



Boys & Girls Clubs of Southern Rensselaer County  
**Camp Adventure Registration Form**  
Rensselaer, NY

**Boys & Girls Clubs of Southern Rensselaer County (BGCSORENSCO)** is staffed by trained and caring mentors, making summer camp an affordable, safe, inclusive place where youth can build their confidence, explore their interests and build skills. We do whatever it takes to ensure kids & teens have a memorable summer and feel prepared for the upcoming school year.

**CAMP ADVENTURE** is open to youth ages 5-15. Camp takes place **Monday, June 29 to Friday, August 21, 2026**. Camp is open Monday - Friday, 8:00 AM - 4:30 PM and offered in eight one-week session.

**CAMP COST**

- \$200.00 per child, per week. Sibling discount -\$25 a week for the second child. DSS is accepted.
- Financial aid in the form of camperships is available on a limited basis. Camperships for Weeks 1-4 **MUST** be paid for by Fri, June 27th. Camperships for Weeks 5-8 **MUST** be paid for by Thu, July 31st.

**DROP-OFF & BREAKFAST**

- Drop off starts at 8:00 AM and we will provide a light, nutritious breakfast for campers for no additional charge. *Camp Adventure is partially funded by the NYS Office of Children and Family Services and the Department for Youth.*

**CAMP SCHEDULE:**

- Week 1 - June 29 - July 3
- Week 2 - July 6 - July 10
- Week 3 - July 13 - July 17
- Week 4 - July 20 - July 24
- Week 5 - July 27 - July 31
- Week 6 - August 3 - August 7
- Week 7 - August 10 - August 14
- Week 8 - August 17 - August 21

**PARENT PICK-UP/DROP-OFF PREFERENCES:**

- Boys & Girls Club 8:00 AM - 4:30 PM
- Camp Adventure 9:15 AM - 3:15 PM
- Averill Park High School 8:30 - 3:45 PM

**REGISTER:**

- Please complete this four-page application and return to **BGCSORENSCO, 544 Broadway, Rensselaer, NY 12144**. Applicants will also need to fill out a Membership Application.
- Questions? Please call (518) 465-3403

**Please sign and date below acknowledging that you have read the above information.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**CHILD INFORMATION:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  Male  Female  Non-Binary  
Check all that apply:  Hispanic/Latino  Black/African American  Non-Hispanic   
Biracial/Multiracial  White  American Indian/Native Alaskan  Asian/Pacific Islander  Other

**PARENT/GUARDIAN INFORMATION:**

*Parent/Guardian #1 (all correspondence will be delivered to this party)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Legal Guardian  Yes  No  
Phone 1 (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Phone 3 (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ DOB: \_\_\_\_\_

*Parent/Guardian #2*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Legal Guardian  Yes  No  
Phone 1 (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Phone 3 (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ DOB: \_\_\_\_\_

**PLEASE NOTE:** Parents or guardians listed above have permission to pick up the child. A court order is required if a parent is denied access to the child.

**EMERGENCY CONTACTS (list three individuals who may pick up your child if you cannot be reached):**

*Emergency Contact #1*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone 1 (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Phone 3 (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Emergency Contact #2*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone 1 (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Phone 3 (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Emergency Contact #3*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone 1 (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Phone 3 (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL INFORMATION:**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
Permission for Treatment by Doctor/Hospital:  Yes  No Preferred Hospital: \_\_\_\_\_  
Health/Allergies/Food Restrictions?  Yes  No  
If yes: \_\_\_\_\_

Medications:  Yes  No If yes, explain: \_\_\_\_\_

*\*BGCSORENSCO has a strict policy on medication provision. Please talk to your Club staff for more info.*

Please indicate if your child has a history of:

_____ Contact Lenses	_____ Fainting	_____ Hyperkinesis	_____ Appendicitis	
_____ Severe Headaches	_____ Anemia	_____ Tonsillitis	_____ Diabetes	_____ Asthma
_____ Hay Fever	_____ Ear Infections	_____ Swimmer's Ear	_____ High Blood Pressure	
_____ Seizures	_____ Skin Problems	Other: _____		

**EMERGENCY/ACCIDENT PROCEDURES/ILLNESS:** *Please read & initial each statement and sign at the bottom.*

\_\_\_\_\_ If your child is not feeling well, we will call and ask that you come pick him or her up from the program. If we are not able to contact you, we will contact someone on your emergency contact list.

\_\_\_\_\_ I am aware the program can only administer emergency medication as prescribed by a physician and as indicated on the individual health care plan provided. The staff will not administer non-emergency medications.

\_\_\_\_\_ I am aware that if I cannot be reached in the event of an emergency I am responsible for full payment of hospital bills if my child is transported to the hospital. Included but not limited to; ambulance transport, surgeries, etc.

\_\_\_\_\_ ***In the event of a medical emergency,*** I understand every effort will be made to contact a parent or guardian. If I cannot be reached, I grant permission to the physician selected by staff to hospitalize, secure proper treatment, and order injection, anesthesia or emergency surgery for my child named above.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AUTHORIZATIONS:** *Please read & initial each statement and sign at the bottom.*

\_\_\_\_\_ The program shall not be responsible or legally liable for any losses, theft or damages to personal property or for any bodily injuries or the results thereof, incurred and suffered by the applicant on any property of the childcare program.

\_\_\_\_\_ I understand that my child's attendance is essential to achieve academic and enrichment goals.

\_\_\_\_\_ I give permission for my child to be released from the childcare program with the individuals listed on the prior page. I understand that people listed are required to show identification for a child to be released. I also agree to notify the childcare program staff in advance when I will not be picking up my child.

\_\_\_\_\_ I give permission for my child to carry and use sunscreen.

\_\_\_\_\_ If a child purposefully breaks, damages or steals any property, the parent/guardian will be held responsible for making financial restitution for the full amount of said item(s).

\_\_\_\_\_ I give permission for my child to go with any academic teacher/tutor at any time during program hours.

\_\_\_\_\_ I give consent for my child to participate in an anonymous survey to collect informational feedback about their experiences with the program. Child's name will not be collected and will never be connected with any responses.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**GENERAL DISCLAIMER:**

I, do hereby give my child permission to attend and participate in activities sponsored by Boys & Girls Clubs. I also give BGCSORENSCO permission to include my child in any (*and all*) programs or activities of interest, which occur in the unit and off-site. I hereby release BGCSORENSCO, its employees, associates and contributors from liability for any injury, loss or theft incurred by my son/daughter while participating. Please note that members are responsible to safely handle Club property. If a child purposefully breaks, damages, or

steals any Club property (*computers, game room equipment, recreational supplies, tables, chairs, glass doors, etc.*), it is the responsibility of the parent/guardian to make financial restitution for the full amount of said item(s). Furthermore, I have read, understood, and signed all of the preceding releases included within this application, and I ensure that my child has had the opportunity to read and understand the rules of BGCSORENSCO. My signature indicates that I completely understand the above statement.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CARE CONTRACT:**

\$200.00 per child, per week. Sibling discount -\$25 a week for the second child.

*Please read & initial each statement and sign at the bottom.*

\_\_\_\_ I will inform BGCSORENSCO administrative staff of any necessary changes in my child's schedule.

\_\_\_\_ BGCSORENSCO reserves the right to require that parents make other child care arrangements when deemed necessary.

\_\_\_\_ All fees not covered by the external childcare services (County Department of Social Services) are the responsibility of the parent/guardian.

\_\_\_\_ I have read, and understand every aspect of the preceding payment contract included in this application.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PAYMENT TYPE**

Weekly Cash, Check or Money Order

Department of Social Services (*Please see Scholarship Info below*)

Other: \_\_\_\_\_

**PHOTO/MEDIA RELEASE:**

BGCSORENSCO makes efforts to promote the positive activities and work of our staff & students. Publications and marketing materials, websites, and the media, may all be utilized as tools for such promotion. There may be opportunities where students will be photographed. We understand that some parents may request that we do not photograph their children. Please indicate your choice below.

**YES**     I, (parent/student) \_\_\_\_\_, do hereby give consent to photograph my child or myself (*if I am a student 18 years of age or older*) for use in any and all publications, including newsletters, calendars, media projects, brochures, school, district or BGCSORENSCO websites, or any other broadcast, online or publication media.

**NO**     I, (parent/student) \_\_\_\_\_, hereby PROHIBIT any photograph of my child or myself (*if I am a student 18 years of age or older*) for use in any and all publications, including newsletters, calendars, media projects, brochures, school, district or BGCSORENSCO websites, or any other broadcast, online or publication media.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_