

For Office Use Only

Camp Mail List:

Main Database:

Health Database:

## CAMP LION KNOLL REGISTRATION

**Summer of 2018**

CAMPER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN, STATE, ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CAMPER'S AGE: (as of June 2018): \_\_\_\_\_ yrs \_\_\_\_\_ mos

CAMPER'S SCHOOL \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Full Address (if different): \_\_\_\_\_

Business \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Full Address (if different): \_\_\_\_\_

Business \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

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

### Please Circle The Sessions You Wish To Enroll Your Child:

June 25 - 29

July 2 - 6  
(Closed July 4<sup>th</sup>)

July 9 - 13

July 16 - 20

July 23 - 27

Jul 30 - August 3

August 6 - 10

August 13 - 17

**EMERGENCY PICKUP INFORMATION -**

The following people are allowed to pick up my child from camp, if you cannot be reached.

- 1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
- 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
- 3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
- 4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

PLEASE INDICATE PEOPLE YOUR CHILD **MAY NOT** BE RELEASED TO:

- 1. Name \_\_\_\_\_ Relationship \_\_\_\_\_
- 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_
- 3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Morning bus leaves the Girls Club at 8:30** (Please have your child(ren) at the Girls Club by 8:20 for bus boarding)  
**Afternoon bus returns to the Girls Club at 4:15** (Please allow time for attendance to be taken upon arrival at the Girls Club)

**My child will arrive at the Girls Club at approximately:**

Arrival Time in AM \_\_\_\_\_ Departure Time in PM \_\_\_\_\_

**OR**

**My child will be walking/biking to and/or from the Girls Club.**

Arrival Time in AM \_\_\_\_\_ Departure Time in PM \_\_\_\_\_

This is the time your child will be released from the Girls Club/No earlier than 4:00

I give permission for my child \_\_\_\_\_ to participate in all activities (including being photographed and/or videotaped) that are part of the Girls Club summer camp program, including swimming, field trips and hikes. I understand that my child will be transported by bus to and from camp. I give permission for the camp staff to attend to any emergency that may occur during the camp session, seek medical attention and transport my child to Baystate Franklin Medical Center if necessary. I understand if I cannot be reached, the staff will contact one of the emergency names I have listed above.

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

Date \_\_\_\_\_

# CAMP POLICIES

**Please take note of the following policies and procedures.**

All payments for campers must be made the Wednesday prior to the week your child is to attend (not including the deposit). Failure to make this payment will result in the loss of your child's slot for the upcoming week. Payment is **not refundable** if your child is sick, or you choose not to bring her/him.

If you are planning to pick your child up during the camp day, please call us to let us know. Allow time for your child to return from outside activities. Also, you **must** go to the camp office to inform the Camp Director and sign a release form.

In the event that an individual arrives to pick up a child in any Girls Club program and is determined by the Girls Club staff to be under the influence of alcohol or any drug substance, the child will not be released to that individual. The staff member will use the emergency numbers of that child to contact a person who is able to come and pick up this child.

To ensure the safety of all campers and staff, **all children must go directly behind the fence** and into the playground at the Girls Club after disembarking from the camp bus. Campers must be signed out by their adult pick-up person before leaving. If you arrive early to pick up your child, you may wait outside the playground. Children will not be dismissed from the playground to adults waiting in cars.

Walkers must go directly behind the fence and report to the staff. The staff, as instructed by the parent/guardians, will dismiss walkers.

**Any changes (switching weeks or cancelling a week) made AFTER June 1<sup>st</sup> will result in a \$50.00 non-refundable administrative fee, per child, per week.**

When a child exhibits behaviors that are incompatible with the functioning of our programming (i.e., hurting others or themselves, or an inability to participate in program activities), we begin the steps that could lead to suspension or termination from our program. In cases of extremely unsafe behavior, immediate suspension or termination may result.

Your child must be completely potty trained in order to attend camp.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# CAMP LION KNOLL MEDICAL HISTORY

Completed and signed by a parent/guardian.

Camper Name \_\_\_\_\_ Sex  M  F Birth Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

## Medical Information

### Physical/Emotional Conditions:

**Medical Conditions** (describe any current conditions and treatment plan, including anything that might limit child's ability to participate in all camp activities):

**Medication** (if medication is given at camp, additional paperwork is required)

**Other** (describe any other concerns you may have):

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### **FOOD ALLERGIES/INTOLERANCES** (All meals are prepared in a facility that is NOT ALLERGEN FREE)

Food Allergies/Medically Required Dietary Needs (doctor's note required): \_\_\_\_\_

Allergies/Possible Allergies (be specific) \_\_\_\_\_

Epi-Pen?  Yes  No

Lactose Intolerant (doctor's note required):  Yes (Lactaid will be served as an alternate)  No

Vegetarian:  Yes (Alternative protein will be cheese/beans or nut butter/nuts/seeds)  No

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

Massachusetts Department of Public Health  
**CAMP LION KNOLL MEDICAL FORM**

Completed and signed by a **physician**.

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

Date of Birth: \_\_\_\_\_

Sex:  female  male

Date of child's last physical \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CERTIFICATE OF IMMUNIZATION**

Vaccine		Date/Vaccine Type	Vaccine		Date/Vaccine Type	
<b>Hepatitis B</b> (e.g., HepB, HepB-Hib, DTaP-HepB-IPV)	1		<b>Haemophilus influenzae type b</b> (e.g., Hib, HepB-Hib, DTaP-Hib)	1		
	2			2		
	3			3		
		4				
<b>Diphtheria, Tetanus, Pertussis</b> (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)	1		<b>Measles, Mumps, Rubella</b> (MMR)	1		
	2			2		
	3		<b>Varicella</b> (Var)	1		
	4			2		
	5			<b>Hepatitis A</b> (HepA)	1	
	6				2	
	7					
<b>Polio</b> (e.g., IPV, DTaP-HepB-IPV)	1		<b>Pneumococcal Polysaccharide</b> (PPV23)	1		
	2			2		
	3		<b>Influenza</b> Inactivated (Intramuscular) or Live (Intranasal)	1		
	4			2		
<b>Pneumococcal Conjugate</b> (PCV7)	1		<b>Other:</b>	3		
	2					
	3					
	4					

Serologic Proof of Immunity		Check One	
Test (if done)	Date of Test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		
* Must also check Chickenpox History box.			

Chickenpox History
<input type="checkbox"/> Check the box if this person has a physician-certified reliable history of chickenpox. Reliable history may be based on: <ul style="list-style-type: none"> <li>physician interpretation of parent/guardian description of chickenpox</li> <li>physical diagnosis of chickenpox, or</li> <li>serologic proof of immunity</li> </ul>

*I certify that this immunization information was transferred from the above-named individual's medical records.*

Physician's Name (please print): \_\_\_\_\_ Facility Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_