



PROGRAM REGISTRATION FORM

HOUSEHOLD INFORMATION EMERGENCY INFORMATION

Address: _____
 City: _____
 Zip: _____
 Home Phone: (____) _____
 E-Mail: _____

Parent(s) Name: _____
 Mom's Cell: (____) _____
 Dad's Cell: (____) _____
 Other Contact Name: _____
 Relationship to Participant: _____
 Home: (____) _____
 Cell: (____) _____

YES
 NO

Photograph/Video Footage Disclaimer
 I understand and agree that pictures/video footage may be taken during BDCAS programs/activities and may be used for promotional and advertising purposes.

PARTICIPANT INFORMATION

	Participant #1	Participant #2	Participant #3
First Name:	_____	_____	_____
Last Name:	_____	_____	_____
Date of Birth (mm/dd/yy):	____/____/____	____/____/____	____/____/____
School:	_____	_____	_____
Grade:	_____	_____	_____
Gender:	Male Female	Male Female	Male Female
Dominate Hand:	Right-Handed Left-Handed	Right-Handed Left-Handed	Right-Handed Left-Handed
T-Shirt Size: (please circle if applicable)	Youth Sizes: SM 6-8 MED 10-12 LG 14-16 Adult Sizes: SM MED LG XLG XXLG XXXLG	Youth Sizes: SM 6-8 MED 10-12 LG 14-16 Adult Sizes: SM MED LG XLG XXLG XXXLG	Youth Sizes: SM 6-8 MED 10-12 LG 14-16 Adult Sizes: SM MED LG XLG XXLG XXXLG
Medical Alerts:	_____	_____	_____

PROGRAM INFORMATION

Participant Name <small>(first name only)</small>	Course # <small>(ex. 251.1101)</small>	Program Name <small>(include session #, level, or time if applicable)</small>	Friend Request	Fee <small>(If a letter precedes your house #, you're a Non-Resident)</small>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL PROGRAM FEE ENCLOSED (checks payable to: BDCAS) \$ _____

PAYMENT INFORMATION

Cash
 Check #: _____
 Credit/Debit Card #: _____ Expiration Date: _____ 3-digits on back of card: _____



CAMP CRYSTAL PARENT/CHILD PARTICIPATION AGREEMENT

Parents, you are welcome to complete one agreement form for multiple children.

BY REGISTERING FOR BDCAS YOUTH PROGRAMMING, I HEREBY AGREE AND UNDERSTAND THAT I HAVE READ THE PARENT HANDBOOK AND I AM AWARE OF BDCAS POLICIES, PROCEDURES AND GUIDELINES.

1. I and my child(ren) will adhere to BDCAS policies, procedures and guidelines.
2. I have read the behavior expectations and am aware that BDCAS staff will use these guidelines when working with participants and families to resolve any behavior issues.
3. My child and I will treat all BDCAS participants, staff, volunteers and parents/guardians with respect and dignity in language, attitude, behavior and mannerisms regardless of race, creed, color, gender, sexual orientation or ability.
4. I will provide BDCAS with current information regarding my child's address, phone number, medications, disabilities, swimming abilities and any other relevant information that will enable BDCAS staff to serve my child in the best possible manner.
5. I hereby give permission to BDCAS to take or transport my child(ren) on supervised field trips during program hours.
6. A children must leave the building at the close of the program. Parents/Guardians are responsible for their child(ren) at closing time.
7. I hereby grant permission for BDCAS staff to share, with each other, any information or records regarding my child(ren).
8. BDCAS staff have my permission to assist my child(ren) in the application of sunscreen and/or insect repellent prior to outdoor activities. It is my understanding that children are required to bring both sunscreen and insect repellent for use during BDCAS programs. Children should come to their program in the morning with sunscreen already applied.
9. If emergency medical care is deemed necessary and I am unable to be reached, BDCAS staff is authorized to act in my child's behalf in granting permission for my child to receive emergency treatment or surgery.

Parent/Guardian Signature

Date