



Dear Parents/Guardians:

Welcome to Teamworks Vacation program/summer camp. Thank you for considering TW for your family's summer camp experience. In order to comply with board of health regulations, Teamworks will need the following paperwork to be completed and returned to Teamworks before your child can have fun at our camp. Teamworks would like to provide your child with the safest environment possible. We understand that we are asking for a lot of information, but to better serve your family, please take a moment to provide detailed answers when filling out the following forms.

TEAMWORKS CHECKLIST *(please read)*

- _____ Please review our sign-in/sign-out procedure with staff. We have a very strict policy. You should always bring your ID with you to pick-up your child.
- _____ It has been our policy to have all payments for camp made prior to attending. **Payments must be made the Friday prior to the start of camp.** Any payments made after Friday will be charged an additional late fee of \$5 per day or \$15 for the full week. Same week registrations will be subject to a \$10 per day fee (this additional cost is due to our staff increase). No walk-ins allowed. Please remember, if you sign-up and pay for camp by the Friday before, you save money!
- _____ Unfortunately we do not "trade" days or give credits or refunds if your child is sick or does not attend camp, unless given 2 weeks notice.
- _____ Need a copy of the most recent physical and immunizations.
- _____ You can bring a waterbottle or drinks for snack and/or lunch. Water is available at all fields and in party rooms.
- _____ Please leave all phones and electronics at home.
- _____ Pack at least 2 snacks, possibly 3 or 4 on the first few days until you know how much your child will need.
- _____ Always send your child with socks & sneakers. No flip-flops, boots, or sandals.

REMINDER TO ALL PARENTS:

Each child must be examined by a physician prior to enrollment, as required by the Commonwealth of Massachusetts. Included with this physical is an immunization history. Each child must be immunized prior to entrance at TEAMWORKS. Please be sure that your child's immunizations are up to date at the time of entrance into the camp program. If TEAMWORKS does not have your child's physical and immunization records at the start of the camp week, entrance will be denied until records are received. TEAMWORKS will not give refunds if this situation occurs.

Remember, we are available to assist you in making you and your camper's experience a pleasurable one. If you have any questions or need assistance filling out forms, contact us at 508.676.3939. We are looking forward to a summer of endless opportunities of fun and personal growth

Thank you,

Teamworks Staff



Summer Camp/ Vaction Program Waiver Form

Child's Name: _____ Date of Birth: _____

Parent/ Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

HOLD HARMLESS RELEASE FORM

In consideration of being allowed to participate in any way in the TEAMWORKS/ Indoor Sports LLC programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Teamworks/Indoor Sports LLC, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property; and,
5. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover reasonable attorney's fees if incurred in successfully defending against such claim.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I also,

1. I also understand that TEAMWORKS regularly takes pictures/videos during our programs that are used for promotional materials and give permission to TEAMWORKS to use these pictures/videos without compensation; and,
2. I also understand that at any time I may request copies of background checks, health care policies, discipline policies, and procedures for filing grievances.

We at TEAMWORKS understand and appreciate specific family concerns and medical issues. If you have any specific requests, please make these concerns in written format to have on file with the camper's registration.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above,

Parent/ Guardian Signature

Print Name

Date Signed



CHILD INFORMATION

Child's Name: _____ DOB: _____
Email: _____ School Grade Entering: _____
Home Address: _____ City, State, Zip: _____
Home Telephone Number: _____

CHILD'S IDENTIFICATION INFORMATION

Eye Color: _____ Hair Color: _____ Sex: _____
Height: _____ Weight: _____ Skin Color: _____
Identifying Marks: _____

PARENT/ GUARDIAN INFORMATION

PRIMARY CONTACT *(Authorized to sign-out camper)*
Parent/ Guardian Name: _____
Relationship to Child: _____
Cell Phone #: _____
*Home Telephone #: _____
*Home Address: _____
Bus. Name: _____
Bus. Address: _____
Bus. Telephone #: _____
Work Hours: _____
**If different then child's home phone number or address*

SECONDARY CONTACT *(Authorized to sign-out camper)*
Parent/Guardian Name: _____
Relationship to Child: _____
Cell Phone #: _____
*Home Telephone #: _____
*Home Address: _____
Bus. Name: _____
Bus. Address: _____
Bus. Telephone #: _____
Work Hours: _____
**If different then child's home phone number or address*

MEDICAL INFORMATION

Child's Physician: _____
Clinic: _____ Telephone #: _____

Has/Does your camper: *(please circle)*

Have frequent ear infections:	Yes	No	Diagnosed with ADD/ADHD:	Yes	No
Heart trouble:	Yes	No	Have learning disabilities:	Yes	No
Headaches:	Yes	No	Have an IEP:	Yes	No
Have Diabetes:	Yes	No	Have any skin problems:	Yes	No
Have asthma:	Yes	No	If yes, will they have an inhaler?	Yes	No

If you answered yes to any of the above questions please give a detailed explanation: _____

Please list all allergies: _____
For each allergy, please give a detailed explanation about the causes, symptoms, reactions, and treatments? _____

Please list any other medical conditions that we should know about: _____



Emergency Contact/Camper Pick-up Authorization

AUTHORIZATION AND CONSENT FORM

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached I hereby authorize TEAMWORKS to transport my child to Charlton Hospital, and to secure for my child the necessary medical treatment. I understand the staff members of TEAMWORKS are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

Signature: _____ Print Name: _____ Date: _____

EMERGENCY CONTACT AND RELEASE FORM

In case of an emergency, please give names of persons who can be called and are authorized to pick-up your child if we cannot reach a parent/guardian.

PICK-UP AUTHORIZATION: (At camper sign-out, I authorize the following people to pick up my child from camp: For your child's safety, A PICTURE ID IS REQUIRED each and every time your child is picked-up)

ADDITIONAL EMERGENCY/PICKUP CONTACTS

EMERGENCY CONTACT?

Name: _____ Relationship to Child: _____ Y N

Address: _____ Telephone #: _____ Cell Phone #: _____

Name: _____ Relationship to Child: _____ Y N

Address: _____ Telephone #: _____ Cell Phone #: _____

Name: _____ Relationship to Child: _____ Y N

Address: _____ Telephone #: _____ Cell Phone #: _____

Name: _____ Relationship to Child: _____ Y N

Address: _____ Telephone #: _____ Cell Phone #: _____

NOT AUTHORIZED TO PICK-UP:

1) _____ 2) _____ 3) _____

HEALTH POLICIES AND GUIDELINES

TEAMWORKS does have a healthcare consultant on-call. Our consultant has advised us on our health policies, and will always be available to advise us in both acute and chronic medical situations. As part of our health care policy, TEAMWORKS cannot accept any child with a diagnosed communicable disease (measles, mumps, chicken pox, etc). Please do not send your child to TEAMWORKS if he/she shows signs of possible contagious diseases (new cold, sore throat, fever, rashes, diarrhea, vomiting, etc) TEAMWORKS does not have sufficient staff or facilities to care for sick children. A parent should not bring their child to our facility if he/she is too ill to participate in activities, if the child requires special attention due to their illness, or if any signs of poor health are evident. The health of all children and staff is in jeopardy if an ill child is allowed to attend. Parents must notify the staff if their child has been exposed to an infectious disease so we can alert the families of the children attending the program. If during the day the TEAMWORKS staff notices a child is unable to participate in activities due to poor health, the parent will be called to come and pick up the child. If a parent cannot be reached, an emergency contact will be called. It is the responsibility of the parent to notify TEAMWORKS if there should be any changes regarding emergency numbers or contacts. If you decide that your child should remain at home, please call 508-676-3939 and inform TEAMWORKS of the absence.



This form is not required by Teamworks, but would help us better understand your camper and their needs. This will be a confidential form and will be used as a helpful guide for counselors to get to know your child better.

Camper's Name: _____ Age: _____

School: _____ Grade Entering in the Fall: _____

Is this your child's first summer at TEAMWORKS? YES NO

Has your child ever attended any other camps or summer programs? YES NO

Is your child living with both parents? YES NO
If no, with whom are they living? _____

Camper's personality: _____

Sociability: _____

Interests: _____

Dislikes and apprehensions? What may cause ambivalence, anxiety, or resistance? _____

Talents or passions: _____

Special needs: Any social, emotional, or psychological issues that may require special attention from staff and camp? Are there any support programs such as IEP that your child is on? _____



Administration of Medication Consent

Please fill out this form if TEAMWORKS will be administering medication

Child's Name: _____ Date of Birth: _____

In accordance with Massachusetts State Law, TEAMWORKS' policy on the administration of medication is as follows:

- Medication must arrive in the prescription container with date, dosage, and the doctor's name.
- A parent must sign the medication permission form, writing the purpose of the medication, the date and times of administration, and the amount given.
- Medication must be handed directly to an administrator, not left in the child's lunch box or equipment bag.

TEAMWORKS will not administer the following:

- Non-prescription drugs (unless authorized by parent/guardian and a medication permission form is completed)
- Medication not contained in the prescription package. Single tablets or jarred liquid will not be administered and will therefore be sent home.
- Medication in any amount exceeding the dosage indicated on the bottle

Medicine	Route? (oral? topical?)	Dose	Time	Refrigeration
1.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Instructions: _____

Does your child have any difficulty taking medicines? Yes No If yes, please describe: _____

I hereby authorize Teamworks to administer the following medications to my child, in accordance with the Board of health regulations 105 CMR 430.160.

Parent/Guardian Signature _____ Print Name _____ Date Signed _____

Board Health Regulations for administering medication during camp hours

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 (C)

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

105 CMR 430.160 (D)

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 certified in at least current American Red Cross First Aid (or its equivalent) 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.