

# Watertown Boys & Girls Club

## Summer 2026

### 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](mailto:info@watertownbgc.org) or 617-926-0968**

**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 - this is  
REQUIRED in order for child to attend  
camp.

(form from child's doctor)



**WATERTOWN  
BOYS & GIRLS CLUB**

# 2026 Club Adventure Camp Registration Form CAMPER (ages 7-12)



## CAMPER INFORMATION

Camper's First Name:		Camper's Last Name:		Date of Birth (MMDDYYYY):	Age:
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Address: \_\_\_\_\_  
number street city/town state zip

School:	Grade:	Pronouns (he, she, they):	Nickname / Preferred Name:
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## 1<sup>ST</sup> PARENT GUARDIAN INFORMATION (PRIMARY CONTACT)

Parent / Guardian First Name:	Parent/Guardian Last Name:
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Relationship to Camper: _____	1 <sup>st</sup> Parent/Guardian's Contact Numbers (in the order we should try to reach you): Phone 1: _____ Phone 2: _____
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Address (if different from member): \_\_\_\_\_  
 Employer: \_\_\_\_\_ Job Title / Occupation: \_\_\_\_\_

## 2<sup>ND</sup> PARENT GUARDIAN INFORMATION

Parent / Guardian First Name:	Parent/Guardian Last Name:
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Relationship to Camper: _____	1 <sup>st</sup> Parent/Guardian's Contact Numbers (in the order we should try to reach you): Phone 1: _____ Phone 2: _____
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Address (if different from member): \_\_\_\_\_  
 Employer: \_\_\_\_\_ Job Title / Occupation: \_\_\_\_\_

## Please CIRCLE to select weeks (regular and ext day) Notes:

Week #	Camp Dates	Camper Price Regular Day	Camper Price Extended Day	Deposit Amount	Balance Due Date	WBGC Member Number:
<input checked="" type="radio"/> M	2025-26 Current Membership Required (expires 09/04/2026)	\$25.00 Membership REQUIRED	x	\$25.00	6/1	Current Membership is required <u>in order to</u> register
1	June 22 – June 26 (Pending WPS Snow Days)	\$300.00	\$50.00	\$75.00	6/1	Camp dates may be adjusted based on last day of Watertown Public Schools
2	June 29 - July 2 (4 day camp)	\$240.00	\$40.00	\$75.00	6/1	4 day camp
3	July 6 – July 10*	\$330.00	\$50.00	\$75.00	6/1	*Includes field trip (cost reflective)
4	July 13 - July 17	\$300.00	\$50.00	\$75.00	6/1	
5	July 20 – July 24*	\$330.00	\$50.00	\$75.00	6/1	*Includes field trip (cost reflective)
6	July 27 - July 31	\$300.00	\$50.00	\$75.00	6/1	
7	August 3 – August 7*	\$330.00	\$50.00	\$75.00	7/1	*Includes field trip (cost reflective)
8	August 10 – August 14	\$300.00	\$50.00	\$75.00	7/1	
9	August 17 – August 21*	\$330.00	\$50.00	\$75.00	7/1	*Includes field trip (cost reflective)
10	August 24 – August 28	\$300.00	\$50.00	\$75.00	7/1	
11	August 31 – September 4	\$300.00	\$50.00	\$75.00	7/1	

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. Credit card fees apply. Fieldtrip will be included with weeks 3, 5, 7 and 9. Pricing for those weeks includes fieldtrip.



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OFFICE USE: <input type="checkbox"/> Health History <input type="checkbox"/> Physician / Physical Form <input type="checkbox"/> Medication / Epi / Inhaler <input type="checkbox"/> Medication Form
<input type="checkbox"/> Member Code of Conduct <input type="checkbox"/> Liability Waiver <input type="checkbox"/> Photo Permission Waiver
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. <b>Parent Signature:</b> _____
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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/AUTHORIZEDPERSON(S). Please be prepared to show ID at pick-up. We cannot leave a child unattended to wait for pick-up. Please note a late 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"/> Guardian  <input type="radio"/> Grandparent(s)  <input type="radio"/> Foster Parent(s)  <input type="radio"/> Aunt / Uncle  <input type="radio"/> Single Parent / Lives with: _____  <input type="radio"/> Other	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  <input type="radio"/> EBT/ FOOD STAMPS  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):    Native American    African American / Black    Asian    Caucasian/White    Hispanic/Latino    Native Hawaiian/Pacific Islander    Unknown  
 Other \_\_\_\_\_

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"/> \$1100,001 – \$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"/> 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><b>IMPORTANT NOTE TO PARENT / GUARDIAN:</b> To register, a NON-REFUNDABLE deposit of \$75.00 for each session is required. <b>Balance must be paid by June 1st for June/July sessions, and July 1st for August Sessions.</b> 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 &amp; Girls Club (WBGC), and a summer member of WBGC - (membership valid through August 30, 2026). They may participate in the activities offered at the Club. The membership fees are non-refundable.</p>	Please initial: _____
<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>	Please initial: _____
<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>	Please initial: _____
<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 &amp; Girls Club, its' staff and its' directors of all liabilities.</p>	Please initial: _____
<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>	Please initial: _____

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(Registration Form Side2)

GREAT FUTURES START HERE



# Parent / Guardian Waivers (pg.1)

<p>Please visit <a href="http://www.watertownbgc.org">www.watertownbgc.org</a> for required paperwork and waivers. All paperwork must be completed prior to start date in order for child to attend the Club. Please bring forms to our front desk or email your child’s completed forms to: <a href="mailto:info@watertownbgc.org">info@watertownbgc.org</a></p> <p>PLEASE NOTE - in order to enroll in or attend any Watertown Boys &amp; Girls Club programs for the 2025-2026 year, you must first purchase your child’s \$25.00 Club Membership and then register for the desired program. Children ages 7-18 can be enrolled in the After School Drop-In program at no additional cost.</p> <p><b>Please initial each of the following waivers / consents. Failure to do so will result in your application being denied.</b></p>	<p><b>Please initial:</b></p> <hr/>
<p><u>PARENT RELEASE</u></p> <p>I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the WBGC , and BGCA, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above Organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. I understand the Club is not, nor claims to be, a licensed day care center. I have read and understand the policies listed in the “Club Policies and Member Expectations” packet.</p>	<p><b>Please initial:</b></p> <hr/>
<p><u>MEDICAL</u></p> <p>In the event of injury, or should emergency care be required and I cannot be reached, I authorize staff from Watertown Boys &amp; Girls Club to sign for emergency medical attention for my child.</p>	<p><b>Please Initial:</b></p> <hr/>
<p><u>DISCLAIMER</u></p> <p>I certify that the application is factual and complete to the best of my ability. I hereby give permission for my child listed on the application to become a member of WBGC and participate in the activities offered at the Club. I have read a copy of Watertown Boys &amp; Girls Club’s “Policies and Member Expectations” to review with my child and I understand that my child’s failure to comply with the rules of the Club may result in temporary suspension and/or cancellation of membership with no refund of fees. If my child’s membership card is lost, I understand the replacement fee for a new card is \$2.00. I understand the Club is not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage or vandalism to the Club caused by my child. It is understood that the code of conduct will be adhered to and a member’s failure to comply may result in membership termination.</p>	<p><b>Please initial:</b></p> <hr/>



## Parent / Guardian Waivers (pg.2)

<p><b><u>RELEASE AND COVENANT NOT TO SUE</u></b></p> <p>In consideration for allowing my child to participate in activities provided, hosted, or sponsored by or otherwise affiliated with or connected to Watertown Boys &amp; Girls Club (the "Activities"), I agree to indemnify, release, hold harmless, forever discharge and covenant not to sue Watertown Boys &amp; Girls Club and any of its directors, overseers, officers, trustees, employees, agents, affiliates, successors and assigns, and to absolve them from any and all liability for any claim or suit, of any kind or nature, arising out of my child's participation in the Activities whether or not such Activities are on the premises of Watertown Boys &amp; Girls Club or elsewhere.</p>	<p><b>Please initial:</b></p> <hr/>
<p><b><u>TRANSPORTATION</u></b></p> <p>I understand that my child may be transported in the Club's vans or associated vehicles to and from any offsite activities and related events. I understand that I will assume full responsibility for any accidents incurred, hereby releasing Watertown Boys &amp; Girls Club, its' staff and its' directors of all liabilities.</p>	<p><b>Please initial:</b></p> <hr/>
<p><b><u>CLUB SAFETY POLICIES AND REQUIRED FORMS</u></b></p> <p>I, the parent/guardian authorize that I have received the safety policies of Watertown Boys &amp; Girls Club located online <a href="http://www.watertownbgc.org">www.watertownbgc.org</a></p> <p>A copy of a birth certificate must be provided for any members under age 8 who are enrolling in the After School Drop - In Program. Please email this to <a href="mailto:info@watertownbgc.org">info@watertownbgc.org</a>.</p> <p>Parent/Guardian must also complete Club Member Health History Form and School Communications Form.</p>	<p><b>Please initial:</b></p> <hr/>



## Parent / Guardian Waivers (pg.3)

<p><b><u>SURVEYS AND QUESTIONNAIRES</u></b></p> <p>I, the parent/guardian of the minor child listed on the application, give permission for Watertown Boys &amp; Girls Club (WBGC) to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys &amp; 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 with BGCA or other program partners for research purposes and/or to evaluate the program's effectiveness. All information shared will be kept confidential, shared via de-identifying data or sharing information in aggregate. BGCA Surveys are for members ages 9 and up.</p>	<p><b>Please initial:</b></p> <hr/>
<p><b><u>PUBLIC RELATIONS MATERIALS</u></b></p> <p>I, the parent/guardian give permission for the minor child listed on the application to have their picture and/or name in newspapers, newsletters, and/or any other promotional materials for WBGC, as well as audio or video records, and for use or distribution in other non-WBGC publications, electronic or otherwise. I also agree to allow WBGC to use photographs, audiotapes, video records or other work produced by my minor child for publicity purposes. I hereby waive any right to royalties or other compensation arising therefrom.</p>	<p><b>Please initial:</b></p> <hr/>
<p><b><u>MEMBERSHIP &amp; SUPERVISION/ KidConnect Licensed Afterschool Program (grades K-3)</u></b></p> <p>I understand that my child must be a registered member of the Watertown Boys &amp; Girls Club (WBGC) to enroll in the KidConnect program. I understand that my child must be in grades K – 3rd to enroll in KidConnect. They may participate in the activities offered at the Club. The membership fees, deposits and enrollment fees are non-refundable.</p> <p>Members enrolled in KidConnect must be picked up no later than 6:00 PM.</p>	<p><b>Please initial:</b></p> <hr/>



# Parent / Guardian Waivers (pg.4)

**MEMBERSHIP & SUPERVISION/ AFTER SCHOOL DROP-IN (AGES 7-18)**

\*Please note, this section DOES NOT APPLY to KidConnect Program\*

I understand that my child must be a registered member of the Watertown Boys & Girls Club (WBGC) to enroll in the After School Drop-In program. I understand that my child must be between the ages of 7 – 18 to attend the After School Drop-In Program (membership valid through August 30, 2026) They may participate in the activities offered at the Club. The After School Drop In program is offered free of charge to members who have paid the \$25.00 membership fee. The membership fees are non-refundable.

Watertown Boys & Girls Club After School Drop-In program is not a licensed childcare program. To participate in Club programming, youth must first be enrolled as a registered Club member. Supervision is provided for members INSIDE of the Club, and during occasional Club organized activities both outside and offsite.

Members are required to remain in the Club's supervised areas at all times. For the After School Drop-In program, members have the ability to leave the Club at anytime. Each family should establish expectations on leaving the Club with their own children. We ask families to discuss these expectations to be sure each child knows their family's rules about when they are allowed to leave the Club.

Drop-In Program Members ages 7-10 must be picked up / depart the Club no later than 6:00 PM.

Drop-In Program Members ages 11-12 must be picked up / depart the Club no later than 7:00 PM.

Drop-In Program Members ages 13-18 must be picked up / depart the Club no later than 8:00 PM

Continual late pickup may result in a child's suspension or removal from the program.

*WBGC offers both the After School Drop-In program and KidConnect, which have different policies regarding supervision. The After School Drop-In program is NOT a licensed childcare program. Members enrolled in the After School Drop-In program or participating in other Youth Development Programs should always remain INSIDE the Club in supervised areas. For unlicensed programs, Club staff cannot be responsible for members that leave supervised areas and members should only leave the Club if they have permission from their parent/guardian. We cannot prohibit any child enrolled in our After School Drop-In Program from leaving the building, so it is critical that you discuss your expectations with your child. Please note that WBGC is unable to provide 1-to-1 care/supervision during our programs, including our After School Drop-In Program. If your child has specialized care or supervisory requirements, please contact us to discuss prior to enrolling*

**Please  
initial:**

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Your signature confirms that all information provided above is true and accurate



# Club Policies and Member Expectations (pg.1)

## Registered Member After School Drop-In Policy:

Watertown Boys & Girls Club is not a licensed childcare program. To participate in Club programming, youth must first be enrolled as a registered Club member. Supervision is provided for members INSIDE of the Club, and during occasional Club organized activities both outside and offsite.

Members are required to remain in the Club's supervised areas at all times. For the After School Drop-In program, members have the ability to leave the Club at anytime. Each family should establish expectations on leaving the Club with their own children. We ask families to discuss these expectations to be sure each child knows their family's rules about when they are allowed to leave the Club. Please Note: Club staff cannot be responsible for members who leave supervised areas. Members should only leave the Club if they have permission from their parent/guardian. We cannot prohibit any child from leaving the building, so it is critical that parents discuss their expectations with their child.

## Club Member Expectations:

- I will follow staff directions at all times.
- I will behave in a safe, respectful manner to Club members, Club staff, volunteers, and visitors.
- I will behave with respect, fairness, kindness, and trustworthiness.
- I will respect all property belonging to myself, other people, and the Club.
- I will demonstrate a positive attitude and cooperate with Club staff and fellow Club members to respectfully work to resolve challenges in a positive manner.
- I will respect all cultures and individual differences equally.
- I will use appropriate language and good manners at all times.
- I will take responsibility for my choices and the results from making those choices.
- I will clean up after myself and do my part to keep the Club clean, organized, and safe of hazards.
- I will remain in supervised areas at all times per the Club's Drop-In Policy.
- I will dress appropriately for Club Activities.
- I understand that the following behaviors are never appropriate and will not be tolerated: possessing illegal or dangerous items, physical violence, retaliation, profanity or foul language, bullying, stealing, lewd conduct, "hanging out" in restrooms or closed program areas, disrespectful attitude, not following staff directions, destruction of property, and verbal, physical, racial, or cultural harassment or discrimination.

## Mobile Device / Cell Phone Policy:

We strive to minimize Club member's use of cell phones / personal communication devices while in the Club.

Any member that wants to use their personal device must first have permission from a staff member. Members will be directed to a designated supervised area in which calls can be made. Use of personal devices is limited to urgent communications. Violations of our cell phone policy may result in the device being confiscated and returned upon your exit from the building.

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Club Policies and Member Expectations (pg.2)

## Discipline Policy:

The Club uses positive discipline techniques to encourage members to meet those expectations and abide by the Club's rules. Positive discipline techniques used at the Club include:

- Making rules and expectations clear
- Modeling appropriate behavior
- Acknowledging and rewarding appropriate behavior
- Encouraging verbalization and problem solving by providing positive suggestions, choices, and redirections.

When a child does not meet the Club's behavioral expectations or abide by the Club's rules for members, the following steps may be taken:

- A staff member will complete an incident report and will discuss the incident with the child's parent.
- Staff will notify parents and a determination will be made if the child must be picked up immediately.
- A behavior agreement may be completed outlining the unacceptable behavior and consequences, which may include suspension or membership termination.
- Loss of privileges or limited access to activities may occur.

## Suspensions:

- Suspension is used in cases of accumulation of incidents or serious misconduct.
- Duration of suspension will be determined by Club Staff based on the incident.
- Prior to returning from a suspension, a parent/guardian will be required to meet with the Club Director.
- Suspensions will apply to all Club Programming, regardless of when an incident took place.

## Membership Terminations:

- If warranted, member termination may happen as soon as the first reported incident
- Termination of membership will prohibit the child from attending all WBGC Programs.

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GREAT FUTURES START HERE**



## 2026 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:

## 2026 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:

# 2026 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

## 2026 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**

## 2026 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 w/ 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 healthcare consultant

Yes  No  Not Applicable

Signature of Parent/Guardian:

Date: