

Watertown Boys & Girls Club

Summer 2025

Club Adventure Camp Registration Packet

Camper Name: _____

Dear Parent / Guardian,

Please be sure to submit 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
- Signed Sunscreen Form
- Summer Camp Behavioral Health Form
- Signed Club Policies & Member Expectations
- Camper Health History Form
- Authorization to Administer Medication Form (if applicable)
- 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's Mission:

To inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens.



**WATERTOWN
BOYS & GIRLS CLUB**

Please provide Immunization Record and
Annual Physical/Camp Form
(form from child's doctor)



**WATERTOWN
BOYS & GIRLS CLUB**

2025 Club Adventure Camp Registration Form

CAMPER (ages 7-12)



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

School:	Current Grade	Pronouns (he, she, they):	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: NOTES

Wk#	Camp Dates	CAMPER PRICE Regular Day	CAMPER PRICE Extended Day Add On	Deposit Amount:	Balance Due by:	NOTES
M	2024-2025 Current Membership expires 8/30/25 <small>(Required in order to attend camp)</small>	\$25.00	x	\$25.00	6/1	Current Membership is Required to register.
1	June 23- June 27 <small>(pending WPS snow days)</small>	\$300.00	\$50.00	\$75.00	6/1	Camp dates may be adjusted based on last day of school for Watertown.
2	June 30- July 3 (four day camp)	\$240.00	\$40.00	\$75.00	6/1	Closed Friday 7/4
3	July 7 - July 11	\$300.00	\$50.00	\$75.00	6/1	
4	July 14 - July 18	\$300.00	\$50.00	\$75.00	6/1	
5	July 21 - July 25	\$300.00	\$50.00	\$75.00	6/1	
6	July 28 - August 1	\$300.00	\$50.00	\$75.00	6/1	
7	August 4 - August 8	\$300.00	\$50.00	\$75.00	7/1	
8	August 11 - August 15	\$300.00	\$50.00	\$75.00	7/1	
9	August 18 - August 22	\$300.00	\$50.00	\$75.00	7/1	
10	August 25- August 28 (four day camp)	\$365.00	\$40.00	\$75.00	7/1	In order to be eligible to register for TRIP WEEK, campers must attend at least one prior week of camp with us during the summer. Closed Friday 8/29

Deposit of \$25.00 membership fee and \$75.00 per session required at time of registration. Payment can be made via cash or check, or online with a credit card. Online fees apply.

 WATERTOWN BOYS & GIRLS CLUB	OFFICE USE: ___ Health History ___ Physician / Physical Form ___ Medication / Epi/ Inhaler ___ Member Code of Conduct ___ Liability Wavier ___ Medication Form Amount Received: _____ ck# _____ Date: _____ Application Received by: _____ Office Notes: _____
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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: _____
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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.

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 after 5:30 p.m.*

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="radio"/> Rent <input type="radio"/> Own <input type="radio"/> Watertown Housing Authority <input type="radio"/> Other Public Housing <input type="radio"/> Other: _____ Language most used at home: _____	Family Setting: <input type="radio"/> Both Parents <input type="radio"/> Single Parent / Lives with: _____ <input type="radio"/> Guardian <input type="radio"/> Aunt / Uncle <input type="radio"/> Foster Parent(s) <input type="radio"/> Grandparents	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 Siblings: _____	Does your family currently qualify for any of the following (check all that apply): <input type="radio"/> SNAP <input type="radio"/> WIC <input type="radio"/> TEFAP <input type="radio"/> Other Is a member of your immediate family currently serving active military duty? <input type="radio"/> Y <input type="radio"/> N
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Race (check all that apply): American Indian or Native American African American / Black Asian Caucasian/White Hispanic/Latino Native Hawaiian/Pacific Islander
 Other _____ Unknown

Ethnicity (check all that apply): American Armenian Brazilian Haitian Irish Middle Eastern Portuguese Russian Other _____

Family Household Annual Income – Please select the range that best fits

<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"/> 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	

<p>IMPORTANT NOTE TO PARENT / GUARDIAN: To register, a NON-REFUNDABLE deposit of <u>\$75.00 for each session</u> is required. Balance must be paid by June 1st for June/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.</p> <p>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 August 30, 2025). They may participate in the activities offered at the Club. The membership fees are non-refundable.</p>	<p style="color: green;">Please initial: _____</p>
<p>Campers must be picked up no later than 4:00 PM (or 5:30 PM for extended day). Campers must be signed out each day by an adult listed on their authorized pick-up list and prepared to show identification each day. A late fee of \$1.00 per minute will be charged for late pick up. Continual late pickup may result in a child's suspension or removal from the program.</p>	<p style="color: green;">Please initial: _____</p>
<p>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.</p>	<p style="color: green;">Please initial: _____</p>
<p>I understand that my child may be transported in the Club's vans or associated vehicles to and from the Summer Program's 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.</p>	<p style="color: green;">Please initial: _____</p>
<p>Please note that WBGC is unable to provide 1-to-1 care/supervision during our Club Adventure Summer Camp program. If your child has specialized care or supervisory requirements, please contact us to discuss prior to enrolling in the program.</p>	<p style="color: green;">Please initial: _____</p>

Parent / Guardian Signature: _____ **Date:** _____

25 Whites Avenue / Watertown, MA 02472 / 617-926-0968 / info@watertownbcg.org
 (Registration Form Side 2)

GREAT FUTURES START HERE



2025 Authorization to Administer Sunscreen to a Camper

Camper Name:

This form gives permission for Watertown Boys & Girls Club staff to provide your child with sunscreen if they run out of their personal sunscreen or if they forgot / did not arrive with sunscreen.

The two products we are currently using are:

- ◆ Coppertone sunscreen spray kids SPF 50
- ◆ Berkley Jensen Sport Sunscreen spray SPF 50

Please sign below to give permission for your child to be provided with sunscreen.

Signature of Parent/Guardian:

Date:

2025 Summer Camp Behavioral Health Form

Camper Name:

Many children experience emotional distress and/or behavioral challenges as they develop and mature. WBGC strives to provide positive, enriching youth development opportunities for all children with varying needs. Please provide additional information, as applicable.

- Does your child receive any specialized services or accommodations at school to support their Social Emotional Learning?

Please circle: Yes No Unsure Prefer not to answer

- Does your child experience any significant emotional difficulties?

Please circle: Yes No Unsure Prefer not to answer

- Does your child have difficulty managing their behavior?

Please circle: Yes No Unsure Prefer not to answer

- Please provide any relevant additional information:

Signature of Parent/Guardian:

Date:



2025 Summer Camp Club Policies and Member Expectations

CLUB RULES:

- All members are expected to respect Club staff, other Club members and all Club property at all times.
- Use of tobacco, alcohol or drugs is strictly prohibited. Anyone caught breaking this rule will be suspended indefinitely and his/her parents will be notified.
- Foul or abusive language is prohibited.
- Fighting, play fighting, punching, shoving, wrestling, etc., are prohibited.
- Food and drink are permitted ONLY in areas designated by staff. Please recycle in the bins provided and throw away all trash.
- Members are reminded not to bring valuables into the Club, as the Club is not responsible for lost or stolen items.
- The Front Desk Staff is not permitted to hold valuables for any member behind the Front Desk.
- Club phones are for business use. Members may only use the phone in the case of an emergency.
- If a member is having a problem with another Club member, it should be reported to a staff member immediately.
- If a member is hurt or not feeling well, they need to report this to a staff member immediately.
- Proper swimming attire is required for the pool. Swimmers that wish to use goggles must bring their own.
- Members should wear appropriate clothing at all times. This includes clothing that is in good taste, non-revealing and without negative or foul wording in the design.
- Any damage to Club property will result in suspension from the Club, as well as restitution for all damages.

BEHAVIOR MANAGEMENT POLICY:

Behavioral Issues will be handled as followed:

Inappropriate Behavior: Staff will reinforce that the behavior and its consequences are in the member's control. An immediate consequence will be given for inappropriate behavior. The Club maintains that repeated warnings do little to change behavior.

Minor Incidents include but are not limited to: pushing and shoving, not listening, misbehaving, name calling, throwing things, and swearing. Staff members may draw from a range of behavior modification methods to establish what will work for the individual child. Examples include time outs, restrictions from activities or program areas, writing apology letters, practicing alternative behaviors.

Major Incidents include but are not limited to: fighting or attempting to injure, bullying, stealing, running away from the group, disrespect toward the Club staff or equipment, and / or throwing things at staff or members. Major incidents are immediately referred to the Club's Leadership Staff, and consequences may include extended restrictions from activities or program areas, suspension or expulsion. Parents will be contacted.

No child will be subjected to corporal punishment, including spanking, cruel or severe punishment, humiliation or verbal abuse. No child will be denied food or shelter as a form of punishment. No child will be punished for soiling, wetting or not using the toilet.

Please note that WBGC is unable to provide 1-to-1 care/supervision during our Club Adventure Summer Camp program. If your child has specialized care or supervisory requirements, please contact us to discuss prior to enrolling in the program.

Member Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____



WATERTOWN BOYS & GIRLS CLUB

2025 Camper Health History

Member and Parent/Guardian Information:

Member's Name:

Age:

Date of Birth: / /

Parent/Guardian's Name:

Home Phone:

Cell Phone:

Emergency Contact Name:

Telephone:

Primary Care Physician Information:

Name of Primary Care Physician:

Phone Number of Primary Care Physician: () -

Medical Insurance Information:

Medical Insurance Carrier Company Name:

Policy Holder's First and Last Name:

Policy/ Group #:

Allergy Information:

Insect bite: Yes No (circle one) **Reaction severity:** Mild Moderate Severe (Circle one)

Bee Sting: Yes No (circle one) **Reaction severity:** Mild Moderate Severe (Circle one)

Food: Yes No (circle one) **Reaction severity:** Mild Moderate Severe (Circle one)

Seasonal: Yes No (circle one) **Reaction severity:** Mild Moderate Severe (Circle one)

Medication: _____ Yes No (circle one) **Reaction severity:** Mild Moderate Severe (Circle one)

Other: _____ **Reaction severity:** Mild Moderate Severe (Circle one)

Medical History

Has Your Child Been Diagnosed with any of the following:

Asthma: Yes No **Medication Taken?** Yes No **Seizure Disorder:** Yes No **Medication Taken?** Yes No

Diabetes: Yes No **Medication Taken?** Yes No **ADD/ADHD:** Yes No **Medication Taken?** Yes No

Mental & Behavioral Health: Has your child be diagnosed or Treated for:

Developmental delays: Yes No Behavioral disorders: Yes No

Does your child use an IEP at school Yes No

If Yes: Please provide details of IEP to help our staff have a successful summer with your child:

Please note that WBGC is unable to provide 1-to-1 care/supervision during our Club Adventure Summer Camp program. If your child has specialized care or supervisory requirements, please contact us to discuss prior to enrolling in the program.

Signature of Parent/Guardian:

Date:



**WATERTOWN
BOYS & GIRLS CLUB**

2025 Authorization to Administer Medication to a Camper

Please complete one form for each medication brought to camp

If your child will be taking or carrying medication while at Camp please complete this form.

Camper Name:

Licensed Prescriber Information:

Name of Licensed Prescriber:

Business Phone:

Emergency Phone:

Medication Information: (please complete one form per medication)

Name of Medication:

Dose given at Club:

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 Watertown Boys & Girls Club to administer, to my child, _____ the medication(s) listed above,
(name of Member)
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: