



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_  
Date Entered \_\_\_\_\_  
Entered By \_\_\_\_\_

**CAMPER INFORMATION**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Gender \_\_\_\_\_

Entering Grade for Fall 2016 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**I understand that if I list a parent or guardian, they are authorized to pick up my child.**

- Yes  No FOR INFORMATION PURPOSES ONLY: Is the camper a descendant of a veteran of the armed forces of the United States.  
 Yes  No I currently receive scholarship assistance.  Yes  No I have applied for scholarship assistance. Date Applied \_\_\_\_\_

**ADDITIONAL ADULTS AUTHORIZED TO PICK UP MY CHILD (MUST BE 18+ YEARS OF AGE)**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_



## PHOTOGRAPHIC AND VIDEO MARKETING AUTHORIZATION

Unless otherwise noted, by participating in the camp program and affixing my signature below I understand that the Hockomock Area Y may use photographs and video footage of my child(ren) for promotional purposes (i.e. brochures, newspaper, Reach Out for Youth and Families video, camp slideshow, etc.).

## AUTHORIZATION TO ADMINISTER BUG SPRAY AND SUNSCREEN

Unless otherwise noted, by participating in this program and affixing my signature below I give Y staff permission to assist my camper(s) in applying sunscreen and/or bug spray during the camp day.

## FINANCIAL POLICIES

### ALL CAMPS REQUIRE A \$10 DEPOSIT PER CAMP SESSION AT REGISTRATION. REGISTRATIONS RECEIVED WITHOUT A DEPOSIT WILL NOT BE PROCESSED.

1. The camper's membership must be valid and in good standing and all overdue balances paid up for any Y programs at the time of registration and for the duration of their camp session(s). If the membership should lapse, the account will be adjusted to reflect the non-member rate and the parent will be responsible for the payment difference.
2. The balance for each session is due two weeks prior to the start of that session.
3. Deadline for registrations is Wednesday prior to the start of the camp week depending on availability. Any registrations received after the close of business on Wednesday of the week prior will incur a \$20 late registration fee. All camp registrations require 48 hours for processing.
4. Camp fees will be refunded in full only in cases where the Y cancels a session.
5. Withdrawal or cancellation thirty (30) days prior to the start of camp for any reason will result in a refund of camp fees less the \$10 deposit per camp. (REQUEST MUST BE MADE IN WRITING).
6. Withdrawal or cancellation two weeks prior to the start of camp for any reason will result in a 50% refund. (REQUEST MUST BE MADE IN WRITING).
7. No credits or refunds will be issued less than two weeks prior to the start of the registered camp session.
8. Payment is required for all registered days, whether or not the camper attends on those days.
9. Returned check fee is \$20.
10. Registrations must be mailed to the appropriate branch or dropped off at the appropriate Member Service Desk.
11. **IF PAYMENT IS NOT MADE IN FULL AT TIME OF REGISTRATION, A VALID CREDIT CARD ON FILE IS REQUIRED. NO EXCEPTIONS.**  
**Credit Card on file will be charged on the Monday two weeks prior to the start of the camp week for balances not paid on due date.**  
**If the camper has an outstanding balance, they will not be allowed to attend camp.**

## PERMISSION AND WAIVER

I have read and I understand all camp financial policies and information listed above. For more information, please contact Billing Administrator.

By signing this form, I give permission for my child to:

- attend any Hockomock Area YMCA summer camp field trips scheduled during their sessions of attendance at camp.
- take part in the Adventures in Respect Ropes Challenge Course.

On my behalf and that of my child(ren), I hereby release, waive, discharge, and covenant not to sue the Hockomock Area YMCA and all branches thereof, its officers, employees, and agents from all liability to the undersigned and my child/children, and any claims or demands therefore on account of injury or death to my child(ren) or damage to property, whether caused by the negligence of this Hockomock Area YMCA employee or otherwise, regardless of the location of such accident, incident, or act giving rise to such injury, death, or damage.

I have read, understand, and voluntarily signed this release and waiver of liability and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**PARENT/GUARDIAN:**  
 Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT METHOD (Visa/MasterCard/Discover/American Express, Check, or Money Order ONLY)

**IF PAYMENT IN FULL IS NOT MADE AT TIME OF REGISTRATION, A CREDIT CARD ON FILE IS REQUIRED. NO EXCEPTIONS.**

- Payment in full
- Deposit by check or money order
- Deposit by credit card
- Check, money order or online payment will be paid two weeks prior to the start of camp (you do not have to be a member to pay online)

If payment is not received the credit card on file will be charged.

**To make your payments online:** Visit our website [www.hockymca.org](http://www.hockymca.org) and follow these instructions:

1. Select "Register for Programs" button.



2. Select LOGIN.
3. Enter your USERNAME and PASSWORD. If you do not know your USERNAME and PASSWORD, select "Forgot your login?" and an email will be sent with your login information. If you are unsuccessful, please contact Billing Administrator or the Member Service Desk. You can pay balances online whether or not you are a member of the Hockomock YMCA.
4. Select "You have a balance"

- Use credit card for balance two weeks prior to start of camp

**CREDIT CARD PAYMENT:**  VISA  MC  DISC  AMEX

Credit Card # \_\_\_\_\_ CID # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Please submit completed registration form(s) to:**

Hockomock Area YMCA – Invensys Foxboro Branch, Attention: Billing Administrator, 67 Mechanic Street, Foxboro, MA 02035

**FINANCIAL ASSISTANCE:** Did you know that the Y is a not-for-profit charitable organization? Inquire at any Y to find out more.



FOR YOUTH DEVELOPMENT®  
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## ONE REGISTRATION FORM PER CAMPER

Please mark selection(s): <input checked="" type="checkbox"/>														
Darkened Box <input style="background-color: #cccccc;" type="checkbox"/> = Camp <b>NOT</b> offered!														
CAMPS	WEEKS	1	2	3	4	5	6	7	8	9	10	11	MEMBER	NON-MEMBER
		6/20-6/24	6/27-7/1	7/5-7/8	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/5	8/8-8/12	8/15-8/19	8/22-8/26	8/29-9/2		
		pmt due 6/6	pmt due 6/13	pmt due 6/20	pmt due 6/27	pmt due 7/5	pmt due 7/11	pmt due 7/18	pmt due 7/25	pmt due 8/1	pmt due 8/8	pmt due 8/15		
<b>CAMP WAPAWCA (Grades 1-5)</b>												FEE	FEE	
<b>WEEKLY SESSIONS (ONLY cross off each full week your camper will attend)</b>		1	2	3	4	5	6	7	8	9	10	11	\$219	\$278
<b>DAILY OPTION</b>		If weekly sessions are not what you need, you may select a 4 or 3 day option by crossing off the specific dates you require BELOW.											FEE	FEE
<b>MONDAY</b>		6/20	6/27		7/11	7/18	7/25	8/1	8/8	8/15	8/22	8/29	4-Day Option	
<b>TUESDAY</b>		6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	8/30	\$195	\$253
<b>WEDNESDAY</b>		6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24	8/31	3-Day Option	
<b>THURSDAY</b>		6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25	9/1		
<b>FRIDAY</b>		6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19	8/26	9/2		
<b>NEW HORIZONS CAMP WAPAWCA</b>												FEE	FEE	
<b>WEEKLY SESSIONS (ONLY cross off each full week your camper will attend)</b>			2	3	4	5	6	7	8	9	10		\$219	\$278
<b>DAILY OPTION</b>		If weekly sessions are not what you need, you may select a 4 or 3 day option by crossing off the specific dates you require BELOW.											FEE	FEE
<b>MONDAY</b>			6/27		7/11	7/18	7/25	8/1	8/8	8/15	8/22		4-Day Option	
<b>TUESDAY</b>			6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23		\$195	\$253
<b>WEDNESDAY</b>			6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24		3-Day Option	
<b>THURSDAY</b>			6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25			
<b>FRIDAY</b>			7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19	8/26			
<b>JUNIOR CAMP WAPAWCA</b>												FULL DAY / HALF DAY FEE	FULL DAY / HALF DAY FEE	
<input type="checkbox"/> FULL DAY Ages 3-5 (Must be potty-trained) <input type="checkbox"/> HALF DAY Ages 3-5 (Must be potty-trained)														
<b>WEEKLY SESSIONS - Full Day (Ages 3-5) or Half-Day (Ages 3-5) (ONLY Cross off each full week your camper will attend)</b>		1	2	3	4	5	6	7	8	9	10	11	\$251 FD \$168 HD	\$352 FD \$254 HD
<b>DAILY OPTION</b>		If weekly sessions are not what you need, you may select a 4 or 3 day option by crossing off the specific dates you require BELOW.											FEE	FEE
<b>MONDAY</b>		6/20	6/27		7/11	7/18	7/25	8/1	8/8	8/15	8/22	8/29	4-Day Option	
<b>TUESDAY</b>		6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	8/30	\$215 FD \$147 HD	\$312 FD \$213 HD
<b>WEDNESDAY</b>		6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24	8/31	3-Day Option	
<b>THURSDAY</b>		6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25	9/1		
<b>FRIDAY</b>		6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19	8/26	9/2		
<b>SPORTS CAMPS</b>												FEE	FEE	
<b>Super Sports Camp (Grades 1-7)</b>		1	2	3	4	5	6	7	8	9	10	11	\$232	\$318
<b>DAILY OPTION</b>		If weekly sessions are not what you need, you may select a 4 or 3 day option by crossing off the specific dates you require BELOW.											FEE	FEE
<b>MONDAY</b>		6/20	6/27		7/11	7/18	7/25	8/1	8/8	8/15	8/22	8/29	4-Day Option	
<b>TUESDAY</b>		6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	8/30	\$207	\$290
<b>WEDNESDAY</b>		6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24	8/31	3-Day Option	
<b>THURSDAY</b>		6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25	9/1		
<b>FRIDAY</b>		6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19	8/26	9/2		
<b>Sports Field Trip Camp (Grades 2-7)</b>						5			8				\$319	\$379
<b>Flag Football Camp NCAA (Grades 1-3)</b>								7					\$244	\$341
<b>Flag Football Camp NFL (Grades 4-7)</b>								7					\$244	\$341
<b>TEEN LEADERSHIP CAMPS</b>														
Please use the Bernon Family Branch Registration Form to register for Outdoor Adventure Programs. Adventure Programs depart from the Bernon Family Branch.														
<b>PLEASE SELECT YOUR CAMP:</b>												FEE	FEE	
<input type="checkbox"/> Junior Voyagers (Grades 6-7) <input type="checkbox"/> Senior Voyagers (Grades 8-9)														
		1	2		4	5	6	7	8	9	10	11	\$251	\$352
				3									\$215	\$312
<b>LIT: Leader in Training (Grades 7-8)</b>				2-4									\$346	\$436
<b>LIT: Leader in Training (Grades 7-8)</b>						5-7			8-10				\$370	\$490
<b>CIT: Counselors-In-Training (Grades 9-10)</b>		Contact the Teen Camp Director for registration information for the CIT Program.										\$323	\$428	

Please mark selection(s): <input checked="" type="checkbox"/>		1	2	3	4	5	6	7	8	9	10	11	MEMBER	SUMMER MEMBER & NON-MEMBER
Darkened Box <input type="checkbox"/> = Camp NOT offered!		6/20-6/24	6/27-7/1	7/5-7/8	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/5	8/8-8/12	8/15-8/19	8/22-8/26	8/29-9/2		
CAMPS	WEEKS	pmt due 6/6	pmt due 6/13	pmt due 6/20	pmt due 6/27	pmt due 7/5	pmt due 7/11	pmt due 7/18	pmt due 7/25	pmt due 8/1	pmt due 8/8	pmt due 8/15		
<b>NEW HORIZONS TEEN VILLAGE (3 Day Camp)</b>													<b>FEE</b>	<b>FEE</b>
Half Day Camp (Grades 6+) – M/T/W/TH 12:00–4:00PM			2		4	5	6	7	8	9	10		\$147	\$213
Half Day Camp (Grades 6+) – T/W/TH 12:00–4:00PM				3									\$124	\$180
<b>MANSFIELD BRANCH THEATRE CAMPS</b>													<b>FEE</b>	<b>FEE</b>
"Bugsy Malone Jr." (Grades 2–8)					3–4								\$515	\$641
"Shrek the Musical" (Grades 2–8)								6–8					\$730	\$788
<b>BUS TRANSPORTATION (Please note that transportation is subject to change based on the school calendar.)</b>													<b>FEE</b>	<b>FEE</b>
AM Bus Stop (write in bus stop number)	<b>WEEKS</b>		<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>		<b>\$15 per week</b>	
	MONDAY		6/27		7/11	7/18	7/25	8/1	8/8	8/15	8/22			
	TUESDAY		6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23			
	WEDNESDAY		6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24			
	THURSDAY		6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25			
	FRIDAY		7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19	8/26			
PM Bus Stop (write in bus stop number)	<b>WEEKS</b>		<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>		<b>\$15 per week</b>	
	MONDAY		6/27		7/11	7/18	7/25	8/1	8/8	8/15	8/22			
	TUESDAY		6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23			
	WEDNESDAY		6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24			
	THURSDAY		6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25			
	FRIDAY		7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19	8/26			
<b>PRE CAMP</b>													<b>FEE</b>	<b>FEE</b>
Pre Camp (not available in Mansfield)	<b>WEEKS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>5-Day Option</b>	
	MONDAY	6/20	6/27		7/11	7/18	7/25	8/1	8/8	8/15	8/22	8/29	\$23	\$28
	TUESDAY	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	8/30	<b>4-Day Option</b>	
	WEDNESDAY	6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24	8/31	\$19	\$24
	THURSDAY	6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25	9/1	<b>3-Day Option</b>	
	FRIDAY	6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19	8/26	9/2	\$15	\$18
													<b>2-Day Option</b>	
													\$11	\$13
													<b>1-Day Option</b>	
													\$5	\$6
<b>POST CAMP</b>													<b>FEE</b>	<b>FEE</b>
Post Camp (not available in Mansfield)	<b>WEEKS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>5-Day Option</b>	
	MONDAY	6/20	6/27		7/11	7/18	7/25	8/1	8/8	8/15	8/22	8/29	\$28	\$34
	TUESDAY	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	8/30	<b>4-Day Option</b>	
	WEDNESDAY	6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24	8/31	\$23	\$29
	THURSDAY	6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25	9/1	<b>3-Day Option</b>	
	FRIDAY	6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19	8/26	9/2	\$18	\$21
													<b>2-Day Option</b>	
													\$12	\$15
													<b>1-Day Option</b>	
													\$6	\$7
													\$	\$



**SEE PAGE 40 FOR BUSING**

 [Facebook.com/InvensysFoxboroBranchYMCAcamps](https://www.facebook.com/InvensysFoxboroBranchYMCAcamps)

**"LIKE US"**  
**TO RECEIVE DAILY CAMP UPDATES!**





**The Hockomock Area YMCA provides bus transportation to campers at a cost of \$15 per week for morning transportation and \$15 per week for afternoon transportation. Please see bus schedule on page 40. Register for transportation on the camp registration form.**

- » **Our camps comply with Massachusetts Department of Public Health regulations and are licensed by the local board of health.**
- » **We are proud and respectful of the trust parents place in our YMCA. A safe environment for children combined with quality programming is part of our focus on youth development, healthy living, and social responsibility. We place great value on providing the most child-safe environment possible and creating an atmosphere where youth thrive.**
- » **Parents have the right to review, on request, our background check policies, healthcare and discipline policies, and staff code of conduct.**

# TRANSPORTATION



STOP #	LOCATION	PICK UP	DROP OFF
<b>PURPLE BUS</b>			
1	Stone St. parking lot near fire station (Walpole)	7:40am	5:12pm
2	Shaw's Parking Lot (Sharon)	7:55am	4:52pm
	<b>Invensys Foxboro Branch (theatre weeks only)</b>	8:10am	
3	Robinson School (Mansfield)	8:25am	4:32pm
4	Mansfield Town Hall	8:28am	4:28pm
5	Foxfield Plaza (Foxboro)	8:36am	4:20pm
6	<b>Invensys Foxboro Branch (drop off &amp; pick up)</b>	8:45am	4:05pm
7	<b>Mansfield Arts &amp; Education Center (drop off only)</b>	9:00am	3:50pm



<b>RED BUS</b>			
8	Lindsay St./ Cranberry Rd (North Attleboro)	7:50am	5:00pm
9	Falls School (North Attleboro)	8:00am	4:50pm
10	John Rezza/Remigio Rd (North Attleboro)	8:07am	4:43pm
11	Reservoir St./ Edgewood Dr. (North Attleboro)	8:14am	4:36pm
12	Allen Avenue School (North Attleboro)	8:24am	4:26pm
13	Roosevelt School (North Attleboro)	8:35am	4:15pm
14	Community School (North Attleboro)	8:40am	4:10pm
15	<b>North Attleboro Branch</b>	8:45am	



<b>BLUE BUS (AND THEATRE BUS SHUTTLE FOR WEEKS 3-4 AND 6-8)</b>			
16	Horace Mann Shaws Plaza (Franklin)	7:30am	5:25pm
17	Benjamin Franklin Charter School Parking Lot (Franklin)	7:35am	5:20pm
18	Centennial School (Norfolk)	7:45am	5:00pm
19	Veterans Memorial Building (Millis)	8:05am	4:50pm
20	Ocean State Job Lot (Medway)	8:15am	4:35pm
21	<b>Bernon Family Branch A.M. pick up and drop off only for Theatre Camp. P.M. drop off at Bernon Family Branch for Theatre Camp only.</b>	8:30am	4:15pm



<b>GRAY BUS</b>			
22	CVS on Route 140 (Milford)	8:00am	5:00pm
23	Nona's Pizza (1 Cape Road, Mendon)	8:15am	4:45pm
24	Bellingham Middle School	8:30am	4:30pm
25	Camp Silver Lake	8:40am	4:25pm
	<b>Bernon Family Branch</b>		



# CAMP HEALTH FORM

## Health History and Explanation Form for Children Attending Camps

Developed by: American Camping Association in  
Consultation with  
American Academy of Pediatrics

**You must attach your child's health history including immunizations and health record (available from your physician) or have your physician complete the BACK OF THIS FORM. ALL CAMPER MUST HAVE HAD A PHYSICAL EXAMINATION WITHIN THE PAST TWO YEARS IN ORDER TO ATTEND CAMP.**

**NOTE: This form must be completed and returned to the Billing Administrator ONE MONTH prior to camp start date.**

### PLEASE PRINT LEGIBLY

1. Camper Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex:  Male  Female Age: \_\_\_\_\_  
Parent or Guardian Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Business (Daytime) Phone: \_\_\_\_\_  
Second Parent or Guardian Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Business (Daytime) Phone: \_\_\_\_\_
2. If not available in an emergency, please notify:  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Business (Daytime) Phone: \_\_\_\_\_  
Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Physician: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Health History – Please list any known allergies, past surgeries or serious injuries, disabilities and dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_
4. Does your child have an IEP or 504 Plan?  Yes  No  
**If yes**, please provide us with this plan in order to support transitions and coordinate services for your child.
5. Is there any information that the director should know that would allow us to provide a better camp experience? \_\_\_\_\_  
\_\_\_\_\_
6. Does your family carry medical/hospital insurance?  Yes  No  
If yes, indicate – Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

### IMPORTANT: This section must be completed for attendance.

This health history is correct as far as I know, and the person hereof has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to administer prescribed medication from home, order x-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be contacted in an emergency, I hereby give permission to the physician selected by the camp director to conduct and administer treatment, including hospitalization, for my child as named above. This completed form may be photocopied for trips out of camp.

The camper and his/her dependents assume all risks, injuries and property damage incidental to the use of the YMCA facility, including, but not limited to physical activities in which they are engaged.

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

# AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

Please complete if your child is required to take medication during the camp day.

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Food/Drug Allergy \_\_\_\_\_

1. Name of Medication \_\_\_\_\_ Expiration Date \_\_\_\_\_

Quantity Received \_\_\_\_\_ Special Storage Requirements \_\_\_\_\_

Dose Given at Camp \_\_\_\_\_ Frequency \_\_\_\_\_ Route of Administration \_\_\_\_\_

Date Ordered \_\_\_\_\_ Duration \_\_\_\_\_

Specific Directions (ex. on empty stomach/with water) \_\_\_\_\_

Specific Precautions \_\_\_\_\_ Possible Side Effects/Adverse Reactions \_\_\_\_\_

2. Name of Medication \_\_\_\_\_ Expiration Date \_\_\_\_\_

Quantity Received \_\_\_\_\_ Special Storage Requirements \_\_\_\_\_

Dose Given at Camp \_\_\_\_\_ Frequency \_\_\_\_\_ Route of Administration \_\_\_\_\_

Date Ordered \_\_\_\_\_ Duration \_\_\_\_\_

Specific Directions (ex. on empty stomach/with water) \_\_\_\_\_

Specific Precautions \_\_\_\_\_ Possible Side Effects/Adverse Reactions \_\_\_\_\_

## 105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

## 105 CMR 430.160(C)

Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

## 105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

\*Health Supervisor - A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medication.

I hereby authorize \_\_\_\_\_ to administer, to my child, \_\_\_\_\_  
(Name of Camp) (Name of Child)

the medication(s) listed above, in accordance with 105 CMR 430.160.

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

Health Care Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(for non-prescription medication only)

