



**WALTHAM  
BOYS & GIRLS CLUB**

## Watch City Camp Application

Enclosed you will find the 2017 Waltham Boys & Girls Club's Watch City Camp application. Please review the packet making sure all forms have been completed and signed before submitting. **Your application will NOT be accepted until all forms are complete.** The forms are as follows:

- Registration Form
- Enrollment Form (*Health History, Emergency Contact and Release Form*)
- Medication/Administration Form
- Tuition Policies
- Acknowledge of Risk and Waiver Form
- Rock Climbing Wall Waiver (*available to campers ages 9 and older only*)
- A copy of the child's updated physical and immunization record with the camp application. Physicals must be conducted within 2 years of the Camp. The immunizations that are required by the Board of Health for your child to participate are listed on Page 8 of this application.
- All campers must have a current membership. Campers that are non-members MUST complete a membership application with a fee of \$20.00 in addition to the camp tuition that will cover registered sessions. If membership will expire during camp, the membership must be renewed when registering. To check the status of your child's membership, please speak to the Membership Coordinator.
- If applicable:* Scholarship Application w/ attached 2016 tax return

If you may have any questions or concerns, please feel free to contact the Waltham Boys & Girls Club at (781) 893-6620.

Parents must attend a mandatory camp orientation in order to complete camper registration.

**Mandatory Orientation Dates: Please check one:**

- Saturday, April 8 @9:30 AM
- Monday, May 1 @ 6:30pm
- Wednesday, June 7 @ 6:30pm

This Waltham Boys & Girls Club Camp must comply with regulations of the Massachusetts Department of Public Health (105 CMR 430.000) and is licensed by the Waltham Board of Health.

Approved by: \_\_\_\_\_  
Orientation date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**



**WALTHAM  
BOYS & GIRLS CLUB**

**Watch City Camp Registration Form**

**Camper Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age on June 26, 2017 : \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Gender:  Male  Female

My child will attend the following sessions:

Junior Adventures Camp (5/6 year olds) \_\_\_\_\_ Summer Adventures Camp (7 – 12 year olds) \_\_\_\_\_

*\*Tuition for each session is \$215.00. Weekly sessions will not be prorated. A \$50 deposit each week is needed to hold your spot.  
Deposit will be subtracted from your weekly camp total*

- Session 1 (June 26 – June 30) *Boston Sports Week*  
 (staff only) \$ \_\_\_\_\_ deposit
- Session 2 (July 3 – July 7); (Club closed Tues. July 4th); *Red White & Blue Week*  
 (staff only) \$ \_\_\_\_\_ deposit
- Session 3 (July 10 – July 14); *Luau Week*  
 (staff only) \$ \_\_\_\_\_ deposit
- Session 4 (July 17- July 21); *Olympic Week*  
 (staff only) \$ \_\_\_\_\_ deposit
- Session 5 (July 24- July 28); *Super Hero Week*  
 (staff only) \$ \_\_\_\_\_ deposit
- Session 6 (July 31-August 4); *Winter Wonderland Week*  
 (staff only) \$ \_\_\_\_\_ deposit
- Session 7 (August 7- August 11); *Safari Week*  
 (staff only) \$ \_\_\_\_\_ deposit
- Session 8 (August 14- August 18); *Wacky Water Week*  
 (staff only) \$ \_\_\_\_\_ deposit
- Session 9 (August 21- August 25); *Color Competition Week*  
 (staff only) \$ \_\_\_\_\_ deposit

- o An updated physical and immunization record **MUST** be attached along with the camp application, if not the application will NOT be processed.
- o All camp sessions will be held at the Club; Camp sessions **MUST** be paid in full a week prior to the start of your child's session. If payment is not made, then you will forfeit your child's spot and your deposit.
- o Scholarships available: include scholarship application with this packet by May 1 for consideration.

**A completed application and a \$50.00 non-refundable deposit per week per child will reserve your spot.**

**Parent Guardian Information**

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____
Email: _____	Email: _____

**Authorized Pick-up/Emergency Contacts (in addition to parent/guardians)**

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____

**Medical Information**

Health Insurance Company: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Special dietary, limitations or concerns? \_\_\_\_\_

**Allergies**

Seasonal \_\_\_\_\_ Foods \_\_\_\_\_ Insect Bites \_\_\_\_\_ Other \_\_\_\_\_  
Please explain reaction and severity: \_\_\_\_\_  
\_\_\_\_\_  
Medications for above allergies: \_\_\_\_\_

**Medications**

Will your child be bringing any medications (including over the counter medications) to camp? **Yes (circle one) No**  
*If "Yes", please complete a Medication Information Form on next page.*  
**An Individual Healthcare Plan MUST be completed by a physician for children with chronic health conditions.**

**Sunscreen/insect repellent**

Please check which of the following may be administered to your child if needed.  
Sunscreen \_\_\_\_\_ Insect Repellent with Deet \_\_\_\_\_

## 2017 Camper Medication, Epi-Pen, and Inhaler Administration Form

**To be completed for any or all medications that will be brought to and administered at camp.**

**Please Read:** Prescribed medications including epi-pens & inhalers must include the pharmacy label with the Rx number, the name of the medication, dosage, directions for use, and the child or staff's name. Non-prescription medications must be in its original containers, clearly labeled with the child's name and directions for use. All medications must be kept in a designated area. Please complete the following information regarding the appropriate times and dosages of each medication your child will receive at the Waltham Boys & Girls Club (attach additional forms if needed). Please sign at the bottom of the page.

**Child's Name:** \_\_\_\_\_

<b>Name of Medication 1</b>						
Why is this medication taken?						
Days Taken (please circle)	M	T	W	Th	F	<input type="checkbox"/> As needed
Times Taken (be specific)	_____ AM	PM	Other _____	Dosage _____		
Are there any additional notes or instructions for this medication?						

<b>Name of Medication 2</b>						
Why is this medication taken?						
Days Taken (please circle)	M	T	W	Th	F	<input type="checkbox"/> As needed
Times Taken (be specific)	_____ AM	PM	Other _____	Dosage _____		
Are there any additional notes or instructions for this medication?						

<b>TYPE OF INHALER</b>		
Location of Inhaler at camp (circle one)		
Health center or designated secure storage	on campers person	with camp counselor
Who can administer inhaler? (circle one)		
Qualified Personal	Camper	

<b>TYPE OF EPI-PEN</b>		
Location of <u>Epi-Pen</u> at camp (circle one)		
Health center or designated secure storage	on campers person	with camp counselor
Who can administer <u>Epi-Pen</u> ? (circle one)		
Qualified Personal	Camper	

*I hereby give permission for the Waltham Boys & Girls Club to administer the following medications to my child during his or her camp attendance.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Watch City Camp Tuition Policies

### TUITION COLLECTION AND PROCEDURES

Tuition per Session: \$215.00 per week, per child (no sessions will be prorated)

**Tuition balance must be paid in full a week prior to the start of the child's session.** If your payment is not received a week prior to the start of the session, your child's spot will be forfeited.

**Initials required below:**

\_\_\_\_\_ Parents are required to pay the weekly tuition rate regardless if your child/ren attends the program or not (example: sick day, doctor appointments) and if there is an approval closure day by Department of Early Education and Care.

\_\_\_\_\_ I understand that my child will not be accepted into camp after **9:00am on field trip days**. I also understand that I will seek alternate care for the day and I will not get reimbursed.

### CHECK-OUT/LATE PICK-UP FEES AND POLICIES

**Late Pick Up:** Parents will be charged \$1.00 per minute per day per child if child is picked up later than 5:30pm. Every child must be picked up no later than **6:00pm**.

**\*All late pick up fees after 5:30pm must be paid at time of pick up.**

In the event that a parent has not contacted the Camp Director by 6:00pm, we will begin to call the parent's emergency contact list to arrange pick-up. **If by 6:15pm contact cannot be made to the child's parent or emergency contacts, it is the policy of the Waltham Boys & Girls Club to call the Department of Children and Family's Emergency Unit.** Staff members will then follow instructions given by the Department of Children and Family as to what further arrangements are necessary. Parents will be informed to contact the Department of Children and Family for further instructions.

I have read the above and agree with the policy and procedures as stated above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Acknowledgment of Risks and Waivers

**Initials required below:**

\_\_\_\_\_ I authorize the summer camp staff who are trained in the basics of First Aid/CPR to give my child First Aid/CPR when appropriate.

\_\_\_\_\_ I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if in the event of injury, or should emergency care be required and I cannot be reached, I authorize staff from Waltham Boys & Girls Club to sign for emergency medical attention for my child.

\_\_\_\_\_ I give my child permission to participate in all swimming activities, while enrolled in the summer camp program. I do understand that my child will be required to take a swim test each session to determine his/her swimming ability. I understand that my child will be supervised by certified lifeguards, as well as summer camp staff. I also understand that my child will have to bring an appropriate bathing suit and towel to participate in any swimming activities.

\_\_\_\_\_ I give my child permission to attend all field trips and local mini field trips, while enrolled in the summer camp program. I do understand that if my child does not attend the field trip, for whatever reason, **NO alternate care will be provided.** Reimbursement for the day will **NOT** be given and weekly sessions will **NOT** be prorated.

\_\_\_\_\_ I understand and acknowledge my camper may participate in a variety of activities including; swimming, outdoor games, sports, rock climbing, off site field trips and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless the *Waltham Boys & Girls Club* and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any participation, medical treatment, recommendation, transportation or administration, or any lack thereof.

*I have read the above and agree with the policy and procedures as stated above.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**WALTHAM  
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**Indoor Climbing Wall Waiver**

*(For members ages 9 & up ONLY!)*

The Climbing Wall is **ONLY** available to youth ages 9 and older. In order for a member to participate in the climbing wall, The Waltham BGC must have a waiver form signed by a member's parent or guardian on file.

Climber's Name \_\_\_\_\_

Climber's Age \_\_\_\_\_ DOB \_\_\_\_\_

**Climbing is only allowed when climbing wall is open and staff is on duty.**

1. All climbers will comply with the judgment and decisions of the staff on duty.
2. All climbers must have on file a signed waiver of liability
3. Only climbing approved by staff will be allowed on the wall
4. No hard-soled footwear or bare feet will be allowed on the climbing wall. Athletic shoes/sneakers are required.

I have read and understand the above items and by signing this form I indicate that I/my child agree to follow the above rules. I understand and acknowledge that the activity that I/my child is about to voluntarily engage in as a participant bears certain known risks and unanticipated risks which could result in injury, death, illness, physical or mental damage to myself/my child, to my property or to spectators or other third parties. I agree to hold harmless and to indemnify the Waltham Boys & Girls Club, its employees, sponsors or agents.

Signature \_\_\_\_\_

*(Parents or legal guardian for minor participants)*

Print Parent or Guardian's name (print) \_\_\_\_\_

Do you know of, or have you been advised of any medical condition that you have that would prevent you from safely participating in the activities of rock climbing YES NO (circle one) If yes, briefly explain

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**Board of Health Required Immunizations for Children  
Attending Watch City Summer Camp**

*Bring this document with you to your Dr.'s office to be sure your child is up to date.*

Written documentation of immunization shall be required for all campers as follows:

- (1) **Measles, Mumps and Rubella (MMR) Vaccine:** A minimum of one dose of MMR vaccine(s) must be administered at or after 12 months of age. A second dose of live measles containing vaccine given at least four weeks after the first, is required. Laboratory evidence of immunity is acceptable.
- (2) **Polio Vaccine:** A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mixed (IVP/OPV) schedule was used, four doses are required.
- (3) **Diphtheria and Tetanus Toxoids and Pertussis Vaccine:** A minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. A booster of Td is required if it has been more than ten years since the last dose of DTaP/DTP/DT/Td.
- (4) **Hepatitis B:** For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required. Laboratory evidence of immunity is acceptable.