



## Parental Summer Camp Checklist

**Must be included with this Application at time of sign-up**

1. **Attach recent Physical form and List of Immunizations from child's doctor.  
(Must be dated within one year)**

\_\_\_\_\_  
**(Included)**

2. **Attach a copy of child's Birth Certificate. (Only for children 6 years of age)**

\_\_\_\_\_  
**(Included)**

3. **Attach a copy of the Medical Insurance card which covers your child.**

\_\_\_\_\_  
**(Included)**

4. **One Money Order or cash payment (NO CHECKS)  
\*\$20.00 per week/per child deposit to reserve a spot in camp**

\_\_\_\_\_  
**(Included)**

**(EXAMPLES: 2 weeks: \$20.00 x 2 = \$40.00 or 8 weeks: \$20.00 x 8 = \$160.00)**

2010 Camp Registration will **ONLY** be accepted at BGCMC Club you wish your child to attend during Clubhouse staff hours:

Monday – Friday 11 a.m. – 6:00 p.m.

*The administrative office will not process registration or payment fees.*



## **General Camp Information**

- A. Program Operation** - Please note, this is a self-sustaining program. In the event we are unable to fill the program, it may be necessary to make staffing or group adjustments as deemed appropriate by BGCMC without prior notification to the parents. Cancellation of weeks, or the entire program, will be subject to the organization's discretion.
- B. Statement of Non-Discrimination** – BGCMC Summer Programs are a multi-cultural program that does not discriminate.
- C. Sports and Games** - Non-competitive, low impact sports and games will be incorporated into the program on Monday through Thursday. Games vary from softball, kick-ball, volleyball, horseshoes, croquet, etc.
- D. Photography and Video Recording** - Children may occasionally be photographed and video recorded throughout program. Photographs may be placed in local newspapers for advertising purposes.
- E. Clothing** - Children will be provided with a T-shirt upon acceptance into the program and for safety purposes are required to wear their T-shirt on a daily basis. Additional t-shirts will be available at the cost of \$8.00 each. **FOR GROUP SAFETY REASONS T-SHIRTS MUST BE WORN.** There will be no exceptions. Children are required to wear sneakers everyday and bring a swimsuit, towel, flip flops, hat, sunscreen and a water bottle on Monday through Thursday. Please clearly mark all your child's personal belongings with their full name and telephone number, including his or her backpack, and BGC T-shirts, using permanent marker. BGCMC is not responsible for any lost, misplaced, damaged or stolen items.
- F. Pick-up** - All children must be picked up **PROMPTLY at 4:00 p.m. at** their respective camp. Any child who is picked up late on more than 2 days will be subject to review by the organization and subject to late pick up fees (one dollar per minute). Continuous abuse of late pick-up may result in the child's termination from the program. If your child is age 12, you may indicate on your Authorization to Release Child Consent form that your child has permission to leave the program without a parent or guardian. We strongly encourage parents/guardians of these children to make arrangements for their child to walk home in a group with other children. **It is the responsibility of the parent or guardian to insure that his or her child has arrived at the program safely and has arrived home safely.**
- G. Sickness or Vacation** - Please call your Club Director to notify them of member absences. It is the responsibility of the parent to keep their child home if their child has any of the following ailments: temperature, diarrhea, vomiting, impetigo, conjunctivitis, strep throat, scarlet fever, chicken pox, ear infections, respiratory infections, head lice, scabies, hand-foot-mouth disease or any other contagious medical conditions.



**I. Massachusetts Immunization Requirement/Medical Treatment Release**

The State Sanitation Code requires all children to have a medical examination within 12 months of the start of the camp. The following needs to be completed by a medical doctor.

**Measles, Mumps, and Rubella (MMR):** At least one dose of MMR vaccine(s) must be administered at or after 12 months of age or there must be proof of laboratory evidence of immunity. A second dose of live measles containing vaccine is required.

Type \_\_\_\_\_ M/Y \_\_\_\_\_ M/Y \_\_\_\_\_

**Polio Vaccine:** At least three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mixed (IPV/OPV) schedule was used, four doses are required.

Type \_\_\_\_\_ M/Y \_\_\_\_\_ M/Y \_\_\_\_\_ M/Y \_\_\_\_\_ M/Y \_\_\_\_\_

**Diphtheria and Tetanus Toxoids and Pertussis Vaccine:** At least four doses of DTa/ DTP/DT or at least three doses of Td are required. (The pertussis component is not given to anyone seven years of age or older) A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than 10 years have elapsed since the last dose.

Type \_\_\_\_\_ M/Y \_\_\_\_\_ M/Y \_\_\_\_\_ M/Y \_\_\_\_\_ M/Y \_\_\_\_\_

**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.

Type \_\_\_\_\_ M/Y \_\_\_\_\_ M/Y \_\_\_\_\_ M/Y \_\_\_\_\_

**The below named child, to the best of my knowledge, is not suffering from any illness and is physically and mentally able to participate in all trip activities.**

Recommendations:

Date \_\_/\_\_/\_\_ M.D. Signature \_\_\_\_\_

M.D./Clinic Name \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

*In the case of emergency, I give my permission to the medical personnel selected by the Club to order emergency treatment for my child, and in the event that I cannot be reached in emergency, I give permission to the physical or hospital personnel selected by the Club to hospitalize, secure proper treatment, order injection or surgery for my child.*

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Address if Different: \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_

Parent/Guardian (print name) \_\_\_\_\_ Date \_\_/\_\_/\_\_



**II. Medication Information**

If Child takes a daily medication, please complete and sign the following:

Name of Medication: \_\_\_\_\_ Prescription Non-Prescription  
Dose to be given during program time: \_\_\_\_\_  
How dose is administered: \_\_\_\_\_  
Original date of order: \_\_\_\_\_ Date to Stop Medication: \_\_\_\_\_  
Specific Instructions: \_\_\_\_\_  
Possible side effects/Adverse Reactions: \_\_\_\_\_  
Special Storage Requirements: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (Name of Program) to administer, to my child, \_\_\_\_\_ the medications listed above, in accordance with the Medication policy. I will provide this medication in the original package with the dose and physician information intact and legible.  
Parent/Guardian Signature: \_\_\_\_\_

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Emergency Contact #1

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Telephone Number during program time: \_\_\_\_\_ Cell # \_\_\_\_\_

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Emergency Contact #2

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Telephone Number during program time: \_\_\_\_\_ Cell# \_\_\_\_\_

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I certify that the information provided above is true and accurate to the best of my knowledge. In the case of an emergency, I give my permission to the medical personnel selected by the \_\_\_\_\_ (Name of Program) to order emergency treatment for my child, and in the event that I cannot be reached in an emergency, I give my permission to the physician or hospital personnel selected by aforementioned program to hospitalize, secure proper treatment, order injection or surgery for my child. In the event of an emergency, I understand that my child will be transported by an emergency rescue ambulance/vehicle.

Parent/Guardian Signature: \_\_\_\_\_ Staff Initial \_\_\_\_\_



### III. Transportation Information

Camper's Name \_\_\_\_\_

#### How will your child arrive to camp daily?

Drop off by: \_\_\_\_\_ Time: \_\_\_\_\_

Will your child walk to camp?      Yes    No      Arrival Time: \_\_\_\_\_

#### How will your child return home after camp daily?

\_\_\_\_\_ Walk      Departure Time: \_\_\_\_\_

Or

\_\_\_\_\_ Pick up/Emergency Contacts:      Departure Time: \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relation \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relation \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relation \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

*If someone comes to pick up a child at the end of the program day that is not on the Transportation Form List, they will not be able to leave the program until the parent/guardian is contacted and informed that the individual is on-site to pick up their child(ren).*

I understand by giving my child permission to walk to and/or from the Boys and Girls Club that the Boys and Girls Club will not be held liable after he/she leaves the Boys and Girls Club premises.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Name Printed

\_\_\_\_\_  
Date



#### **IV. Permission to Attend Field Trips**

I give permission for my child, \_\_\_\_\_, under the supervision of staff members of the Boys and Girls Clubs Summer Program to attend field trips. I understand that a notice regarding the details of the field trip will be sent home on a weekly basis.

I hereby agree to indemnify, defend and hold harmless the Boys and Girls Clubs of Middlesex County, its employees, successors, and assigns, from any claims or demands for damages or injuries to my child or children, or any property, as a result of, on account of, or growing out of any events, circumstances or **incidents**.

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

\_\_\_\_\_  
**Date**

#### **Beach Trip Precautions**

For the safety of all children, on the day of a planned trip to the beach, the Boys and Girls Club will call the beach before departure to assure the water is safe.

All beach trips the Boys and Girls Club will attend will also have lifeguards on site in addition to our Lifeguards on staff.

#### **Sunscreen Permission Slip**

Per city health codes and for your child's protection, every child must have a bottle of sunscreen to be applied before outdoor activities.

If this code is not followed and a child is observed to be sun burning, the Boys and Girls Club staff reserve the right to apply SPF 30 sunscreen on your child to prevent harm. A warning will also be given to the parent to send in sunscreen ASAP.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Name Printed

\_\_\_\_\_  
Date



## V. **Behavioral Contract**

All children planning to attend must read and sign this Behavioral Contract

- I will be polite to others.
- I understand there will be no name calling or teasing.
- I will have respect for others and myself.
- I understand no foul language will be used under any circumstances.
- I will talk to staff if there is anything bothering me at camp.
- I will treat others the way I would like to be treated.
- If any members are in danger I will report it immediately to a staff person.
- I will not fight, grab or push any other child in the BGC summer program.
- I must always be on my best behavior whether I am in the Club or on a field trip.
- I will stay with my group on field trips and do what staff say.
- I will speak to, and treat others, the same way I would like to be spoken to and treated.
- I will not talk to strangers, or go with strangers at any time including when I am on trip.
- I WILL LISTEN CAREFULLY TO STAFF AND FOLLOW THEIR INSTRUCTIONS.
- I KNOW THAT IF I FOLLOW THESE RULES CAMP WILL BE A LOT OF FUN FOR ME AND FOR ALL MY NEW AND OLD FRIENDS AT CAMP!!!!!!!!!!!!!!

This is a behavioral contract for the children in the BGCMC Summer Program. By reading the above rules and signing below, each child is agreeing to practice acceptable social behavior.

If this contract is broken, action will be taken by the Club staff to resolve any behavioral problems that disrupt the program. If there are behavioral problems, staff hold the right to not invite your child back the following week.

\_\_\_\_\_  
Child – (Print Name)

\_\_\_\_\_  
Parent or Guardian Signature



## **VI. Payment, Deposits and Fees**

Non-Refundable Registration fee: At the time your completed application is dropped off, a non-refundable fee of \$20.00 per child/per week will be paid in the form of a Money Order payable to the Boys & Girls Clubs of Middlesex County or cash payment for each week that the child will be attending.

Example: If your child is attending **all eight weeks** a deposit of \$160.00 (\$20.00 x 8) is required along with your completed application.

### **Late Payment Fee**

The balance due on tuition must be paid in full by the Wednesday before the Monday of the participating week. If payment is not made by the due date, a \$20 late fee will automatically be applied and added on to the balance due for the participating week.

### **Refund Policy**

If your child leaves a BGCMC Summer Program, is removed or suspended, you will not be entitled to a refund for the remainder of that particular week. However, if you prepay for more than one week, and your child will no longer be participating in the program, you will receive a refund (minus non-refundable deposit) for the additional full weeks that your child will not be attending. A written letter requesting a refund must be addressed to Mechilia Eng 181 Washington Street Somerville MA 02143

**Be sure to include your child's name, Week # on Money Order and keep receipt**

You may register for various sessions by checking off the appropriate box on your BGCMC Application, include deposit fee, and make payments as stated above on a weekly basis.

**Only Money Orders or Cash may be accepted as payment. No personal checks please.**

By signing below I understand BGCMC's 2009 camp payment and fee information

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**Parent/Guardian Signature/Date**



# Blessing of the Bay

## Boathouse and Environmental Center

### Waiver for Water Front Activities

The undersigned gives permission for their son or daughter to use equipment from the Boys and Girls Clubs of Middlesex County, Inc./Blessing of the Bay Boathouse (BGCMC) including paddleboats, canoes, paddles, personal flotation devices, and any necessary equipment for use with the aforementioned and hereby agrees other damage, accidental or otherwise, arising from or related to the member's use of **BGCMC** equipment. The undersigned hereby acknowledges that the use of equipment being used carries with it the risk of personal injury and harm to the user, and the risk of accidental loss or damages and hereby assumes responsibility for all risk arising from the member's use of **BGCMC** equipment.

While all members of the Summer Program shall be under the supervision of **BGCMC** staff at all times, it is the responsibility of the member to remain within the parameters as overseen by the staff on land or boat. Personal flotation devices are required by law to be worn at all times on the docks and in the water craft on the water **NO EXCEPTIONS**.

**ANY MEMBERS WITH KNOWN OR SUSPECTED PHYSICAL AILMENT OR DIABILITY SHOULD CHECK WITH THEIR PHYSICIAN BEFORE UNDERTAKING ANY OUTDOOR RECREATION ACTIVITY.**

- YES**  **NO** I give my child permission to use any BCCMC water craft **WITHOUT** a staff in the craft after they have passed a swim test, canoe skills training and are over the age of 10.
- YES**  **NO** I give my child permission to use any BGCMC watercraft **WITH** a staff in the craft
- YES**  **NO** I give my child permission to participate in any water front activity.

Children's/Member's Name(s): \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

Emergency Contact Number(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone Number to reach during program time: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Physician's Address: \_\_\_\_\_

My Child is allergic to: \_\_\_\_\_