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**BOYS & GIRLS CLUBS**  
OF MEDFORD & SOMERVILLE

**Medford Boys & Girls Club Summer  
Camp Application 2017**

<b>Internal Use Only</b> Payment Type: <input type="checkbox"/> Full Pay <input type="checkbox"/> Sibling Rate <input type="checkbox"/> Early Bird Rate <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	<input type="checkbox"/> Vouchers Agency Fee: _____ Parent Fee: _____  <input type="checkbox"/> Scholarship BGCMS Fee: _____ Parent Fee: _____	Date of Initial Payment: _____  Date of Final Payment: _____  Staff Initials: _____
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<b>Camper Information</b>						
First Name:			Last Name:			
Date of Birth:			Age at Admission:			
Shirt Size ( <i>please check one</i> ):	<input type="checkbox"/> Youth M	<input type="checkbox"/> Youth L	<input type="checkbox"/> Adult S	<input type="checkbox"/> Adult M	<input type="checkbox"/> Adult L	<input type="checkbox"/> Adult XL
Name of sibling(s) who attend BGCMS Summer Camp(s):						
Address:			City:			
State:	Zip Code:		Home #:			

<b>Clearly mark each week you wish to register for:</b>	
<input type="checkbox"/> Session 1	July 10 <sup>th</sup> – 14 <sup>th</sup>
<input type="checkbox"/> Session 2	July 17 <sup>th</sup> – 21 <sup>st</sup>
<input type="checkbox"/> Session 3	July 24 <sup>th</sup> – 28 <sup>th</sup>
<input type="checkbox"/> Session 4	July 31 <sup>st</sup> – August 4 <sup>th</sup>
<input type="checkbox"/> Session 5	August 7 <sup>th</sup> – 11 <sup>th</sup>
<input type="checkbox"/> Session 6	August 14 <sup>th</sup> – 18 <sup>th</sup>

<b>Parent/Guardian #1 – NAME:</b>	
Daytime #:	Cell#:
Home Address (if different from camper's):	
Email:	
Place of Employment:	Days & Hrs:
Work # and Address:	
<b>Parent/Guardian #2 – NAME:</b>	
Daytime #:	Cell#:
Home Address (if different from camper's):	
Email:	
Place of Employment:	Days & Hrs:
Work # and Address:	

Camp applications will **only** be accepted at the Medford Boys & Girls Club Summer Camp during Clubhouse hours: 11AM – 6PM. The Administrative Office will not process registrations or payments.

**PLEASE CALL AHEAD TO THE CLUB IF DROPPING OFF BEFORE AFTER-SCHOOL PROGRAM STARTS.**  
**(781) 391-3619**

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## Medford Boys & Girls Club Summer Camp Application 2017

### I. General Camp Information

The Medford Boys & Girls Club Summer Camp is a licensed Recreation program by the Medford Department of Public Health for the summer only.

- A. Program Operation - Please note this is a self-sustaining program. In the event we are unable to fill the program, it may be necessary to make staffing or group adjustments as deemed appropriate by BGCMS without prior notification to the parents. Cancellation of weeks, or the entire program, will be subject to the organization's discretion.
- B. Statement of Non-Discrimination – BGCMS Summer Programs are a multi-cultural program that does not discriminate.
- C. Sports and Games - Non-competitive, low impact sports and games will be incorporated into the program, Monday through Friday. Games vary from softball, kickball, volleyball, basketball, soccer, etc.
- D. Photography and Video Recording - Children may be photographed and video recorded throughout the program. Photographs may be used for advertising purposes including but not limited to organizations website, online advertisement, local newspapers, etc.
- E. Clothing - Children will be provided with a T-shirt upon acceptance into the program and for safety purposes are **required** to wear their T-shirt on a daily basis. Additional t-shirts will be available for purchase for \$10.00 each. **FOR GROUP SAFETY REASONS T-SHIRTS MUST BE WORN. There will be no exceptions.** Children are required to wear sneakers every day and strongly encouraged to bring a swimsuit, towel, flip flops, hat, sunscreen and a water bottle.

Please clearly mark all your child's personal belongings with their full name and telephone number, including his/her backpack, and BGC T-shirts, using permanent marker. BGCMS is not responsible for any lost, misplaced, damaged or stolen items.

- F. *Drop-off* – Campers must be registered minimally one week prior to desired week of attendance. If a child(ren) arrives to camp without a parent/guardian, the Camp Director will notify said parent/guardian immediately to pick up the child(ren). If a parent/guardian cannot be reached, BGCMS Camps are required to send that child to the nearest police station to wait for a parent/guardian to be notified.

*Pick-up* - All children must be picked up **PROMPTLY by 5:30PM** from Medford Boys & Girls Club Summer Camp. Any child who is picked up late two or more days, without notice, will be subject to review by the organization and subject to late pick up fees (one dollar per minute). All fees must be paid before a camper can return to camp. Continuous abuse of late pick-up may result in the child's termination from the program. If your child is age 12, you may indicate on your Authorization to Release Child Consent form that your child has permission to leave the program without a parent or guardian. We strongly encourage parents/guardians of these children to make arrangements for their child to walk home in a group with other children. It is the responsibility of the parent/guardian to ensure that his or her child has arrived at the program safely and has arrived home safely.

- G. Sickness or Vacation - Please contact your Camp Director to notify him/her of a camper's absence. It is the responsibility of the parent/guardian to keep their child home if their child has any of the following ailments: temperature, diarrhea, vomiting, impetigo, conjunctivitis, strep throat, scarlet fever, chicken pox, ear infections, respiratory infections, head lice, scabies, hand-foot-mouth disease or any other contagious medical conditions.

### II. Registration Fees, Deposits & Refund Policy

**Non-refundable Registration Deposit:** At the time your completed application is submitted, a non-refundable fee of \$50 per child/per week must be paid in the form of cash, credit card payment or a money order payable to the Boys & Girls Clubs of Medford and Somerville.

Example: If your child is attending for two weeks a \$100 deposit (\$50 x 2) is required with the application.

**Fees:**

Registration – One-time registration fee:

\$10: Members

\$40: Non-members

**Late Payment Fee** – The balance due is to be paid **in full** by the Wednesday prior to the Monday of the participating week. If payment is not made by the due date, a \$20 late fee will automatically be applied and added to the remaining balance. Only money orders, credit card or cash payments will be accepted. **No personal checks will be accepted.**

**Refund Policy:** If your child leaves a BGCMS Summer Camp, is removed or suspended, you will **not** be entitled to a refund for the remainder of that particular week. However, if you prepay for more than one week, and your child will no longer be attending, you will receive a refund (minus non-refund deposit) for the additional full weeks that your child is registered for. A written letter requesting a refund must be addressed to Lindsay Smythe, BGCMS Executive Director at 11 Salem Street, Suite 15, Medford, MA 02155.

**By signing below, I understand BGCMS's camp payment and fee information:**

_____	_____
Signature of Parent/Guardian	Date

Boys & Girls Clubs of Medford and Somerville \* Admin. Office \* 11 Salem Street, Suite 15, Medford, MA 02155 \*

Phone: (781) 391-5958 \* www.bgcms.org

Medford Club • 30 Forest St., Medford, MA 02155 • Phone: (781) 391-3619

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III. Field Trip Permission Slips

I give permission for my child, \_\_\_\_\_, under the supervision of staff of the Boys & Girls Clubs Summer Camps to attend field trips. I understand that details regarding all field trips will be available at camp on a weekly basis.

I hereby agree to indemnify, defend and hold

harmless the Boys & Girls Clubs of Medford and Somerville, its employees, successors, and assigns, from any claims or demands for damages or injuries to my child or children, or any property, as a result of, on account of, or growing out of any events, circumstances or incidents

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

Date \_\_\_\_\_

**Beach Trip Precautions**

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

All beach trips the Boys & Girls Club will attend will also have lifeguards on site in addition to the lifeguards on BGCMS staff.

Child can swim? Yes / No (Circle One)

**Sunscreen Permission Slip**

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

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

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

Date \_\_\_\_\_

IV. Transportation Information

Person(s) responsible for child(ren) drop off and/or pick up:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Will your child walk to and from camp unsupervised? Yes / No Arrival Time: \_\_\_\_\_ Departure: \_\_\_\_\_

<b>Emergency Contacts (in addition to parents/guardians):</b>	
<b>Contact # 1:</b>	
Name: _____	Cell/Home #: _____
Relation: _____	Work #: _____
<b>Contact # 2:</b>	
Name: _____	Cell/Home #: _____
Relation: _____	Work #: _____
<b>Contact # 3:</b>	
Name: _____	Cell/Home #: _____
Relation: _____	Work #: _____

If an individual comes to pick up a child at the end of the day that is not list on the Transportation Form, they will not be able to leave the program until the parent/guardian is contacted and informed that the individual is on-site to pick up their child(ren). I understand by giving my child permission to walk to and/or from the Boys & Girls Clubs, that the Boys & Girls Club of Medford and Somerville will not be held liable after he/she leaves the Boys & Girls Club premises.



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**V. Camp Policies of Note for Parents**

Parents have the right to review background, health care, discipline policies and grievance procedures upon request

**Procedures for the Care of Mildly Ill Children**

Children who show signs of illness, of a non-emergency nature, will be treated in the following manner:

- The child will be asked to go to the designated quiet/rest area (i.e. the Main Office, as an example);
- The child's temperature will be taken and the child will be questioned as to severity of pain and/or discomfort;
- The parent(s)/guardian(s) of the child will be contacted and informed that their child is not feeling well. Symptoms of the illness will be reported;
- A record of the illness will be made and kept on file in the Injury/Illness Log;
- If the parent or their designee cannot pick up the child, the child will stay in the quiet area until the parent or their designee can pick up the child.

**Policy for Dispensing Medication**

- The Boys and Girls Club Summer Camp shall provide to parents prior to admitting a child to the program, the program's policy on administering prescription and non-prescription medication.
- The Boys and Girls Club Summer Camp shall not administer prescription or non-prescription medication to a child without written parental/guardian authorization, which indicates that, the medication for the specified child.
- The Boys and Girls Club Summer Camp shall not administer prescription medication to a child without a written order from a physician, which may include the label on the medication, which must indicate that the medicine is for the specific child and specify the dosage, number of times per day and number of days the medication is to be administered.
- The Boys and Girls Club Summer Camp shall not administer any such medication contrary to the directions on the original container unless so authorized by a written order of the child's physician.
- The Boys and Girls Club Summer Camp shall keep all medication labeled in its original container, with the child's name, the name of the drug and the directions for its administration and storage. This does not apply to topical non-prescription medications, which are not applied to open wounds, rash, or broken skin.
- The Boys and Girls Club Summer Camp shall maintain a written record of the administration of any medication, prescription or non-prescription, to each child, which includes the time and date of each administration, the dosage, the name of the staff member administering the medication and the name of the child. The completed medication record shall be made part of the child's file. This does not apply to topical non-prescription medications, which are not applied to open wounds, rash, or broken skin.
- The Boys and Girls Club Summer Camp shall store all medications out of the reach of children and under proper conditions for sanitation, preservation, security and safety. All unused medication shall be disposed of, or returned to the parent/guardian when no longer needed.
- All medication, except inhalers, shall be administered by a staff member, or upon written authorization of a parent/guardian, the child may be permitted to administer his/her own medication, under the supervision of a staff member.
- The Boys and Girls Club Summer Camp may, with written parental consent and authorization of the physician, permit children who have asthma to carry their own inhalers and use them as needed, without the direct supervision of a staff member. The Boys and Girls Club Summer Camp shall ensure that all staff are aware of individual children who have asthma and use their own inhaler as needed

**Emergency Health Care**

The program requires that an Emergency Card and/or Health Care Form be filled out for each child in the program. A copy of this form will remain in the child's record and a copy will be accessible to all staff during on-site and off-site programs. The names of children with allergies will be clearly posted detailing the specific materials/foods that the child is allergic to, as to assist in preventing the child from coming into contact with said allergen. The Boys and Girls Club Summer Camp will inform parents immediately of any injury which requires emergency care beyond minor first aid and shall inform parents in writing of any first aid administered to their children within 24 hours of the incident. An injury/accident report will be filed for all injuries/accidents no matter how minor in nature. A copy shall be placed in the child's record and a copy will be given to the Site Coordinator/Unit Director.

This report will include:

- Child's name
- Date, time, location that injury/accident occurred
- Description of injury/accident and details on how it occurred
- Name(s) of witnesses
- Name of person administering first aid
- Description of first aid administered
- Any other pertinent information Reports will also be made of any serious incident(s) including behavioral incidents, accidents, and destruction of property or emergency situations. A copy of the report will be filed in the child's record and a copy given to the Site Coordinator/Camp Director.



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

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

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

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

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

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

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

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

**Hepatitis B:** For all children born on or after January, 1 1992, three doses of Hepatitis B vaccine are required. Laboratory evidence of immunity is acceptable.

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

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

Recommendations:

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

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

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

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

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

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

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

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



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VII. Medication Information

Camper Name: \_\_\_\_\_

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

Name of Medication: \_\_\_\_\_ Prescription/Non-Prescription (Circle One)

Dosage: \_\_\_\_\_

How is dose administered: \_\_\_\_\_

Original date of order: \_\_\_\_\_ Date to stop medication: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

Possible side effects/adverse reactions: \_\_\_\_\_

Special Storage: \_\_\_\_\_

Allergies: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby authorize the Boys & Girls Clubs of Medford and Somerville Summer Camp to administer, to my child, \_\_\_\_\_, the medications listed above, in accordance with the Medication Policy. I will provide this medication in the original package with the dose and physician information intact and legible.

Parent/Guardian Signature

Date

VIII. Emergency Action Permission

Table with 3 rows for emergency contacts. Each row includes fields for Parent/Guardian #, Cell/Home #, Work #, and Relation.

I certify that the information provided above is true and accurate to the best of my knowledge. In case of an emergency, I give permission to the medical personal selected by the Boys & Girls Clubs of Medford and Somerville Summer Camp to order emergency treatment for my child, and in the event that I cannot be reached in an emergency, I give my permission to the physician or hospital personal selected by the aforementioned program to hospitalize, secure proper treatment, order injection or surgery for my child. I authorize BGCMS staff to give appropriate/basic first aid as needed. I give permission to the medical staff selected by BGCMS staff to order x-rays, routine tests and treatment for my child in the event of an emergency and I cannot be reached. I give permission to the hospital/physician selected by BGCMS staff to secure proper treatment for my child as named above. I also give permission to BGCMS staff to authorize transportation for my child in the event of an emergency. In the event of an emergency, I understand that my child will be transported by an emergency rescue ambulance/vehicle.

Parent/Guardian Signature

Date

Staff Signature

Date