



www.allmasscamps.org

2010 Sports Camp & Day Camp Application

For additional application instructions and information, review end of packet.

Camper Name _____ D.O.B. _____

Gender _____ Race/ Ethnicity (optional) _____ School Grade _____

Custodial Parent/ Guardian Name(s) _____

Street Address _____

Home Phone (_____) _____ City _____ State _____ Zip _____

Cell phone (_____) _____ Other(_____) _____

Parent Email _____

Choose one or more sessions below:

Ages 8-15, all Coed except Baseball. See Day Camp for full day option.

SPORTS CAMPS \$150 ½ Day

*per session, paid in full by July 1**

- | | | |
|-------------------|-------------------------|--------------|
| _____ July 6-9 | Baseball I | 8:00a-12:00 |
| _____ July 12-16 | Lacrosse | 8:00a-12:00 |
| _____ July 12-16 | Tennis | 8:00a-12:00 |
| _____ July 19-23 | Soccer | 8:00a-12:00 |
| _____ July 19-23 | Golf I | 12:00-4:00p |
| _____ July 26-30 | Baseball II | 8:00a-12:00 |
| _____ August 2-6 | Basketball | 8:00a-12:00 |
| _____ August 9-13 | Ice Hockey (7.5 hrs/wk) | |
| _____ August 9-13 | Golf II | 12:00-4:00pm |

Choose one or more sessions below:

Ages 8-13, Coed, \$75 for ½ Day Program

DAY CAMP \$150 8am-4pm

*per session, paid in full by July 1**

- | | | |
|----------------------------------------|------------|-------|
| _____ July 6-9 | Day Camp 1 | _____ |
| _____ July 12-16 | Day Camp 2 | _____ |
| _____ July 19-23 | Day Camp 3 | _____ |
| _____ July 26-30 | Day Camp 4 | _____ |
| _____ August 2-6 | Day Camp 5 | _____ |
| _____ August 9-13 | Day Camp 6 | _____ |
| _____ ½ Day Sports Camp and ½ Day Camp | | |
- program for an additional \$50 per week.

Camper Name _____ D.O.B. _____

If parent/ guardian(s) listed above cannot be reached in an emergency, please provide TWO additional emergency contacts below:

Emergency Contact Name 1 _____ Phone (____) _____
Relationship with camper _____ Town _____

Emergency Contact Name 2 _____ Phone (____) _____
Relationship with camper _____ Town _____

Does your child have any allergies to food, nuts, bee stings, poison ivy, latex, medication, etc.? No
 Yes IF YES, please share details: _____

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the camp to secure proper medical treatment and/or injections, anesthesia, x-rays, routine tests, release any medical records necessary, and to provide or arrange necessary related transportation for camper named above. I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the camper above.

THIS MUST BE SIGNED BY THE CAMPER'S PARENT/ GUARDIAN FOR ATTENDANCE:

Parent Signature: _____ Date: _____

Please provide a copy of the camper's up-to-date immunizations, as well as a recent physical, performed and SIGNED by a physician within the last 12 months of camp arrival.

Standing Orders Permission

I give permission for my child to receive medications, as described in All Mass Camp's Standing Orders (such as Tylenol, Benadryl, cough syrup) for treating minor illnesses, such as colds, allergy symptoms, headache, fever, or skin rashes.

Yes No _____
Parent/ Guardian's Signature Date

Immunization Records

EVERY CAMPER MUST BE IMMUNIZED AGAINST POLIO, MYELITIS, MEASLES, MUMPS, RUBELLA AND TETANUS. Immunizations must be up-to-date before application is approved. Please provide a copy of your child's records at least two weeks prior to session start date.

My child has had immunization for all of these required shots:

Yes No (Please explain.) _____
Parent/ Guardian's Signature Date

Camper Name _____ D.O.B. _____

HEALTH HISTORY Parent- Circle and give approximate dates.

Ear Infections Rheumatic Fever Measles Mumps Asthma
Hay Fever Chicken Pox Ivy Poisoning Epilepsy Diabetes
German Measles Seizures (type & frequency) _____ Other _____

Has your child had any operations or serious injuries? (Please give dates and description)

Does your child have any chronic/ recurring illnesses? (Give description, symptom)

Is your child allergic to any medications or drugs? (List drug and reaction)

Does your child have any activity restrictions? _____

Does your child have any other conditions we should be aware of? _____

Prescription Medication

_____ No, my child does not need to take any prescription medication while at camp.

_____ Yes, my child will need to take prescription medication while at camp. If your child is taking prescribed medication, YOU MUST READ AND COMPLETE the information below. **Be sure that all medications are in their original container**, as we will not be able to distribute medications otherwise. See our Camper Handbook for complete Medication policies and procedures. All medications are kept with the Camp Director or his/her designated staff and dispensed by said staff.

The exceptions to this are inhalers and epi-pens, as noted below.

Please list ALL prescription medications that your child will need to take at camp. For Inhaler or EpiPen, fill out the boxes below. Use additional paper if necessary.

#1 Medication Name _____

Condition it treats _____

Dosage of Medication _____

How often/what time of day should this be administered _____

Other notes _____

Prescription Inhaler Permission

Inhalers must have child's name printed on them. Correct, written directions must be sent with them.

_____ I request that the following inhaler(s) be kept with the Camp Director or designated staff and administered by same personnel as prescribed. Medication name _____

_____ I request that the following inhaler(s) be kept on my child's person at all times while at camp. I certify that my child is capable of proper self-administration of medication. I understand that if my child is using medication unsafely, irresponsibly, or fails to keep it out of reach of other campers, the child will be taken (with medication) to Camp Director immediately and a phone call placed to parent/ guardian. I understand that All Mass Camp is not responsible for replacement of this inhaler if lost, stolen, or improperly discharged.

Epi- Pen or Epi-Pen, Jr. Permission

_____ I request that my child's Epi-Pen or Epi-Pen, Jr. be kept with the Camp Director or designated staff and administered by same staff as prescribed.

_____ I request that my child's Epi-Pen or Epi-Pen, Jr. be kept on my child's person at all times while at camp. I certify that my child is capable of proper self-administration of medication. I understand that if my child is using medication unsafely, irresponsibly, or fails to keep it out of reach of other campers, the child will be taken (with medication) to the Camp Director immediately and a phone call placed to parent/ guardian. I understand that All Mass Camp is not responsible for replacement of this inhaler if lost, stolen, or improperly discharged.

Has child attended Agassiz Village/All Mass Camps before? Yes No If yes, what years? _____

If this is your child's first visit, how did you hear about us: (Check all that apply)

From friend/ family Friend/ family is an alum Website Other: _____

Is there additional information that would be helpful for All Mass Camps to have to ensure your child's safety, enjoyment, and learning at camp? NO YES, please call me or here is additional information: _____

Parent/Guardian Agreement

- I have enclosed the minimum \$50 deposit per session. I understand that if my child does not attend, I will not receive a refund of the deposit unless I notify camp of non-attendance by June 1st.
- I agree to pay the tuition in full at least 2 weeks before start of the sessions my child is attending. I understand that I will not receive a tuition refund unless I cancel at least 2 weeks prior to the start of the sessions that my child is attending, less the deposit.
- I will allow my child to participate in all activities, including trips pre-arranged by camp.
- I will provide a current physical (within last 12 months) and up to date immunizations, as well as a doctor's approval of my child's participation in all activities at least 2 weeks prior to session start.
- I will notify the camp of any changes from this application, such as contact numbers, emergency contacts, health issues, or any other information, as soon as they occur.
- I agree that I will be available for the duration of my child's stay at camp, as well as provide emergency contacts that will be available during this same time.
- I agree that if I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to administer treatment for my child.
- I agree that if my child needs to go home for any reason, it is my responsibility to provide transportation as soon as it is needed. I understand that All Mass Camps reserves the right to dismiss camper when Camp Director considers it appropriate, if camper's behavior is interfering with program or other campers' experience, if child has special needs not fully brought to camp's attention in application process, or if child needs support outside of the scope of camp programs.
- I authorize social service agencies, schools, clinics, doctors, etc. to release information which is necessary to best plan for my child's stay at camp.
- I give permission for All Mass Camps to have and use photographs, slides, videotapes of the applicant as needed for records or public relations.
- I hereby release and hold harmless All Mass Camps and its representatives from any claims, causes of action, demands, judgments, or costs of any nature whatsoever arising out of attendance at camp.

_____	_____
Parent/ Guardian's Signature	Date



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Application Instructions: The enclosed forms are collected in order to ensure the safety and well-being of every camper at All Mass Camps. Please be sure to complete all parts of the application that are necessary for the program you choose. Contact our office if you have any questions regarding the application.

Registration: By sending in the following pages of the application and a \$50 deposit (online or via mail) for each session you are requesting, a slot for your session of choice will be held, if still available upon receipt. Full approval will take place once we receive all completed forms for the program, which includes completed Camper Application, as well as current physical and immunization records. **ALL CAMPERS MUST RETURN AN UPDATED PHYSICAL (within past 12 months), including immunization records, AT LEAST 2 WEEKS BEFORE CAMP SESSION STARTS.** Your child cannot attend camp without a current physical, as this is a state health board requirement.

Deposits are refundable through June 1st; after that date, all deposits are non-refundable, unless All Mass Camps is unable to fulfill your session request. All forms and final payments must be received at least **TWO WEEKS** prior to session start date, or we will make your slot available to the next camper on the waiting list. Tuition payments will be refunded (minus the deposit) up to two weeks prior to session start date. After that date, no refunds.

You can also register online and make deposit and tuition payments securely (Visa, Mastercard, and Discover) on our website at www.allmasscamps.org. If your choice of session is not available, or a waiting list has begun, you will receive that message upon entering the website.

Early Payment Discount and Other Discounts: Tuition rate stays through July 1, at which time it will increase \$25 per session. Malden Catholic students receive a \$25 discount for Sports Camp for each session. The first 100 Malden & Saugus residents receive \$25 discount for Day Camp. These discounts are based on special funding, so please apply early. Only one discount may be applied.

Day Camp Program Home Site

Camp Nihan
DCR Property
131 Walnut Street
Saugus, MA 01906

Sports Camps Home Site

Malden Catholic High School Sports Facility
Note: Some sports programs are off site
99 Crystal Street
Malden, MA 02148

SEND ALL FORMS AND PAYMENTS TO:

**All Mass Camps
PO Box 303
Medford, MA 02155**

**For more info or to register online, go to
www.allmasscamps.org or call 617-461-1063
Allan Gillis at agillis@allmasscamps.org**