

Camp Longfellow 2019



APPLICATION AND REQUIRED FORMS

REQUIRED SUMMER CAMP FORMS

Please return the following:

- ❑ 2019 Summer Camp Application
- ❑ 2019 Summer Camp Payment Form
- ❑ Release of Liability Form
- ❑ Recent Physical and Immunization Form - from your child's physician
- ❑ Field Trip Permission Form ('All Star' Campers Only)

RETURN IF NEEDED

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



Longfellow Health Club 203 Oak Street Natick, MA 01760 508.653.4633

www.longfellowhealthclubs.com

longfellowkids@gmail.com



2019 Application Required Form

Camp Longfellow
203 Oak Street
Natick, MA 01760

Phone: 508 653 4633
Fax: 508 650 4986
Email: longfellowkids@gmail.com

Director: Caroline Donahue

Last name: -	First name: -	Gender:
Date of birth: -	Age: -	Grade in fall '19:-

Mailing address _____

City _____ State _____ ZIP Code _____

Home phone: _____

Parents' Name: Mother _____ Father _____

E-mail _____

Mother Work: _____ Cell: _____

Father Work: _____ Cell: _____

We need 2 Emergency Contacts (other than parent): (people must know they are emergency contacts) and may pick up your child:

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, accommodations needed, 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

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Payment

Full payment must accompany this application. Withdrawal or cancellation prior to May 1, 2019 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. **There are no refunds after May 1, 2019.**

Name of Child: _____ Age: _____

Please check the weeks applied for:

- June 17 – 21 (Pre-school 4 years/pre-k 5 years only)

All Ages

- | | |
|---|--|
| <input type="checkbox"/> Week 1 June 24 – June 28 | <input type="checkbox"/> Week 6 July 29 – August 2 |
| <input type="checkbox"/> Week 2 July 1 – July 3* | <input type="checkbox"/> Week 7 August 5 – 9 |
| <input type="checkbox"/> Week 3 July 8 - 12 | <input type="checkbox"/> Week 8 August 12 – 16 |
| <input type="checkbox"/> Week 4 July 15 – 19 | <input type="checkbox"/> Week 9 August 19 – 23 |
| <input type="checkbox"/> Week 5 July 22 – 26 | |

Camp tuition for the ‘All Stars’ (Kindergarten - entering 4th grade)

Monday – Friday 9 am – 4 pm

Before April 1, 2019:- \$445.00 per week

After April 1, 2019:- \$470.00 per week

***No camp Thursday, July 4 or Friday, July 5 –**

Before April 1, 2019 - \$270.00/After April 1, 2019 - \$295.00

Camp tuition for the ‘Champions’ (Pre-school 4 years – pre k 5 years) –

5 day pre-school (M – F) 9 am – 1 pm: -

Before April 1, 2019:- \$325.00 per week/After April 1, 2019:- \$350.00

1 pm – 4 pm add \$25 per day - pre-registration required, see form attached.

***No camp Thursday, July 4 or Friday, July 5 -**

Before April 1, 2019 - \$195.00.00/After April 1, 2019 - \$210.00

- ❖ **FAMILY MEMBERS RECEIVE A \$20.00 DISCOUNT PER WEEK**
- ❖ **Pre-pay for 6 full weeks of camp, and receive a \$20 per/wk discount.**

A check is enclosed for \$_____ (Please make check payable to ‘Longfellow Health 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 my child cannot attend camp if the balance of the tuition, and/or the Physical and Immunization and Release of Liability forms have not been received by May 1st, 2019.

Signature _____

Date _____



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 Longfellow Clubs 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: longfellowkids@gmail.com

Director: Caroline Donahue

A parent has to complete this form if your child will be taking medication at camp.

Name of Camper -	Date of birth: -	Age: -
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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: _____
 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/capsules, the number in the container. All over-the-counter medications shall be kept in the original containers with the original label, including 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. We will not give medication for the first time.

105 CMR 430.160(C)

When no longer needed, medications shall be returned to a parent or guardian.

*Health supervisor-A person who is at least 21 years of age, specially trained and certified 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 _____



Camp Longfellow Extended Day

Camp Longfellow
203 Oak Street
Natick, MA 01760

Phone: 508 653 4633
Fax: 508 650 4986
Email: longfellowkids@gmail.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 x \$12 per hour = \$ _____

Champions: (Ages 4 - 5 Pre-school) Please Circle:

Note: There is no extended day June 17 - 21 for Champion Camp.

Monday	1 pm - 4 pm
Tuesday	1 pm - 4 pm
Wednesday	1 pm - 4 pm
Thursday	1 pm - 4 pm
Friday	1 pm - 4 pm

Total # of days x \$25.00 = \$ _____

NOW Please check the weeks applied for:

All Ages

- | | |
|--|--|
| <input type="checkbox"/> Week 1 June 24 – 28 | <input type="checkbox"/> Week 7 August 5 – 9 |
| <input type="checkbox"/> Week 2 July 1 – July 3* | <input type="checkbox"/> Week 8 August 12 – 16 |
| <input type="checkbox"/> Week 3 July 8 – 12 | <input type="checkbox"/> Week 9 August 19 – 23 |
| <input type="checkbox"/> Week 4 July 15 – 19 | *No camp Thursday July 4, Friday July 5 |
| <input type="checkbox"/> Week 5 July 22 – 26 | |
| <input type="checkbox"/> Week 6 July 29 – August 2 | |

\$ _____ x # _____ weeks = \$ _____ - Now add this to your camp fee.



FOR ALL STAR CAMPERS ONLY

PROGRAM: Camp Longfellow 2019

ADDRESS: 203 Oak Street Natick MA 01760

CHILD'S NAME: _____

I, _____, give permission for my child named above
(parent/guardian name)

to go on the following field trips:-

Please check all the field trips your child will be attending this summer

- | | | | |
|---------|-----------------|--|---------|
| 1. ____ | Friday June 28: | Plaster Fun Time
1:00 pm – 3:30 pm | \$20.00 |
| 2. ____ | Fri. July 12: | Davis Farmland and Splash Park
11.00 am – 3:00 pm | \$20.00 |
| 3. ____ | Friday July 26: | Sky Zone Marlborough
10:00 am – 1:00 pm | \$20.00 |
| 4. ____ | Fri. August 9: | Needham Bowlaway
1:30 pm - 3:30 pm | \$20.00 |
| 5. ____ | Wed. August 21: | Belkin Lookout Farm
11:00 am – 3:00 pm | \$20.00 |

Total: _____

By **Connelly School Bus Company**

Parent Phone Numbers While at Field Trip:

Name: _____ Tel: _____

Name: _____ Tel: _____

Emergency Contact: _____ Tel: _____

The following waiver must be signed by a parent/guardian of all children:

I accept full responsibility for my child participating in the Longfellow Health Club field trips. It is understood and agreed that any accident or illness claim will be covered by the parent's insurance, as Longfellow Health Club assumes no responsibility for illness or accidents. We reserve the right to dismiss any child whose behavior is detrimental to the overall good of the program or threatens the safety of others in any way.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____