



2018 Summer Program Registration

Registration for: _____ camp

Participant's Name: _____

Participant's birthdate: _____ Gender: M / F

Parent's Name (if participant under 18): _____

Address: _____

Summer Address (if different): _____

Primary Phone: _____ Email address: _____

Person to contact during camp: _____ Phone: _____

Alternative person to contact: _____ Phone: _____

I authorize the BMC to provide emergency treatment of any injury or illness my child may experience, if qualified medical personnel consider treatment necessary, and perform the treatment. This authorization is granted only if I cannot be reached, and a reasonable effort has been made to do so, or if there is a life threatening situation. I assume all risks associated with participation in this program including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and other reasonable conditions associated with the program. All such risks to my child are known and appreciated by me. I understand this consent form and agree to its conditions on behalf of my child.

Parent's Signature: _____ Date: _____

Program Payment: Non-Refundable 25 % deposit must be included with this registration form in order to hold your space:

Check payable to BMC enclosed

Bill deposit to MC/Visa/Disc: # _____ Exp date: ___/___

Name on card: _____ CCV code (3 numbers on back) _____

Balance must be paid by June 10, or prior to program, whichever is **first**.

Paying in full now Please send me an invoice for the balance Bill balance to the credit card

Signature: _____

Please grant permission to use summer program photos of you/your child for BMC publicity purposes by initialing here: _____

SEND COMPLETED FORM AND DEPOSIT TO: BMC, 38 Walnut Street, Brattleboro, VT 05301
For additional information call the BMC at 802.257.4523.