

# Abbe Clubhouse

## 2019 Summer Program Registration

### July 1 - August 9

\*CLOSED JULY 4

All BCNY members who registered by February 1, 2019 and met attendance requirements throughout the Program Year are eligible to register for Summer Camp.

### FORM MUST BE COMPLETED AT TIME OF REGISTRATION

Please visit [WWW.BCNY.ORG/SUMMER](http://WWW.BCNY.ORG/SUMMER) for registration dates.

MEMBER INFORMATION	PLEASE PRINT CLEARLY
Camper's Name: _____	
Parent/Guardian Signature: _____	
Current Age Group:	<input type="checkbox"/> Explorer <input type="checkbox"/> Junior <input type="checkbox"/> Teen
T-Shirt Size:	<input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Youth XL <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL
<b>Please provide household, authorized escort, and emergency contact information on the next page.</b> Please see your clubhouse registrar to update any other household or medical information. Unless notified BCNY will refer to Fall Registration forms for any information regarding your son.	

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### The Boys' Club of New York Summer Program Receipt

This is your receipt for your child's Summer Cycle Registration.

BCNY Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Member Information Form

MEMBER INFORMATION				
<b>Member's First Name:</b>	<b>Last Name:</b>	<b>Nickname:</b>		
<b>Address :</b>				
<i>Street</i>	<i>Apt#</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

PRIMARY PARENT/GUARDIAN INFORMATION				
<b>First Name:</b>	<b>Last Name:</b>			
<b>Address :</b>				
<i>Street</i>	<i>Apt#</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>		
<b>Email Address:</b>				

SECONDARY PARENT/GUARDIAN'S INFORMATION				
<b>First Name:</b>	<b>Last Name:</b>			
<b>Address:</b>				
<i>Street</i>	<i>Apt#</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>		
<b>Email Address:</b>				

EMERGENCY CONTACTS (Required)				
<b>1<sup>st</sup> Contact Full Name:</b>		Relationship:		
Address:				
<i>Street</i>	<i>Apt#</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Phone:	Alt. Phone:			
<b>2<sup>nd</sup> Contact Full Name:</b>		Relationship:		
Address:				
<i>Street</i>	<i>Apt#</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Phone:	Alt. Phone:			

PERSON(S) AUTHORIZED TO ESCORT MEMBER FROM CLUBHOUSE				
<b>Full Name/Phone#:</b>				
<b>Full Name/Phone#:</b>				
<b>Full Name/Phone#:</b>				
<b>Full Name/Phone#:</b>				

Please see your clubhouse registrar to update any other household or medical information. Unless notified, BCNY will refer to Fall Registration forms for any information regarding your son.



WWW.BCNY.ORG/SUMMER  
@BOYSCLUBNY

