

2020 WBGC Summer Camp Registration Packet

Dear Parent / Guardian,

Please be sure to return all items listed below
in order to register your child for camp:

- This Parent Checklist
- Immunization Record
(attach form from child's doctor)
- Registration Form, Side One
- Registration Form, Side Two
- Health History Form, Side One
- Health History Form, Side Two
- Camper Medication Form (Only applicable if camper will
be taking medication during the camp day)
- Payment for each child (amounts and due
dates listed on registration form)

If you have any questions please contact us at
info@watertownbgc.org or 617-926-0968. Thank you!



**WATERTOWN
BOYS & GIRLS CLUB**

Insert Immunization Record
(form from child's doctor)



2020 Summer Adventure Registration Form



PLEASE CHECK: CAMPER (ages 7-12) JCL (Junior Camp Leader age 13 and up)

Camper's First Name:	Camper's Last Name:	Date of Birth (MMDDYYYY):	Age:
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Address: _____
no. street city/town state zip

School:	Current Grade	Gender:	Nickname:
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1ST PARENT / GUARDIAN INFORMATION

First Name:	Last Name:
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Relationship to Camper: _____ 1st Parent/Guardian's Contact Numbers (in the order we should try to reach you):

• 1st #: _____ • 2nd #: _____ • 3rd #: _____

• Address (if different from member): _____

• Employer: _____ Job Title / Occupation _____

1st Parent/Guardian's Email: _____

2ND PARENT / GUARDIAN INFORMATION

First Name:	Last Name:
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Relationship to Camper: _____ 2nd Parent/Guardian's Contact Numbers (in the order we should try to reach you):

• 1st #: _____ • 2nd #: _____ • 3rd #: _____

• Address (if different from member): _____

• Employer: _____ Job Title / Occupation _____

2nd Parent/Guardian's Email: _____

Please Circle Weeks:	Summer Adventure times: 8:00 AM—5:30 PM	NOTES
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Wk#	2020 Camp Dates	CAMPER PRICE	JCL PRICE Ages 13 - 15	7:15 AM Drop OFF	DUE BY	WBGC Member #
M	Summer Membership Fee (Required)	\$10.00	\$10.00	x	Due upon registration	Membership Fee is Required.
1	June 22 – June 26 (Camp Clubhouse @ WBGC)	\$240.00	\$125.00	\$50.00	6/1	Camp Clubhouse
2	June 29 - July 2 (Camp Clubhouse @ WBGC) <i>4 day camp</i>	\$190.00	\$70.00	\$40.00	6/1	Camp Clubhouse <i>Closed Friday, July 3rd.</i>
3	July 6 - July 10 (Hale)	\$240.00	\$125.00	\$50.00	6/1	
4	July 13 - July 17 (Hale)	\$240.00	\$125.00	\$50.00	6/1	
5	July 20 - July 24 (Hale)	\$240.00	\$125.00	\$50.00	6/1	
6	July 27 - July 31 (Hale)	\$240.00	\$125.00	\$50.00	6/1	
7	August 3 - August 7 (Hale)	\$240.00	\$125.00	\$50.00	7/1	
8	August 10 - August 14 (Hale)	\$240.00	\$125.00	\$50.00	7/1	
9	August 17 – August 21 (Hale)	\$240.00	\$125.00	\$50.00	7/1	
10	August 24 – August 28 (Hale)	\$240.00	\$125.00	\$50.00	7/1	
11	August 31– September 3 <i>Trip Week - 4 days</i>	\$270.00	\$170.00	\$40.00	7/1	<i>Closed Friday, September 4th.</i>

Deposit of \$10– membership fee and \$50– per session required at time of registration. Payment can be made via cash or check, or online with a credit card. Online fees apply.

Parent Packet Received	OFFICE USE: _____ Health History _____ Physician / Physical Form _____ Medication / Epi/ Inhaler
Date: _____ Parent Initials: _____	Amount Received: _____ ck# _____ Date: _____ Application Received by: _____

Watertown Boys & Girls Club's mission is to inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens.

Side 2 - Camper's Name:	<input type="checkbox"/> Check here and sign below if your camper (AGES 12 and UP ONLY) has permission to sign themselves out after camp. Parent Signature: _____		
<i>IN CASE OF AN EMERGENCY, WE WILL FIRST CALL THE PARENTS / GUARDIANS LISTED ON FRONT OF THIS FORM. If they cannot be reached, we will call the following people (in the order listed below). Anyone listed here is also granted permission to pick up this camper.</i>			
Name	Relationship to camper	Emergency Contact Phone Number	
*AT THE END OF EACH CAMP DAY, CAMPERS WILL NEED TO BE SIGNED OUT BY PARENT/AUTHORIZED PERSON(S). <i>Please be prepared to show ID at pick-up. We cannot leave a child unattended to wait for pick-up. Please note a fee may be applied for any child picked up late.</i>			
Does your child have any medical concerns (ie: physical limitations or behavioral issues), an IEP at school or anything else that we should be aware of? Please explain: <div style="text-align:right;">(Feel free to attach additional info as needed)</div>			
DEMOGRAPHICS—Your responses to the elements below are kept CONFIDENTIAL and are crucial for funders and help us keep membership fees low by securing donations and grants.			
Household Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Public Housing <input type="checkbox"/> Other: _____	Language most used at home: _____	Family Setting: <input type="checkbox"/> Both Parents <input type="checkbox"/> Single Parent: : Lives with: _____ <input type="checkbox"/> Guardian <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparents(s)	Total Family Size: (includes parents, children, anyone living in home) (Check One.) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 or more Number of Brothers: _____ Number of Sisters: _____
School Lunch Program: (check one) <input type="checkbox"/> Free or Reduced Lunch <input type="checkbox"/> Pay for lunch Is a member of your immediate family currently serving active military duty? <input type="radio"/> Y <input type="radio"/> N	Race (Check One): <input type="checkbox"/> American Indian or Native American <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Ethnicity (please check one): <input type="checkbox"/> American <input type="checkbox"/> Armenian <input type="checkbox"/> Brazilian <input type="checkbox"/> Haitian <input type="checkbox"/> Irish <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	
Household Annual Income – Select the range that best fits			Assistance Program (Check all that apply):
<input type="checkbox"/> \$0 - \$10,000	<input type="checkbox"/> \$50,001 – \$60,000	<input type="checkbox"/> \$100,001 – \$110,000	<input type="checkbox"/> \$150,001 or over
<input type="checkbox"/> \$10,001 – \$20,000	<input type="checkbox"/> \$60,001 – \$70,000	<input type="checkbox"/> \$110,001 – \$120,000	<input type="checkbox"/> Other: _____
<input type="checkbox"/> \$20,001 – \$30,000	<input type="checkbox"/> \$70,001 – \$80,000	<input type="checkbox"/> \$120,001 – \$130,000	<input type="checkbox"/> Social Security <input type="checkbox"/> Medicaid <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> WIC (Women Infants & Children) <input type="checkbox"/> Other: _____
<input type="checkbox"/> \$30,001 – \$40,000	<input type="checkbox"/> \$80,001 – \$90,000	<input type="checkbox"/> \$130,001 – \$140,000	
<input type="checkbox"/> \$40,001 – \$50,000	<input type="checkbox"/> \$90,001 – \$100,000	<input type="checkbox"/> \$140,001 – \$150,000	

IMPORTANT NOTE TO PARENT / GUARDIAN: To register, a **NON-REFUNDABLE** deposit of \$50.00 for each session is required. Balance must be paid by June 1st for July sessions, and July 1st for August Sessions. Failure to pay balance by due date could result in forfeiture of your child's spot. Any cancellation made less than one week in advance will result in forfeiting the entire week's fee. Any behavioral problems or violation of Club or camp rules will result in camper being suspended from the summer program with NO REFUND in camp fees.

Please initial: _____

I understand that my child _____ is a registered camper of the Summer Program of Watertown Boys & Girls Club (WBGC), and a summer member of WBGC - (membership valid through 9/3/2020). They may participate in the activities offered at the Club. The membership fees and deposits are non-refundable.

Camper must be signed out each day. Summer Adventure Campers must be picked up no later than 5:30 p.m. Swim Camp Campers must be picked up no later than 2:30 for regular day option, and no later than 5:30 for extended day option. Adults signing out the camper must be prepared to show identification each day. A late fee of \$1.00 per minute will be charged for campers that are picked up late. Continual late pickup may result in a child's suspension or removal from the program.

Please initial: _____

I give permission for my child to be used in photos, videos, literature and news releases when taking part in Club events and at the Summer Program.

Please initial: _____

I understand that my child may be transported in the Club's vans or associated vehicles to and from the Summer Program and related events. I understand that I will assume full responsibility for any accidents incurred, hereby releasing Watertown Boys & Girls Club, its' staff and its' directors of all liabilities.

Please initial: _____

Camper fees are non-refundable. Cancellations of sessions must be submitted in writing at least two weeks prior to the session start date in order to be credited. Refunds (minus the non-refundable deposit per session) will be considered only with a doctor's note.

Please initial: _____

Parent / Guardian Signature: _____ Date: _____

25 Whites Avenue / Watertown, MA 02472 / 617-926-0968 / info@watertownbcg.org

GREAT FUTURES START HERE

Side 2 - Camper's Name:	<input type="checkbox"/> Check here and sign below if your camper (AGES 12 and UP ONLY) has permission to sign themselves out after camp. Parent Signature: _____
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Name	Relationship to camper	Emergency Contact Phone Number

***AT THE END OF EACH CAMP DAY, CAMPERS WILL NEED TO BE SIGNED OUT BY PARENT/AUTHORIZED PERSON(S). Please be prepared to show ID at pick-up. We cannot leave a child unattended to wait for pick-up. Please note a fee may be applied for any child picked up late.**

Does your child have any medical concerns (ie: physical limitations or behavioral issues), an IEP at school or anything else that we should be aware of? Please explain: (Feel free to attach additional info as needed)

DEMOGRAPHICS—Your responses to the elements below are kept CONFIDENTIAL and are crucial for funders and help us keep membership fees low by securing donations and grants.

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<input type="checkbox"/> \$10,001 – \$20,000	<input type="checkbox"/> \$60,001 – \$70,000	<input type="checkbox"/> \$110,001 – \$120,000	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> \$20,001 – \$30,000	<input type="checkbox"/> \$70,001 – \$80,000	<input type="checkbox"/> \$120,001 – \$130,000	<input type="checkbox"/> I choose to leave this section blank	
<input type="checkbox"/> \$30,001 – \$40,000	<input type="checkbox"/> \$80,001 – \$90,000	<input type="checkbox"/> \$130,001 – \$140,000		
<input type="checkbox"/> \$40,001 – \$50,000	<input type="checkbox"/> \$90,001 – \$100,000	<input type="checkbox"/> \$140,001 – \$150,000		

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Parent / Guardian Signature: _____ Date: _____

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**WATERTOWN
BOYS & GIRLS CLUB**

**At Hale
2020 Health History, Emergency
Contact, and Release Form**

ADDRESS

TELEPHONE NUMBER

FAX NUMBER

WEBSITE

Last Name:																		Middle Initial:						
First Name:																		Birth Date (MMDDYY):						

Street _____ City/Town _____ State _____ Zip _____
 Male (circle one) Female _____ Identifying Marks: _____

Parent or Guardian Information	
Parent or Guardian _____	Parent or Guardian _____
Address _____ <small>(Only if different from address above)</small>	Address _____ <small>(Only if different from address above)</small>
Phone _____ Work _____	Phone _____ Work _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

Please list at least one emergency contact that, if necessary, could provide transportation home.

Emergency Contact _____	Emergency Contact _____
Cell Phone _____ Work _____	Cell Phone _____ Work _____

Allergies			
Insect Bite	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)
Bee Sting	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)
Food	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)
Seasonal	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)
Medications	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)
Other	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)

Please explain/specify any of the above that were answered "Yes" (i.e. type of food allergy, medication associated, etc.) _____

If medications will be administered at camp for above allergies a "Medication Information Form" must be completed

Physician Information	
Name of family physician: _____	Phone: _____

Insurance Information		
Insurance Carrier: _____	Policy Holder Name: _____	Policy/ Group #: _____

Immunization History: Massachusetts requires a Certificate of Immunization for all campers and staff. You may use the form provided or a copy from your doctor's office. **Check if attached**

Camper or Staff Name _____

Relevant Past Medical History, General Information, and Restrictions

Does your child (or staff member) have Asthma? Yes (circle one) No

Will your child (or staff member) be bringing an inhaler to camp? Yes (circle one) No

Are there any physical, mental, or psychological conditions requiring medication, treatment, or restrictions while at camp?

Does your child or (staff member) take any prescription or over-the-counter medication at home? Yes (circle one) No

Please list any past medical treatment or recent injuries: _____

Describe any specific activities from which your child (or staff member) should be exempted: _____

Any dietary modifications or restrictions? Yes (circle one) No Please explain: _____

Does your child have an IEP or 504 plan? Yes (circle one) No Please explain: _____

Are there any accommodations or services that we can provide to make the summer as successful as possible? _____

Please share any information that would help Hale Summer Staff best serve your child: _____

**If "Yes" a "Medication Information Form" must be completed*

Authorizations:

Accuracy of Information: This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted.

Photo Release: I authorize Hale, **Partner Camp** and American Camp Association to have my child's (or staff members) photo to appear in camp brochures, videos, on websites or other promotional literature.

Authorization for Treatment: In case of an emergency, I authorize Hale to administer first aid and to transport my child or (staff member) to the nearest hospital emergency room and to order X-rays; routine tests and treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure and administer treatment, including hospitalization, for the person named above. I understand that any fees for consultation or special care, charged by physicians or trained nurses who may be called to assist the health center staff in case of illness of a camper, medicines, and charges for any service or care beyond those ordinarily provided at the health center are my responsibility to pay for. This form can be photocopied for camp trips.

Authorization for Medications: I authorize the Hale Health Staff and its designees to administer the following medications (on an "as needed" basis unless contraindicated): Acetaminophen (Tylenol), Ibuprofen (Motrin/Advil), Antacid (Tums), Diphenhydramine HCl (Benadryl), and Anti-Itch Creams.

Acknowledgment of Risk and Waiver: I understand and acknowledge my camper (or staff member) may participate in a variety of activities including: swimming, boating, outdoor games, sports, rope course, and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless Hale Reservation 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.

Signature of Parent/Guardian of Camper, Staff Member, or Parent/Guardian of Staff Member under 18 years of Age

Signature _____

Date _____



Authorization to Administer Medication to a Camper

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Cell Phone:
Emergency Contact Name:	Telephone:
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Medication Information 2	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:

Expiration date of Medication Received:
Special Storage Requirements:
Special Directions (e.g., on empty stomach/with water):
Special Precautions:
Possible Side Effects/Adverse Reactions:
Other medications (at parent/guardian discretion):
Location where medication administration will occur:

Authorization Information

I hereby authorize the health care consultant or properly trained health care supervisor at _____ (name of camp) to administer, to my child, _____ (name of camper) the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D) [see below].

If above listed medication includes epinephrine injection system:

I hereby authorize my child to self-administer, with approval of the health care consultant

Yes No Not Applicable

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer

Yes No Not Applicable

If above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer, with approval of the health care consultant

Yes No Not Applicable

Signature of Parent/Guardian:	Date:
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*** **Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.