



BOYS & GIRLS CLUBS
OF GREATER WASHINGTON

Martin K. Alloy Branch

<https://bgcgw.org/clubs/the-martin-k-alloy-boys-girls-club-of-manassas/>

MARTIN K. ALLOY BOYS & GIRLS CLUB OF MANASSAS FUNLAND BEFORE AND AFTER SCHOOL PROGRAM

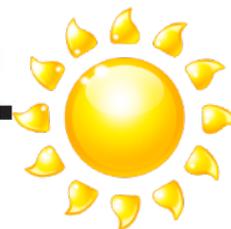
2026 SUMMER CAMP

PARTICIPATION REQUIREMENTS CHECKLIST

- ❑ **Age Restrictions:** Camp participants must be between ages 5-17.
- ❑ **Physical Form:** Maybe up to 2 years old; *signed by a doctor.*
- ❑ **Immunization Records:** Maybe up to 2 years old; *signed by a doctor.*
- ❑ **Birth Certificate:** Original or Certified copy accepted.
- ❑ **Emergency Contacts:** Full name, Full address, and Phone number.
- ❑ **Physician's Info:** Name and Phone Number.
- ❑ **Insurance Cards:** Must be up to date.
- ❑ **Registration:** Full registration requirements must be completed to participate.
- ❑ **Membership:** MyClubHub requirements completed.
- ❑ **CAMP RATES:**
 - **Annual Membership Fee:** \$50 (ages 5-12); \$25 (ages 13-up); (The membership fee is waived for youth with Anthem HealthKeepers Plus or United Healthcare Community Plan or if one or both caregivers are military (Active Duty, Reserve, or Guard).
 - **Summer Camp Activities Fee:** \$100 per child.
 - **Summer Camp Weekly Tuition Fee:** \$160/week per child/ \$140 sibling discount available for ages 5 -13; \$65/week per teen ages 14-17.
 - **All spots are first come first serve. A spot is not reserved until payment is received.**
- ❑ **1st Week's Summer Camp Tuition:** Must be paid 2 weeks (by May 29, 2026) in advance for planning purposes.



GREAT FUTURES START HERE.



2026 SUMMER CAMP

Boys & Girls Clubs

Of GREATER WASHINGTON
Martin K. Alloy Boys & Girls Club of Manassas
Funland Before & After School Program
9501 Dean Park Lane, Manassas, VA 20110
(703) 365-2582

<i>For Office Use Only:</i>	
Start Date:	_____
Termination Date:	_____
Reason:	

Application YOUTH INFORMATION

First Name:	Last Name:	MI:	D.O.B.:
Address:	City:	Zip:	Phone #:
School:	Grade:	Age:	Sex:

CAREGIVER INFORMATION

Mother/Caregiver Name #1:	Father/Caregiver Name #2:
Address:	Address:
Cell #:	Cell #:
E-mail:	E-mail:
Employer:	Employer:
Work #:	Work #:

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

HEALTH INFORMATION

Doctor's Name:	Phone #:
Medical Conditions:	Allergies:
Medications:	<i>*A completed Medication Consent Form is required for staff to distribute medications.</i>

EMERGENCY CONTACT & PICK UP AUTHORIZATION – Other Than Legal Caregivers

Persons authorized to pick up in case of emergency - ALL sections MUST have complete address information

Name:	Name:
Address:	Address:
Phone #:	Phone #:

ADDITIONAL INDIVIDUALS ALLOWED TO ACCESS CHILD

Only the additional individuals listed below are authorized to pick up.

Name:	Name:
Name:	Name:

Please provide a copy of legal documentation for individuals prohibited from contact with child.

EMERGENCY MEDICAL CARE AUTHORIZATION

I, _____, grant permission for the staff of Funland Before & After School program and/or other Boys & Girls Clubs personnel to secure emergency medical treatment for my child while in their care.

Caregiver Signature: _____ Date: _____

FIELD TRIP PERMISSION SLIP/CAREGIVER AGREEMENTS

I _____, the parent of _____, give him/her permission to be transported by the staff of the **Martin K. Alloy Boys & Girls Club** to participate in field trips such as, but not limited to the following: swimming, bowling, putt-putt golf, skating, parks, museums, amusements parks, etc. I agree to discuss the field trip and transportation safety rules with my children while, so they will fully understand what is expected of them. I also understand that there are consequences for bad behavior and that my child's privileges can be taken away.

Transportation and Field Trip Guidelines:

- ✓ Always remain seated and use a seatbelt.
- ✓ Follow all directions from staff.
- ✓ Stay with your assigned group and chaperone.
- ✓ Avoid using inappropriate language and gestures.
- ✓ Wear the designated Club T-shirt.

_____ My child will obey all rules listed in the handbook and membership application while on the bus or at the Club.
 _____ The child day care center agrees to notify the caregiver(s) whenever the child becomes ill and the caregiver(s) will arrange to have the child picked up as soon as possible if so requested by the center.
 _____ The caregiver(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located.
 _____ The caregiver(s) agree to inform the center within 24 hours, or the next business day, after his/her child or any member of the immediate household has developed reportable communicable disease, as defined by the State Board of Health. All life-threatening diseases must be reported immediately.
 _____ I have received a copy of the handbook and have reviewed the rules and expectations with my child.

How did you hear about our program:

Child's T-shirt Size (Circle One)
 YS YM YL AS AM AL AXL

Mandatory Orientation Date (Circle which date you will attend)
 June 2 (Virtual) June 4 (In-Person) June 8 (In-Person) June 10 (Virtual)
 12:00pm 5:00pm 4:00pm 3:00pm

Swimming Ability:

_____ Non-Swimmer _____ Beginner _____ Intermediate _____ Advanced

PHOTO/VIDEO CONSENT

For internal promotional reasons, occasionally, we take photos of children participating in our activities.

I consent to the capturing of my child's photo/video image to be used by Prince William County Boys & Girls Clubs.

Photo: YES _____ (please initial) **Video:** YES _____ (please initial)
 NO _____ (please initial) NO _____ (please initial)

SUNSCREEN/REPELLENT PERMISSION

I permit my child, _____, to receive SPF-15 or higher applications of sunscreen and/or bug repellent as needed during the program.

 Signature of Caregiver

 Date

OFFICE USE ONLY – IDENTITY VERIFICATION

Staff Initials: _____

Place of Birth

Date of Birth

Birth Certificate Number

Date Issued

Other Form of Proof

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.



BOYS & GIRLS CLUBS
OF GREATER WASHINGTON

Martin K. Alloy Branch

Special Needs Identification Sheet

Attention Caregivers,

To best support the success and wellbeing of all our youth, we kindly ask you to provide information regarding your child's documented special needs via an Individualized Education Program (IEP) or 504 Plan. We appreciate the information you provide as it allows us to learn more about what is necessary to meet your child's needs and support their success.

Does your child have a documented special need via an Individualized Education Program (IEP) or 504 Plan?

(Please check one.) Yes No If yes, please provide details:

Disability/Disabilities Identified:

Accommodation(s) Identified:

**Please attach a copy of the child's IEP or 504 Plan if available.*

I acknowledge that the special needs information provided is accurate to the best of my knowledge.

Child's Name: _____ Age: _____

Caregiver Signature: _____ Date: _____

2026 SUMMER CAMP

Caregiver Summer Camp Orientation Agreement

Please carefully review and adhere to the following guidelines and expectations outlined below for the duration of your child's participation in our summer camp program. Your cooperation helps contribute to a safe and enjoyable experience for all campers.

Safety Items:

- The Club will only permit authorized access to children according to policy.
- Sign-in and sign-out must be done in person. There will be no exceptions to this policy.
- Open-toed shoes/Crocs are not allowed, except for when at a waterpark/swimming pool.
- Smoking, vaping, or drinking is prohibited on Club property, including the parking lot.

Conflict Resolution:

- Report any concerns about camper behavior to the Camp Director.
- Confronting a camper who isn't your child can result in legal action and being barred from the Club.
- "Self-defense" does not apply if members' verbal engagement escalates into a physical altercation.

Property:

- The Club is not liable for lost, damaged, or stolen items.
- Caregivers are responsible for damage caused by their child to Club property or another child's belongings.

Food:

- The Club will provide a free afternoon snack. Caregivers are responsible for providing a healthy breakfast, lunch, and snack for their child.
- For safety and health reasons campers won't be allowed access to refrigerators or microwaves.

Drop Off/Pick-Up:

- Camp hours: 6:00 am - 6:00 pm. A late pick-up fee of \$20 per child per quarter hour applies after 6:00 pm. (example: 6:01 pm – 6:15 pm = \$20)
- Club staff will contact law enforcement authorities for youth not picked up by 7:00 pm.

Fees/Payments:

- Payments cannot be transferred to other weeks, and no refunds will be issued.
- Weekly payments must be made by the preceding Thursday at 6PM; all spots are first come first serve, no spot is held without receipt of payment.

Mobile Devices:

- Cell phones and mobile devices are prohibited during camp.
- Caregivers/child communication will be facilitated via Club phones as deemed necessary.
- Club staff are authorized to confiscate mobile devices according to policy.

I acknowledge that I have read and understand this Caregiver Summer Camp Orientation Agreement.

1. Child's Name: _____

2. Child's Name: _____

3. Child's Name: _____

Caregiver's Signature: _____ Date: ____/____/____

2026 SUMMER CAMP

Caregiver Summer Camp Member Behavior Agreement

Please carefully review the following summer camp member behavior guidelines and expectations and remind your child to adhere to them. Your support helps contribute to a safe and enjoyable experience for all campers.

Personal Responsibility:

- Be a positive role model for other members.
- Adhere to Club rules, guidelines, and expectations for all activities and programs.
- Accept responsibility for your actions and their consequences.

Respect for Others:

- Respect the Club, Club property, other people and their property, treating them with care and kindness.
- Treat all members, staff, and volunteers with respect, kindness, and dignity.
- Listen and follow directions from staff members and volunteers.
- Use appropriate and positive language, no offensive language, profane words or vulgar gestures.
- Respect others' opinions during discussions and activities.

Safety & Well-Being:

- Participate in activities in a safe and responsible manner.
- Inform staff immediately of any health issues or concerns that may affect participation in activities.
- Refrain from verbal or physical fighting, bullying, or any form of physical or emotional harm to others.
- Open-toed shoes are not allowed, except for when at a waterpark/swimming pool.

Conflict Resolution:

- Inform staff of conflicts with other campers. Do not confront another camper about a conflict.
- "Self-defense" does not apply if members' verbal engagement escalates into a physical altercation.

Property:

- The Club is not liable for lost, damaged, or stolen items. Leave valuable items at home.
- Possession or use of alcohol, drugs, tobacco, or weapons of any kind is prohibited.

Food/Drinks:

- Campers are to only consume food and drink in designated locations.
- For safety and health reasons campers won't be allowed access to refrigerators or microwaves. Staff will not be permitted to use refrigerators or microwaves for campers.

Mobile Devices:

- Cell phones and mobile devices are prohibited during camp.
- Caregivers/child communication will be facilitated via Club phones as deemed necessary.
- Club staff are authorized to confiscate mobile devices according to policy.

I acknowledge that I have read and understand this Caregiver Summer Camp Member Behavior Agreement.

1. Child's Name: _____

2. Child's Name: _____

3. Child's Name: _____

Caregiver's Signature: _____

Date: ____/____/____

2026 SUMMER CAMP

Caregiver Summer Camp Mobile Device Agreement

Please carefully review the following summer camp member mobile device guidelines and expectations and remind your child to adhere to them. Your support helps contribute to a safe and enjoyable experience for all campers.

Prohibited Use:

To encourage face-to-face interaction, participation in activities, and to prevent distractions and the sharing of inappropriate content, mobile device use is prohibited during summer camp.

Storage:

Campers are required to turn off their mobile devices upon arrival and store them in a designated area or keep them in their backpacks or other approved location.

Emergency Communication:

In case of an emergency/urgent need to communicate with a camper, caregivers are instructed to contact the Club's main office via the provided landline numbers. Staff will facilitate communication between caregivers and their children.

Enforcement and Consequences:

Camper violation of this policy will result in confiscation of the mobile device. The device will be securely stored and returned at the end of the day. Failure to surrender mobile devices will result in disciplinary action.

Repeated violations will result in further disciplinary actions that could include Club Suspension.

Exceptions:

Exceptions to this policy may be granted for educational purposes or specific activities under direct supervision. Any exception must be pre-approved by the Club Director.

I acknowledge that I have read and understand this Caregiver Summer Camp Mobile Device Agreement.

1. Child's Name: _____

2. Child's Name: _____

3. Child's Name: _____

Caregiver's Signature: _____ Date: ____/____/____

Infectious Diseases Control Policy Agreement

Children will inevitably get sick, no matter where they are. As children begin to have contact with the world around them, they will come into contact with viruses and bacteria that are foreign to their bodies. This is the way they build up their immunity. We cannot shield a child completely; however, we do want to protect our club members from unusually high exposure to germs all at once.

In the Club setting, Club members are in contact with many other children. It is in this situation that the illness of one member can spread rapidly through the rest of the group and the staff as well if stringent measures to prevent this spread are not taken.

For this reason, the staff at the center will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs which may be spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful hand washing by staff and children can eliminate approximately 75% of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well and working to maintain sanitary conditions throughout the center.

You, the caregivers, can help us in our effort to keep our children healthy. We ask for your cooperation in the following ways:

1. If your child has been exposed to any diseases listed on the accompanying chart, we ask that you notify us of the exposure within 24 hours or by the next business day.
2. If your child shows any of the following symptoms you will be called and asked to come immediately. If your child has any of the following symptoms at home, we ask that you keep them out of daycare until at least 24 hours until symptoms are gone or a physician says it's ok to return. The symptoms include:
 - A fever greater than 100 F
 - Vomiting
 - Diarrhea
 - Sore throat and/or trouble swallowing.
 - Running nose (yellow, green and/or brown discharge)
 - Pinkeye – tears, redness of eye lining, followed by swelling and discharge.
 - Severe coughing-child gets red or blue in the face
 - High-pitched croupy and/or whooping sounds after coughing
 - Stiff neck
 - Difficult or rapid breathing
 - Yellowish skin or eyes
 - Unusual spots or rashes
 - Infected skin patches
 - Crusty, bright yellow, dry, or gummy areas of skin- accompanied by fever
 - Unusually dark, tea-colored urine-especially with a fever
 - Grey or white stool
 - Severe itching of body or scalp or scratching of the scalp

It is imperative that we all work together to keep all of the children who attend the center as healthy and happy as possible. We thank you for your cooperation.

I have read and understand the infectious diseases control policies, and I agree to abide by them for the protection of my child as well as the other children and staff members at Boys & Girls Club.

1. Child's Name: _____
2. Child's Name: _____
3. Child's Name: _____

Caregiver's Signature: _____ Date: ____/____/____



BOYS & GIRLS CLUBS
OF GREATER WASHINGTON

Martin K. Alloy Branch

2026 SUMMER CAMP

Caregiver Summer Camp Payment Agreement

**ABSOLUTELY NO CASH, CHECK AND/OR MONEY ORDER PAYMENTS!
PLEASE PLAN ACCORDINGLY...NO REFUNDS OR TRANSFER OF WEEKS.**

Payments are made in-person or by calling us directly.

Payments are due **THURSDAY BY 6PM** before the scheduled week of attendance.

Thank you in advance for your cooperation.

Ms. Stephanie Rivera-Raybon
Club Experience Director

Ms. Debbie Colston
Branch Director

I have read and understand the policies concerning payment procedures and agree to abide by all payment policies of the Martin K. Alloy Boys & Girls Club.

1. Child's Name: _____

2. Child's Name: _____

3. Child's Name: _____

Caregiver's Signature: _____ Date: ____/____/____

Martin K. Alloy Boys & Girls Club of Manassas

Summer Camp Auto Pay Form

Parent/Guardian First & Last Name:

Parent/Guardian Email Address:

Child's Name:

(Include all children on this line.)

Weeks of Summer Camp: Please mark the box of the weeks want to enroll in autopay for.

Week 1: June 15 – June 19

Week 2: June 22 – June 26

Week 3: June 29 – July 3

Week 4: July 6 – July 10

Week 5: July 13 – July 17

Week 6: July 20 – July 24

Week 7: July 27 – July 31

Week 8: August 3 – August 7

What day of the week would you like the payment processed: _____

Reminder: Payments are due the week before your child attends. Payments must be processed Thursday at 6:00pm to avoid a late fee pending available space. Enrollment is based on a first come, first serve basis. Once a group is full, we will not accept any more enrollments for that group.

Payment Method (A stored account will be required on MyClubHub for registration.):

Visa Mastercard Discover American Express Last Four Digits _____

With your signature below, You authorize a regularly scheduled charge to your credit card on the specified day above before each registered week chosen during the enrollment period for the Summer Camp Week options listed above. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement from "Boys & Girls Clubs of Greater Washington." All enrollment changes or cancellations must be submitted at two weeks before the scheduled payment date.

Signature _____

Date _____

ONLINE PORTAL

Important

Your child MUST have an active membership before attending Summer Camp

Please follow the instructions below:

MYCLUBHUB

New Account Instructions

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

1. Click on NEED A LOGIN.
2. Complete required parent information then submit.
3. Check your email for the link to create password.
4. Log back into parent (URL link above).
5. Click on BROWSE MEMBERSHIPS.
6. Choose your site and save location (***Martin K. Alloy BGC***).
7. Click on your Club's Annual Membership.
8. Choose your membership type (***Youth or Teen***).
9. Click CREATE NEW CONTACT (***can create multiple contacts for multiple children if under the same membership type***).
10. Enter information, save, and select child(ren), click next.
11. Enter Member/Household Information, Click Finish.
12. Click PAY NOW.
13. Click MAKE PAYMENT and complete check out process.

Assistance Needed? Contact Us!

Phone: 202.510.4022

Email: mch@bgcgw.org