



**WALTHAM
BOYS & GIRLS CLUB**

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 2017 tax return

If you 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 21 @9:30 AM
- Monday, May 14 @ 6:30pm
- Wednesday, June 6 @ 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 25, 2018 : _____

Child's Home Address: _____ City: _____ State: _____ Zip Code: _____

Primary Language: _____ Gender: Male Female

My child will attend the following sessions: *Child must be the appropriate age for the selected camp by June 25th and remain in that camp for all registered weeks*

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

**Tuition for each session is \$225.00. 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 25 – June 29) *Boston Sports Week*
 (staff only) \$ _____ deposit
- Session 2 (July 2 – July 6); *(Club closed Tues. July 4th); Party in the USA Week*
 (staff only) \$ _____ deposit
- Session 3 (July 9 – July 13); *Luau Week*
 (staff only) \$ _____ deposit
- Session 4 (July 16- July 20); *Space is the Place*
 (staff only) \$ _____ deposit
- Session 5 (July 23- July 27); *Super Hero Week*
 (staff only) \$ _____ deposit
- Session 6 (July 30 - August 3); *Olympic Week*
 (staff only) \$ _____ deposit
- Session 7 (August 6- August 10); *Disney Week*
 (staff only) \$ _____ deposit
- Session 8 (August 13 - August 17); *Watch City Cruise Ship*
 (staff only) \$ _____ deposit
- Session 9 (August 20 - August 24); *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 _____

2018 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: _____

Name of Medication 1						
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?						

Name of Medication 2						
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?						

TYPE OF INHALER		
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	

TYPE OF EPI-PEN		
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: \$225.00 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 child if child is picked up later than 5:30pm. Every child must be picked up by **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 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
BOYS & GIRLS CLUB**

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

**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.