



General Heiser Boys & Girls Club
 17565 Old Stage Coach RD, Dumfries, VA 22026, 703-441-0611

PICK UP AUTHORIZATION (other than parents)

Name	Name
Relationship	Relationship
Phone Number	Phone Number
Address	Address

OTHER PERSONS NOT ALLOWED TO PICK UP
Legal court ordered paperwork is required

Name	Name
Name	Name

EMERGENCY MEDICAL CARE AUTHORIZATION

I, _____ hereby authorize the General Heiser Boys & Girls Clubs of Greater Washington permission to obtain emergency medical care for my child while under their care.

PICTURES-VIDEO AUTHORIZATION
for promotional purposes while attending activities

I, _____ hereby authorize the General Heiser Boys & Girls Clubs of Greater Washington permission for promotional purposes to take pictures & video of my child.

Photo: Yes _____ signature Photo: NO ____
 Video: Yes _____ signature Video: NO ____

FOR OFFICAL USE ONLY-IDENTITY VERIFICATION (we only need a visual)

Place of Birth	Date of Birth
Birth Certificate Number	Date Issued
Other Form of Proof	

Signature of Parent/Guardian _____
 Date _____

Parents/Guardian, any other information of importance?



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SUMMER CAMP 2021

- Copy of a Physical Form (2 years old or newer)
- Immunization Records
- Emergency Contact Info (2 additional contacts other than parents)
- Medication Consent Form (if applicable)
- Fees: Membership Fee \$50 (if applicable)

**Registration Starts With (MCH)
 My Club Hub's Parent Porter
<https://bgcgw.imiscloud.com>
 New Parents Will Create A New Account
 Currant Parents User Name : Your Email.....Request Temporary Password**

__Week 1 June 14 __Week 2 June 21 __Week 3 June 28 __Week 4 July 5 __Week 5 July 12
 __Week 6 July 19 __Week 7 July 26 __Week 8 August 2 __Week 9 August 9 __Week10 August 16

First Name (child)	Last Name	MI	DOB
Address	City Manassas	Zip 20109	Phone Number
School	Grade (going into)	Age	Gender

FAMILY INFORMATION

Mother Name	Father Name
Address	Address
E-mail	E-mail
Employer	Employer
Work Number	Work Number
Cell Number	Cell Number

Child lives with: (please check one) Mother Father Both Other

HEALTH INFORMATION

Doctors Name	Phone Number
Health Problems (if any) None	Allergies None
Medications (if any)	<i>Medical consent form need for all medications</i>