

# MAIL IN REGISTRATION INFORMATION

Please follow the procedure listed below for MAIL-IN REGISTRATION for Swimming and Cultural classes for SESSION I.

**REGISTRATION, MEMBERSHIP FORMS & PAYMENT MUST BE RECEIVED NO LATER THAN SEPT. 4, 2009.**

***After this date, you must come in person to register. You may register in person beginning on Tues., Sept. 8.***

SESSION I is from Sept. 14, 2009 to Nov. 25, 2009. (11 week session)

## MAIL-IN REGISTRATION – (Please Read below before completing form)

1. Mail In or Walk In Registration Only. (We cannot take telephone or email Registration or changes)
2. Please read the Aquatic Policy (page 7), which contains important information pertaining to the Aquatic Program.
3. All information MUST be completed CLEARLY and in PRINT before registration can be processed.
4. Please be sure to include the correct program name, code number, day and time and class fee.
5. Complete one Membership Form and include \$50 fee per child. ***Current membership is required for all ongoing classes and programs unless otherwise noted.*** Current membership will expire June 30, 2010.
6. Program fees and membership fees must be included with Registration Form. All fees must be paid in full. Make checks payable to the Boys & Girls Club of Northern Westchester.  
There will be a \$50 service charge for all CHECKS RETURNED by the bank.

Please note we now accept credit cards (VISA, MASTERCARD & AMERICAN EXPRESS).

Please complete the form on page 6 if you wish to pay by credit card. **Minimum on credit card is \$35.**

7. All Registrations after Sept. 4, including changes, must be done in person
- **Multiple Child Discount** For children in the same family in **Aquatic Lessons only.**  
2nd child 10%; 3rd child 5%.
  - **Call for Swim Testing** - 666-8069, ext. 115 or 117.
  - **Monday, Thursday & Saturday classes are 10 weeks**, fees are pro-rated, includes make-up week.  
**Tuesday & Wednesday are 11 weeks**, includes make-up week.
  - **General Release must be signed.**

**CLUB CLOSED October 12, November 26, 27, and 28**



**BOYS & GIRLS CLUB**  
OF NORTHERN WESTCHESTER

**BOYS & GIRLS CLUB OF NORTHERN WESTCHESTER REGISTRATION FORM  
SESSION I - SEPT. 14, 2009 - NOV. 25, 2009**

Please return the form with your payment to the Boys & Girls Club of Northern Westchester, 351 Main Street, Mount Kisco, NY 10549.

**MULTIPLE CHILD DISCOUNT FOR CHILDREN IN THE SAME FAMILY IN AQUATIC LESSONS ONLY.**

**2ND CHILD-10%    3RD OR MORE-5%**

*Please fill out separate membership form for each child (pages 7 and 8)*

**PLEASE ENTER ALL INFORMATION CLEARLY AND IN PRINT**

Name of Parent \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Full Name of Person Taking Course	Grade	Age	Name of Program	Code Number	Day	Time	Class Fee	Membership Fee

Full Name of Person Taking Course	Grade	Age	Name of Program	Code	Day	Time	Class Fee	Membership Fee

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**GENERAL RELEASE:** The undersigned hereby releases the Boys & Girls Club of Northern Westchester, employees and volunteers thereof, of any responsibility should an accident or injury occur to the above mentioned child(ren) as a result of the above mentioned activity sponsored by the Boys & Girls Club of Northern Westchester.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment:** Enclosed is my ( ) CHECK or ( ) MONEY ORDER ( ) CREDIT CARD **NO CASH.** Sub Total \$ \_\_\_\_\_  
**For Credit Cards, Please complete back of form. Payments are due in full.**

**OFFICE USE ONLY:**  
 Date: \_\_\_\_\_, Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Clerk \_\_\_\_\_  
 Money Order# \_\_\_\_\_ Credit Card ( ) \_\_\_\_\_

Membership Fee \$ \_\_\_\_\_  
 Total Enclosed \$ \_\_\_\_\_

BOYS & GIRLS CLUB OF NORTHERN WESTCHESTER

YOUTH MEMBERSHIP FORM

Fee: \$50.00 per child

Expires: 06/30/2010

DATE: \_\_\_\_\_ MEMBERSHIP IS:  NEW for  1st child  2nd child  3rd child  RENEWAL for  1st child  2nd child  3rd child

PLEASE PRINT INFORMATION CLEARLY AND IN PRINT

1ST CHILD'S NAME \_\_\_\_\_  MALE  FEMALE BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_  
First Last

2ND CHILD'S NAME \_\_\_\_\_  MALE  FEMALE BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_  
First Last

3RD CHILD'S NAME \_\_\_\_\_  MALE  FEMALE BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_  
First Last

MAILING ADDRESS \_\_\_\_\_ CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TEL # \_\_\_\_\_ CELL # \_\_\_\_\_ EMERGENCY # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ EMPLOYED AT \_\_\_\_\_ Work # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ EMPLOYED AT \_\_\_\_\_ Work # \_\_\_\_\_

ANOTHER AUTHORIZED ADULT \_\_\_\_\_ Phone # \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS WE SHOULD BE AWARE OF: \_\_\_\_\_

LIST MEDICATIONS YOUR CHILD IS PRESENTLY TAKING: \_\_\_\_\_

(Optional) - This information is for fund-raising purposes only. Strictly confidential. Ethnic Background \_\_\_\_\_ Numbers in Household \_\_\_\_\_ Single Parent Household \_\_\_\_\_

Family Income:  \$10,000-25,000  \$25,000-32,100  \$32,100-36,700  \$36,700-41,250  \$41,250-46,850  \$46,850-49,500  \$49,500-53,200  \$53,200 +

PLEASE READ AND SIGN BELOW - I give my child permission to participate in the Boys & Girls Club of Northern Westchester programs. In the event that I cannot be reached in an emergency, the Boys & Girls Club authorities may take such measures as they deem appropriate and shall notify me as soon as possible. In addition, I hereby give my permission for securing at the expense of the undersigned, appropriate medical treatment. This will also include releasing my child for any treatment necessary in the emergency room of an accredited hospital by emergency room staff or Doctors they would call in for emergency room treatment.

Date: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

PHOTO & VIDEO RELEASE FORM - I, the undersigned, being the parent or legal guardian of \_\_\_\_\_, do hereby authorize the Boys & Girls Club of Northern Westchester to use PHOTOGRAPHS OR VIDEO RECORDING of my child for the purpose of PUBLIC RELATIONS, TRAINING, AND/OR MONITORING STAFF without time limitations. I understand that I will be notified of such video taping or photography.

Date: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

FOR OFFICE USE ONLY - Code: 6101

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Money Order # \_\_\_\_\_ No Cash by Mail Credit Card ( ) Date \_\_\_\_\_ Received by \_\_\_\_\_

CREDIT CARD AUTHORIZATION FORM (INCLUDE WITH MAIL-IN REGISTRATION)

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

BILLING ADDRESS (Of Credit Card Holder) \_\_\_\_\_

CREDIT CARD TYPE  MC  VISA  AMEX

CREDIT CARD # \_\_\_\_\_ VISA CODE \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

TOTAL DUE \_\_\_\_\_ DATE \_\_\_\_\_

BGCNW IS AUTHORIZED TO CHARGE MY CREDIT CARD ACCOUNT.

AUTHORIZED SIGNATURE \_\_\_\_\_