

Gerry 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 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
Please provide household, authorized escort, and emergency contact information on the next page. 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.	

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

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

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

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

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

