



Dear Parents/Guardians:

Welcome to Teamworks Summer Camp/Vacation Programs. Thank you for considering TW for your family's camp experience. In order to comply with board of health regulations, Teamworks will need the following paperwork completed 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 Paperwork check list to assist your family in preparation for camp/vacation programs:**

- \_\_\_\_\_ Camp Waiver Form
- \_\_\_\_\_ Camper Fact Sheet
- \_\_\_\_\_ About Your Camper (Required for 1st Time Campers)
- \_\_\_\_\_ Authorization for medication form (Only applicable if TW will be administering medication to your camper)
- \_\_\_\_\_ Pick-up authorization/ Emergency Contact and Release forms
- \_\_\_\_\_ Health Care Policies
- \_\_\_\_\_ Hand Sanitizer Policy
- \_\_\_\_\_ Physical
- \_\_\_\_\_ Immunization

**IMPORTANT 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 508.336.6565. We are looking forward to a summer of endless opportunities of fun, excitement and personal growth

Thank you,

*Teamworks Staff*



## WAIVER FORM

### SUMMER CAMP/VACATION PROGRAMS

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 enter into and use the Teamworks facility, and to participate in any of the Teamworks 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 further acknowledge and agree that in choosing to enter into and use the Teamworks facility, and engage in the activities, I recognize and accept that because the Teamworks facility is open for use by many other individuals, I am at a higher risk of exposure to and/or contracting COVID-19 or other diseases such as influenza or Legionnaires Disease; and,
5. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for all such risks; and,
6. 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 and any or all affiliated or subsidiary entities, their 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,
7. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover reasonable attorneys' 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. Give permission for my child to use the camp's ropes course/climbing tower and pool (age and facility specific), and understand that they will be supervised during these activities by certified instructors or lifeguards; and,
2. Understand that Teamworks regularly takes pictures/videos during programs that are used for promotional purposes and give permission to Teamworks to use these pictures/videos without compensation.
3. 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

For Office Use Only:

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## CAMPER FACT SHEET

### CHILD INFORMATION

Child's Name: \_\_\_\_\_

### 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 have:** *(please circle)*

Frequent ear infections:	Yes	No	Diagnosed with ADD/ADHD:	Yes	No
Heart trouble:	Yes	No	Learning disabilities:	Yes	No
Headaches:	Yes	No	IEP:	Yes	No
Seizures:	Yes	No	Anxiety/Panic Disorders:	Yes	No
Diabetes:	Yes	No	Skin problems:	Yes	No
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 and explain the cause, symptoms, treatments and if it is contact, ingestion or air born? \_\_\_\_\_

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

**Will TEAMWORKS be administering medication during the camp day?** ☐ No ☐ Yes *If yes, please make sure to fill out the consent form*



## ABOUT YOUR CAMPER

OPTIONAL FOR RETURNING CAMPERS

This form helps 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

### **TELL US ABOUT YOUR CHILD**

What are some of their personality traits, interests & dislikes? :

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Do they have any social, emotional or psychological behaviors that would be beneficial for our staff to know to give your child the best camp experience.?

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# ADMINISTRATION OF MEDICATION CONSENT

ONLY 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.*



## AUTHORIZATION & CONSENT FORMS

EMERGENCY /PICK-UP/ HEALTH POLICY

Child's Name: \_\_\_\_\_

### **EMERGENCY 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 Hasboro Children's 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 (please attach another sheet if more room is needed).

**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)

#### 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, COVID-19, ebola, 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 508.336.6565 and inform Teamworks of the absence.



## AUTHORIZATION & CONSENT FORMS

### HAND SANITIZER POLICY/WAIVER

Child's Name: \_\_\_\_\_

#### **TEAMWORKS HAND SANITIZER POLICY/WAIVER**

I give Teamworks permission to use hand sanitizer on my child's hands during the day. Hand sanitizer with at least 60% alcohol may be utilized at times when handwashing is not available. Hand sanitizer must be stored securely and used only when handwashing is not available. Hand sanitizer must be stored securely and used only under supervision of staff. Staff will make sure children do not put hands wet with sanitizer in their mouth and will teach children proper use.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_