



**WALTHAM
BOYS & GIRLS CLUB**

Watch City Camp Application

SAVE TIME...REGISTER ONLINE: WALTHAMBGC.ORG

Camp hours of Operation: 8:00AM – 4:00 PM

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 18 months 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.
- If applicable:* Scholarship Application w/ attached 2020 tax return

Any questions or concerns, please feel free to contact the Waltham Boys & Girls Club at (781) 893-6620.

**Families and campers must watch a mandatory camp orientation video before attending.
This will be emailed to you after registering.**

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.

Parent/Guardian Initials _____

Staff Intake Initials _____



Watch City Camp Registration Form

Camper Information

First Name: _____ Last Name: _____

Date of Birth: _____ Grade 2021-2022: _____ Phone #: _____

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

Primary Language: _____ Gender (circle): Male Female Prefer not to disclose

Please mark the sessions your child will attend: *Must be in the appropriate in-coming grade for 2021-2022 school year*

Watch City Camp Session Dates	Camp Themes	Junior Adventurers (Gr. 1-2)	Adventurers (Gr.3-5)	Senior Adventurers (Gr. 6 -8)
Session 1 June 28- July 9* *closed July 5	Hollywood Party in the USA			
Session 2 July 12-July 23	Sports Outer Space			
Session 3 July 26- August 6	Olympics Around the World			
Session 4 August 9-August 20	Superhero Disney			
Session 5 August 23-August 27* *1 week session	Color Competition Week			

- o Camp sessions are 2 weeks long this summer except for Session 5- sessions can not be broken up in separate weeks
- 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 3rd for consideration

A completed application will reserve your spot.

Parent/Guardian Information

Parent/Guardian Initials _____

Staff Intake Initials _____

Name: _____ Relationship to child: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Ext: _____ Email: _____	Name: _____ Relationship to child: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Ext: _____ Email: _____
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Authorized Pick-up/Emergency Contacts (in addition to parent/guardians)

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

Health Insurance Company: _____

Name of Policyholder: _____ 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? (circle one) **Yes** **No**

If "Yes", must complete a Medication Information Form on the 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 _____

Parent/Guardian Initials _____

Staff Intake Initials _____

2021 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)	Designated secure storage	on camper's person with camp counselor
Who can administer inhalers? (circle)	Trained and qualified staff Camper	

TYPE OF EPI-PEN		
Location of <u>Epi-Pen</u> at camp (circle)	Designated secure storage	on camper's person with camp counselor
Who can administer <u>Epi-Pen</u> ? (circle one)	Trained and qualified staff Camper	

I hereby give permission for the Waltham Boys & Girls Club to administer the above medications to my child during their camp attendance.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Initials _____

Staff Intake Initials _____

Watch City Camp Tuition Policies

TUITION COLLECTION AND PROCEDURES

Tuition balance must be paid in full 2 weeks prior to the start of the child’s session. If your payment is not received 2 weeks prior to the start of the session, your child’s spot will be forfeited.

Initials required below:

_____Parents/Guardians are required to pay the weekly tuition rate regardless if your child attends the program or not (example: sick day, doctor appointments) and if there is an approval closure day by the Board of Health.

_____I understand that my child will not be accepted into camp if they are ill, have a temperature over 100. F and/or answer “yes” to any questions on the daily health attestation. I also understand that I will seek alternate care for the day and I will not get reimbursed.

_____ I understand that if the Club closes my child’s camp group, I will be reimbursed for the days missed

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 4:00pm. Every child must be picked up by **4:00pm. *All late pick up fees after 4:00pm must be paid at time of pick up.**

In the event that a parent has not contacted the Camp Director by 4:15pm, we will call the parent/guardian’s emergency contact list to arrange pick-up. **If by 4:45pm contact cannot be made to the child’s parent/guardian or emergency contacts, it is the policy of the Waltham Boys & Girls Club to call the Department of Children and Families 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.

Camp Registration & Tuition Fees

Massachusetts Child Care Voucher registrations must be submitted in person at the Club.

Session 1 \$450 *Closed July 5th

Session 2 OR 3 OR 4 \$500

Session 5 \$250 (1 week session)

Scholarship Information

Various amounts are awarded based on financial need.

Scholarship application deadline: May 3

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

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Initials _____

Staff Intake Initials _____

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 to determine their 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 local walking 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 give consent for photographs, audiotapes, and video recordings of my camper to be used by Waltham Boys & Girls Club and affiliated partners for publicity purposes.

_____ I give permission for the Club to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America’s (BGCA) Outcome Measurement Tool Kit or other survey instruments. I give my permission to WBGC to share information about my child for research purposes and/or to evaluate the program’s effectiveness. All information shared will be kept confidential via de-identifying data or sharing information in aggregate.

_____ I understand and agree that any creative work developed by participants and members engaging in activities at a WBGC club or program, including without limitation, musical compositions, lyrics, recordings, or other creative works of art or technology by the member individually or collectively with any other staff or members or otherwise, is the sole and exclusive property of WBGC.

_____ I give my permission to the Waltham Boys & Girls Clubs and my child’s school to exchange information regarding my child. Information that will be shared may include the information provided on this membership application form, school records involving student progress, behavior, and attendance, and other information collected by Waltham Boys & Girls Club and the School Department, including data collected via surveys or tests. The purpose of this exchange is to help both organizations do a better job of helping students be successful in school and out of school. This release is valid for one year and may be revoked by contacting my child’s school in writing.

_____ 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 _____

Parent/Guardian Initials _____

Staff Intake Initials _____



**WALTHAM
BOYS & GIRLS CLUB**

For Campers ages 9 & up ONLY!
Indoor Climbing Wall Waiver

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/guardian on file.

Climber’s Name _____

Climber’s Age _____ DOB _____

Climbing is only allowed when the 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

Parent/Guardian Initials _____

Staff Intake Initials _____

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:

Grades Kindergarten – 6

In ungraded classrooms, Kindergarten requirements apply to all students ≥ 5 years.

DTaP	5 doses; 4 doses are acceptable if the 4 th dose is given on or after the 4 th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP.
Polio	4 doses; 4 th dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a 5 th dose is required. 3 doses are acceptable if the 3 rd dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and 2 nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Grades 7 – 12

In ungraded classrooms, Grade 7 requirements apply to all students ≥ 12 years.

Tdap	1 dose; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been ≥ 10 years since Tdap.
Polio	4 doses; 4 th dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a 5 th dose is required. 3 doses are acceptable if the 3 rd dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable.
MMR	2 doses; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and 2 nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

*Requirements from Waltham Board of Health

Parent/Guardian Initials _____

Staff Intake Initials _____