



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

**PICK UP AUTHORIZATION**

|              |              |
|--------------|--------------|
| 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, (parent's name) \_\_\_\_\_ hereby authorize the General Heiser Boys & Girls Clubs of Greater Washington permission to obtain emergency medical care for my (child name) \_\_\_\_\_ while under their care. Parent Signature \_\_\_\_\_

**PICTURES-VIDEO AUTHORIZATION**  
 for promotional purposes while attending activities

I, (parent's name) \_\_\_\_\_ hereby authorize the General Heiser Boys & Girls Clubs of Greater Washington permission for promotional purpose's to take pictures & video of child's name \_\_\_\_\_

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 2022**

- 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)       Membership Fee \$50
- Membership Fees Waived for The Following Families Below**
- MYO(Active Duty Military ID Required)       In Total Health Care & Health Care Community Plan
- Military ID or Insurance Cards must be presented.**

**Registration Starts With (Salesforce)**

**My Club Hub's Parent Porter**

<https://bgcgw.force.com/portal/s/>

**New Parents Will Create A New Account**

**Currant Parents User Name : Your Email.....Request Temporary Password**

\_\_Week 1 June 21    \_\_Week 2 June 27    \_\_Week 3 July 5    \_\_Week 4 July 11    \_\_Week 5 July 18  
 \_\_Week 6 July 25    \_\_Week 7 August 1    \_\_Week 8 August 8    \_\_Week 9 August 15-17 (3 days)

|                    |                    |     |              |
|--------------------|--------------------|-----|--------------|
| First Name (child) | Last Name          | MI  | DOB          |
| Address            | City               | Zip | 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> |