



BOYS & GIRLS CLUBS
OF AMERICAN SAMOA

2024 SUMMER BRAIN GAIN REGISTRATION FORM

Child's First Name _____ Middle Name _____ Last Name _____

Home Address _____ City _____ State _____ Zip Code _____

Birth Date _____ Age _____ Gender _____

Emergency Contact Information:

(Please keep contact information current with working phone numbers at all times)

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Place of Work: _____	Place of Work: _____
Email: _____	Email: _____

The following people are authorized to pick up your child on a daily basis or when necessary and can assume responsibility of your child in the event of an emergency if parent/guardian cannot be reached.

Name: _____ Cell: _____ Relationship to child: _____

Name: _____ Cell: _____ Relationship to child: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I, _____ hereby authorize the Boys & Girls Clubs of American Samoa to give consent for treatment for my child _____ in the event of illness or injury.

- List any allergies, including food allergies: (If none, write none)

- Does your child have asthma? [] YES [] NO If yes, is it exercise induced? [] YES [] NO
- Will you bring an inhaler to the Club? [] YES [] NO

For Club use only:			
BGCAS ID: _____	Date Application Received: _____	Application	<input type="checkbox"/>
Cadet Junior Senior (Circle age group)	Tee Shirt Size: _____	Parent Consent Form	<input type="checkbox"/>
Staff: _____	Comments: _____		

Please mark your child's preference for the Enrichment Program(s) that he/she would like to participate in:

- Digital Arts (e.g. Photography, Animation) STEM Programs (e.g. Robotics, Coding, Agriculture)
 Fine Arts (e.g. Drawing, Siapo/Elei-making) Performing Arts (e.g. Music, Dance, Spoken Word/Poetry)
 SAT/ACT/ASVAB Prep (*ages 13-18 only*)

Policy Information:

Please mark one of the options below:

My child is free to come and go at his or her own volition from Club programs and activities.

Initials _____

-OR-

Based on the individual needs of my child, I request that my child not leave the Club premises or Club activity without my permission. I or another authorized person will pick up my child from Club programs.

Initials _____



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OF AMERICAN SAMOA

998381 Tafuna Airport Road
Pago Pago, American Samoa 96799

SUMMER BRAIN GAIN PROGRAM 2024

June 17 – August 2, 2024

7:30 A.M. – 12:00 P.M.

(7:30 A.M. - Gates Open, Breakfast)

8:00 A.M. – 9:20 A.M.: Session 1

9:20 A.M. – 9:30 A.M. Break

9:30 A.M. – 11:00 A.M.: Session 2

11:00 A.M. – 11:30 A.M.: Lunch/Free Time

11:30 A.M. – 12:00 P.M.: Scan-Out & Pick-up

Nondiscrimination Policy:

In accordance with Federal and Local laws, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, sexual orientation, gender identity, age or disability

Contact for information:

Sailipea Kennison Barber
Executive Director
sailipea@bgcamericansamoa.org

Puataunofu M. Tulafono
Student Services Director
pmatulafono@bgcamericansamoa.org

Gardenia F. Roby
Administrative Assistant
robygardenia@bgcamericansamoa.org

General Inquiries
info@bgcamericansamoa.org

Visit our official website:

www.bgcamericansamoa.org

or “Like” us on Facebook:

 [.com/BGCAMsamoa](https://www.facebook.com/BGCAMsamoa)