después de que el club haya estado cerrado por una hora.

☐ Entiendo que el Boys & Girls Club of Greater Conejo Valley no es responsable de ningún personal fuera de las funciones del club.

☐ Entiendo que el Manual para Padres de BGC / GCV está disponible en nuestro sitio web en www.bgcconejo.org y que es mi responsabilidad leer este Manual de Padres, familiarizarse con su contenido y cumplir con los requisitos del programa y las responsabilidades de los padres e hijos.

He leído y entiendo la política de reembolso y cancelaciones.
<table>
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**METODOS DE PAGO**

When paying Program Fees, please make checks payable to: **BGC/GCV ✓ VISA/MC are accepted.**

Credit Card Number: __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Expiration: ____/____ Security Code: ______

Print Cardholder’s Name_______________________________ Address:______________________________ Signature: __________________________

La asistencia financiera está disponible caso por caso. Se requiere completar una Solicitud de Asistencia Financiera confidencial. Requisitos incluyen: Ingreso total de los miembros del hogar, declaraciones de impuestos del año anterior y la forma más reciente de ingresos.

Marque una "X" en la (s) casilla (s) blanca apropiada (s) para todos los campamentos deseados. Un formulario de registro por campista.

* Inscríbase entre el 1 de marzo y el 30 de abril y reciba Early Bird Precios *