

2017 – 2018 Boys & Girls Club of Clifton

Woodland Park School District

Before Care Application

Cost: \$60.00 per month

Please Print and circle which school your child attends

1st Child's Name: _____ Phone: _____

Address: _____

B.G. or C.O. or Memorial Middle Grade: _____ Age: _____ Gender: M or F

2nd Child's Name: _____ Phone: _____

B.G. or C.O. or Memorial Middle Grade: _____ Age: _____ Gender: M or F

3rd Child's Name: _____ Phone: _____

B.G. or C.O. or Memorial Middle Grade: _____ Age: _____ Gender: M or F

Emergency Contact Name: _____ Phone# _____

Emergency Contact Name: _____ Phone# _____

Emergency Medical Release - Permission to participate in Before Care Program activities

I, _____ do hereby give my child(ren) permission to attend and/or participate in the Before Care Program activities sponsored by the Boys & Girls Club of Clifton and Woodland Park School District, its employees, associates, and contributors. In further consideration of the benefits to be gained by our child we covenant that we will never institute any action at law against the Boys & Girls Club of Clifton, Inc., and Woodland Park School District its agents, servants and employees, on account of any injury or other loss or damage sustained by my child's participation, furthermore, I hereby do authorize medical examination and treatment of my son/daughter by a qualified licensed physician in any event of an accident and all efforts to contact the parents/guardian have been exhausted.

Parent/Guardian Signature: _____

Date: _____