

Camp Longfellow 2010



APPLICATION AND REQUIRED FORMS

REQUIRED SUMMER CAMP FORMS

Please return the following:

- ❑ 2010 Summer Camp Application
- ❑ 2010 Summer Camp Payment Form
- ❑ Release of Liability Form
- ❑ Physical and Immunization Form - from your child's physician

RETURN IF NEEDED

- ❑ Authorization to Administer Medication Form
- ❑ Extended Day Form

Longfellow Sports Club 203 Oak Street Natick, MA 01760 508.653.4633

www.longfellowclubs.com



2010 Application

Required Form

Camp Longfellow
203 Oak Street
Natick, MA 01760

Phone: 508 653 4633
Fax: 508 650 4986
Email: cdonahue@longfellowsportsclub.com

Director: Caroline Donahue

Last name: -	First name: -
Date of birth: -	Age: -
	Grade in fall '10 :-

Mailing address _____

City _____ State _____ ZIP Code _____

Home phone: _____

Parents' Name: Mother _____ Father _____

E-mail _____

Mother Work: _____ Cell: _____

Father Work: _____ Cell: _____

Emergency Contacts (other than parent): (people must know they are listed as emergency contacts)

1. Name _____ Relationship _____
Telephone _____

2. Name _____ Relationship _____
Telephone _____

Health insurance Company: _____ Policy # _____

Name of Child's Physician _____

Telephone: _____

Please give us any information about your child that we may need to know such as health issues, behavioral issues, activity or diet restrictions or allergies.

Will your child need to take medication at Camp? _____

If YES, please complete the 'Authorization to Administer Medication To A Camper' Form.

Signature of parent/guardian _____

Longfellow prohibits discrimination on the basis of race, color, national or ethnic origin, ancestry, religion, sex, sexual orientation, age, physical or mental disability, and veteran or other protected status. The policy extends to all rights, privileges, programs, and activities including admission, employment, education, and athletics.



Payment

Required Form

Camp Longfellow Phone: 508 653 4633
203 Oak Street Fax: 508 650 4986
Natick, MA 01760 Email: cdonahue@longfellowsportsclub.com

Director: Caroline Donahue

Payment

Full payment must accompany this application. Withdrawal or cancellation prior to May 1st 2010 for any reason will result in a full refund less the nonrefundable administrative fee of \$25 per week. All withdrawals or cancellations must be made in writing.

Name of Child: _____

Please check the weeks applied for:

- June 14 – 18 (Pre K)
- June 21 – 25 (Pre K)
- Week 1 June 28 – July 2
- Week 2 July *6 – July 9
- Week 3 July 12 - 16
- Week 4 July 19 - 23
- Week 5 July 26 - 30
- Week 6 August 2 – August 6
- Week 7 August 9 - 13
- Week 8 August 16 - 20
- Week 9 August 23 - 27

Camp tuition for the ‘**All Stars**’ (K - entering 4th grade) - \$390/week (\$415 if paid after 4/1/10)*

*No camp July 5th. \$312/week; (\$332 if paid after 4/1/10)

Camp tuition for the ‘**Champions**’ (Pre-K) –

___ 5-day program (M – F) \$290/week (\$315 if paid after (4/1/10)*

___ 2-day program (Tu/Th) is \$116/week (\$141 if paid after (4/1/10)

___ 3-day program (M/W/F) is \$174/week (\$199 if paid after (4/1/10) **

*No camp July 5th. \$232/week; (\$252 if paid after 4/1/10)

**No camp July 5th. \$116/week; (\$141 if paid after 4/1/10)

Pre-pay for 6 or more full (M – F) weeks of camp, receive a \$20 per week discount.

- A check is enclosed for \$_____ (Please make check payable to ‘Longfellow Sports Club’)
- Please charge the amount of \$_____ to my credit card.

Credit card # _____ Expiration Date _____

Cardholder’s name _____ Signature _____

I have read the above and understand the camp’s policy concerning tuition and nonrefundable fees. I understand that the camp may cancel my child’s reservation if the balance of the tuition, and the Physical and Immunization and Release of Liability forms have not been received by May 1st, 2010.

Signature _____ Date _____

The first day of camp will be confirmed after 4/15/10 once snow days have been accounted for by the Natick Public Schools.

APPLICATION WILL NOT BE PROCESSED WITHOUT ALL REQUIRED FORMS.



Release of Liability Required Form

Child's Name _____

Please read carefully. This is a release of liability and other rights.

Although precautions are taken to provide proper organization, instruction, and equipment for your child's participation in Camp Longfellow, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risk taking and the use of any equipment in connection with the activities. I, on behalf of myself, my child and any other parent of the child, understand that my child may be involved in activities including the following but not limited to arts and crafts, basketball, soccer, swimming, team-building initiations, and tennis, and/or any other physical undertakings.

ACKNOWLEDGEMENT OF RISK: I recognize that there is inherent danger in any activity(ies) which involves physical exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity(ies); and that balance and physical coordination and conditioning may affect the occurrence of accidents, falls, and injuries.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of activity (ies) in which my child will be engaged, both seen and unforeseen, I confirm that my child is physically and mentally capable of participation in the activity (ies) and/or using equipment in connection therewith. I understand that my child will be participating willingly and voluntarily, and I assume full responsibility for personal injury, accident or illnesses, including death. I also assume responsibility for damage or loss of personal property as the result of any accident that may occur.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participation in the activity (ies). I will have appropriate insurance or, in its absence, I agree to pay all cost of rescue and/or medical services as may be incurred on behalf of my child. Camp Longfellow has my permission to use photos of my child in promotional camp literature.

RELEASE AND HOLD HARMLESS: In consideration of my child's participation in the activity (ies), I, for myself, for my child, and for any other parent of the child, do hereby **RELEASE AND AGREE TO HOLD HARMLESS** Longfellow, its trustees, officers, employees, agents from all liability with respect to my child, and I waive any claim for damage arising from any cause whatsoever, except for any claims which are result of gross negligence of the party or parties release released herein.

ACKNOWLEDGMENT: In signing this Release of Liability, I acknowledge and represent that I fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be construed in accordance with the laws of The Commonwealth of Massachusetts. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and our respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

Parent/guardian signature _____ Date _____

Parent/guardian printed name _____



Authorization To Administer Medication To A Camper

Camp Longfellow
203 Oak Street
Natick, MA 01760

Phone: 508 653 4633
Fax: 508 650 4986
Email: cdonahue@longfellowsportsclub.com

Director: Caroline Donahue

A parent has to complete this form if your child will be taking medication at camp. Our Camp Health Care Consultant will approve and sign it.

Name of Camper - _____	Date of birth: - _____	Age: - _____
-------------------------------	-------------------------------	---------------------

Any Food or Drug Allergies: _____
Diagnosis (at parent's discretion) _____
Parent/Guardian Name: Mother _____ Father _____
Home Tel: _____
Mother Work Tel: _____ Cell: _____
Father Work Tel: _____ Cell: _____
Name of Licensed Prescriber: _____ Tel: _____

Name of Medication: _____ **Dose given at camp** _____
Route of Administration: _____ Frequency: _____
Date ordered: _____ Duration of Order: _____ Quantity Received: _____ Exp. date: _____

Special directions (e.g., on an empty stomach/with water) _____
Possible Side Effects/adverse reactions: _____
Other medications taken (at parent's discretion): _____
Location where medication administration will occur: _____

I hereby authorize Camp Longfellow to administer to my child, _____ the medication(s) listed, in accordance with 105 CMR 430.160.

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(B)

Medication shall only be administered by the health supervisor* or by a licensed health-care professional authorized to administer prescription medications. 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 be administered only if it is from the original container, there is written permission from the parent/guardian, and the health-care consultant approves in writing the administration of the medication.

105 CMR 430.160(C)

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 certifies in at least current American Red Cross First Aid 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 medications.

Parent/guardian signature _____ Date _____
Health-care consultant signature _____ Date _____

(To be signed by Camp Longfellow's health-care consultant)



Camp Longfellow

Extended Day

Camp Longfellow
203 Oak Street
Natick, MA 01760

Phone: 508 653 4633
Fax: 508 650 4986
Email: cdonahue@longfellowsportsclub.com

Director: Caroline Donahue

Extended Day Registration Only:

If you need extended day hours during Camp, please complete this form and return it to us prior to the beginning of camp. *Please note that due to strict staff to camper ratios, we are unable to provide extended care without prior registration.

Camper Name: _____

All Stars: (Ages 5 – 10 years) Please circle:

Monday	8 - 9 am	4 - 5 pm	5 - 6 pm	
Tuesday	8 - 9 am	4 - 5 pm	5 - 6 pm	
Wednesday	8 - 9 am	4 - 5 pm	5 - 6 pm	
Thursday	8 - 9 am	4 - 5 pm	5 - 6 pm	
Friday	8 - 9 am	4 - 5 pm	5 - 6 pm	Total # of Hours: _____

Champions: (Ages – 3 5 Pre-K) Please Circle:

Monday	8 - 9 am	1 pm – 4 pm	
Tuesday	8 - 9 am	1 pm – 4 pm	
Wednesday	8 - 9 am	1 pm – 4 pm	
Thursday	8 - 9 am	1 pm – 4 pm	
Friday	8 - 9 am	1 pm – 4 pm	Total # of Hours: _____

Now Circle Weeks needed:-

- | | |
|-------------------------|----------------------------|
| Week 1 June 28 – July 2 | Week 6 August 2 – August 6 |
| Week 2 July *6 – July 9 | Week 7 August 9 - 13 |
| Week 3 July 12 - 16 | Week 8 August 16 - 20 |
| Week 4 July 19 - 23 | Week 9 August 23 - 27 |
| Week 5 July 26 - 30 | |

Discounted Extended Day Rates:

- 1 – 10 hours @ \$10/hour = \$ _____ *
- 11 – 15 hours @ \$9/hour = \$ _____ *
- 16 – 20 hours @ \$8/hour = \$ _____ *
- 21 – 25 hours @ \$7/hour = \$ _____ *
- 26 + hours @ \$6/hour = \$ _____ *

***Add this amount to your camp fee. Thank You.**