



BOYS & GIRLS CLUBS
OF GREATER WASHINGTON

www.bgcgw.org

SUMMER CAMP 2026!

PARTICIPATION REQUIREMENTS CHECKLIST

- ❑ **Age Restrictions:** Camp participants must be between the ages of 6-14
- ❑ **Physical Form:** may be up to 2 years old; signed by a doctor
- ❑ **Immunization Records:** may be up to 2 years old; signed by a doctor
- ❑ **Birth Certificate:** original or certified copy accepted
- ❑ **Emergency Contacts:** full name; full address, phone number
- ❑ **Physician Info. (non-military dependent):** name; phone number
- ❑ **Physician Info. (military):** name of hospital; phone number
- ❑ **Insurance Cards:** Must be up to date
- ❑ **Registration:** full registration requirements must be completed to participate
- ❑ **Camp Rates:** Annual Membership Fee \$50 (ages 5-12); \$25 (ages 13-up)
(The membership fee is waived for youth covered by Anthem HealthKeepers Plus or United Healthcare Community Plan. And is available to youth with at least one military caregiver (Active Duty, Reserve, or Guard). This waiver does not apply to camp registration or weekly fees.
- ❑ **Summer Camp Registration Fee:** \$100 per child; \$160/week per child with a \$20 sibling discount available for ages 6 -14.
- ❑ **Membership:** MyClubHub requirements completed
- ❑ **1st Week's Summer Camp Tuition:** Must be paid 1 week in advance



GREAT FUTURES START HERE.



SUMMER CAMP 2026!

Boys & Girls Clubs
Of GREATER WASHINGTON
General Heiser Club of Dumfries
Bright Futures Before & After School Program
17565 Old Stage Coach, Dumfries, VA 20110
(703) 441-0611 / www.bgcgw.org

<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 Name:	Father Name:
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 child 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 access the child enrolled in Summer Camp 2026.

Name:	Name:
Name:	Name:

Please provide a copy of the legal documentation for individuals prohibited from contacting the child.

EMERGENCY MEDICAL CARE AUTHORIZATION

I, _____, grant permission for the staff of Bright Futures 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 **General Heiser 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, so they will fully understand what is expected of them. I also understand that there are consequences for misconduct and that my child's privileges can be removed.

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 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 a reportable communicable disease, as defined by the State Board of Health. All life-threatening diseases are to be reported immediately.

_____ I have received a copy of the handbook and have reviewed the rules and expectations with my child.

Swimming Ability:

_____ Non-Swimmer _____ Beginner _____ Intermediate _____ Advanced

PHOTO/VIDEO CONSENT

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

I consent to the capturing of my child's photo/video image to 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 authorize my child, _____, to receive SPF 15 or higher sunscreen and/or insect 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

Special Needs Identification Sheet

Attention Caregivers,

To best support the success and well-being of all our youth, please provide documentation of your child's special needs, such as an Individualized Education Program (IEP) or 504 Plan. We appreciate the information you provide, as it helps us understand 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 information provided regarding special needs is accurate to the best of my knowledge.

Child's Name: _____ Age: _____

Caregiver Signature: _____ Date: _____

SUMMER CAMP 2026!

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 exception to this policy.
- No open-toed shoes are allowed, except 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 Branch Director.
- Confronting a camper who is not 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 healthy breakfasts and lunches for their children.
- Campers cannot use refrigerators or microwaves. Staff cannot use them for campers either. This helps keep everyone safe and healthy
- Campers are to only consume food and drink in designated locations.

Drop Off/Pick-Up:

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

Fees/Payments:

- Payments will not be transferred to other weeks, and no refunds will be issued.
- Weekly payments are due by the preceding Thursday before 5:00 PM to ensure field trip participation.

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 in accordance with policy.

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

Child's Name: _____

1. Caregiver's Signature: _____ Date: ___ / ___ / ___

SUMMER CAMP 2026!

Caregiver Summer Camp Member Behavior 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.

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 about 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 prohibited, except when at a waterpark/swimming pool.

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.

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

Child's Name: _____

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

SUMMER CAMP 2026!

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 and participation, 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 locations.

Emergency Communication:

In an emergency or for urgent communication with a camper, caregivers are instructed to contact the Club's main office at the landline numbers provided. Staff will facilitate communication between caregivers and their children.

Enforcement and Consequences:

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

Repeated violations will result in further disciplinary action, which may 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 a 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 encounter 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 want to protect our club members from an unusually high level of exposure to germs at once.

In the Club setting, Club members interact with many other children. In this situation, the illness of one member can spread rapidly through the rest of the group and, if stringent measures are not in place, through the staff as well.

For this reason, the center's staff will take ongoing precautions to prevent the spread of disease. Many common childhood diseases are contagious. Germs spread through coughs, sneezes, and runny noses cause them. Other diseases are spread through direct contact. Careful handwashing by staff and children can reduce the risk of spreading these illnesses by approximately 75%. Other precautions include separating sick children from healthy children and maintaining sanitary conditions throughout the center.

You, the caregivers, can help us in our effort to keep your 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, please keep them out of daycare until the symptoms are gone or a physician approves their 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 the body or scalp or scratching of the scalp

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

I have read and understood the infectious disease control policies and agree to comply with them to protect my child and 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**

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Caregiver Summer Camp Payment Agreement

**ABSOLUTELY NO CASH, CHECK AND/OR MONEY ORDER PAYMENTS!
PLEASE PLAN ACCORDINGLY...NO REFUNDS.** Payments are made online.
Please register and pay tuition via <https://bgcgreaterwashington.my.site.com/portal/s/login/>

Payments are due the **WEDNESDAY** before the scheduled week of attendance. If payment is not received by **WEDNESDAY 5:00 pm**, field trips are not guaranteed.

Thank you in advance for your cooperation.

Ms. Loni Payton
Membership Clerk

Ms. Teja Washington
CED Director

Ms. Judy Moore
Branch Director

I have read and understand the payment policies of the General Heiser Boys & Girls Club and agree to abide by them.

1. Child's Name: _____

2. Child's Name: _____

3. Child's Name: _____

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

ONLINE PORTAL

Important

*Your child **MUST** have an active membership before attending Summer Camp*

Please follow instructions below:

<https://bgcgreaterwashington.my.site.com/portal/s/login/>

MYCLUBHUB

New Account Instructions

1. Click on NEED A LOGIN.
2. Complete required parent information then submit.
3. Check your email for the link to create a password.
4. Log back into parent (URL link above).
5. Click on BROWSE MEMBERSHIPS.
6. Choose your site and save location (General Heiser *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 checkout process.

Assistance Needed? Contact Us!

Phone: 202.510.4022

Email: mch@bgcgw.org