

## Parent/Camper Questionnaire

Camper Name \_\_\_\_\_ Please place with \_\_\_\_\_  
Pending reg. date this is not guaranteed

Session(s) attending  1  2  3  4  5 Sibling(s) Enrolled?  Yes  No

Name/age of Sibling(s) \_\_\_\_\_

School Camper attends is \_\_\_\_\_ Years attended \_\_\_\_\_

How did you hear about Hale Day Camp? \_\_\_\_\_

Here at Hale Day Camp, we look forward to discovering each camper's abilities and uniqueness. We are an outdoor camp with lots of trails, visual stimulus and many transitions in our days. Campers need to be able to follow directions, stay with the group and communicate with the counselors when there are any questions or concerns. To better ensure your camper has a positive experience, please inform us of anything that may be beneficial to our staff.

- Is there any information regarding camper's current home situation that we should be aware of (*i.e. parental status, major life changes, family members living elsewhere, etc.*)?
  
- What are your camper's hobbies and interests? What is your camper most looking forward to about camp?
  
- Does your camper have any concerns regarding camp?  Yes  No If yes, what are their concerns?
  
- Do you, as a parent/guardian, have any concerns?  Yes  No If yes, what are your concerns?
  
- How can we best help with these concerns? What are some strategies you have that work at home?
  
- Does your camper have difficulty with transitions, has ADHD, or has any special needs?  Yes  No If Yes, how may we best assist your camper with this situation at camp?
  
- Are there any activities in which your camper's participation needs to be limited?  Yes  No If yes, what?

Any additional information you would like to share or questions about camp, please feel free to call the office and speak with the Director with any concerns or plans you would like to discuss @781-326-1770 ext. 15

Camper's Name \_\_\_\_\_

### Registration/Confirmation

Upon receipt of completed Registration Packet, a confirmation letter and invoice will be sent to you. A complete Registration Packet includes:

- Registration Form
- Transportation/Extended Day Form
- Health History, Emergency Contact and Release Form (this is a two page form)
- Camper Questionnaire
- Enrollment Agreement
- \$75 non-refundable deposit per camper, per session

### Immunization Record

In addition to the Registration Packet, I understand Hale Day Camp (HDC) requires each camper to have a current copy of Certificate of Immunization prior to their first day of camp. I understand that my child will not be permitted to participate in the program until the following additional paperwork has been completed and received by May 1, 2017:

- A copy of the Certificate of Immunization (Can be from your child's school or doctor's office)
- A copy of a Physical is needed only for Outdoor Adventure programs
- Medication, Epi-Pen & Inhaler Administration Form (*if applicable*)

### Dismissal

I understand that HDC reserves the right to dismiss any camper whose behavior interferes with the rights and safety of others. In such cases, no refunds will be given. For more details regarding our Behavior & Dismissal policies, please see the 2017 HDC Handbook, which you will receive with your confirmation packet.

### Photograph/Video

I grant HDC permission for my camper's photo to appear in videos, camp brochures, on websites and social networking sites such as Facebook or other promotional literature.

### Payment & Withdrawal Refund Policy

- Full payment is due before May 1, 2017.
- Any appropriate sibling discount will be adjusted to the balance due.
- I understand that if I withdraw by May 1, any camp fees paid will be refunded 100% minus the \$75 non-refundable deposits.
- Withdrawals made May 1 through May 31 will be refunded at 50% of total camp fees minus \$75 non-refundable deposits.
- I understand that as of June 1, no refunds will be made for withdrawal, dismissal, failure to attend or incomplete attendance.

By TYPING or SIGNING below, indicates I have read and understand the following policies as well as the information listed in the camp brochure. I hereby grant permission for my child to participate in all planned HDC programs and activities, including any off-site activities.

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

\_\_\_\_\_  
Date



Hale Day Camp
2017 Health History, Emergency
Contact, and Release Form

80 Carby St. Westwood, MA 02090

Phone: (781) 326-1770 Fax: (781) 326-0676

www.AcresofAdventure.org

Last Name: [grid] Middle Initial: [grid]

First Name: [grid] Birth Date (MMDDYY): [grid]

City/Town State Zip Street

Male (circle one) Female Identifying Marks: \_\_\_\_\_

Parent or Guardian Information
Parent or Guardian \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list at least one emergency contact that, if necessary, could provide transportation home.
Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Allergies
Insect Bite Bee Sting Food Seasonal Medications Other
Yes (circle one) No Reaction \_\_\_\_\_ Severity: Mild - Moderate - Severe (circle one)

Physician Information
Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information
Insurance Carrier: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_ Policy/ Group #: \_\_\_\_\_

Immunization History: Massachusetts requires a Certificate of Immunization for all campers and staff. You may use the form provided or a copy from your doctor's office. Check if attached

Camper or Staff Name \_\_\_\_\_

**Relevant Past Medical History, General Information, and Restrictions**

Does your child (or staff member) have Asthma? **Yes (circle one) No**

\*Will your child (or staff member) be bringing an inhaler to camp? **Yes (circle one) No** - If "Yes" a "Medication Information Form must be completed.

Are there any physical, mental, or psychological conditions requiring medication, treatment, or restrictions while at camp? \_\_\_\_\_

\_\_\_\_\_

\*Does your child or (staff member) take any prescription or over-the-counter medication at home? **Yes (circle one) No**

Please list any past medical treatment or recent injuries: \_\_\_\_\_

Describe any specific activities from which your child (or staff member) should be exempted: \_\_\_\_\_

Any dietary modifications or restrictions? **Yes (circle one) No** - Please explain: \_\_\_\_\_

Does your child have an IEP or 504 plan? **Yes (circle one) No**

Are there any accommodations or services that we can provide to make the summer as successful as possible? \_\_\_\_\_

\_\_\_\_\_

Please share any information that would help Summer Staff best serve your child: \_\_\_\_\_

\_\_\_\_\_

**Authorizations:**

Accuracy of Information: This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted.

Photo Release: I authorize Hale Day Camp and American Camp Association to have my child's (or staff members) photo to appear in camp brochures, videos, on websites or other promotional literature.

Authorization for Treatment: In case of an emergency, I authorize Hale Reservation to administer first aid and to transport my child or (staff member) to the nearest hospital emergency room and to order X-rays; routine tests and treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure and administer treatment, including hospitalization, for the person named above. This form can be photocopied for camp trips.

Authorization for Medications: I authorize the Hale Health Staff and its designees to administer the following medications (on an "as needed" basis unless contraindicated): Acetaminophen (Tylenol), Ibuprofen (Motrin/Advil), Antacid (Tums), Diphenhydramine HCl (Benadryl), and Anti-Itch Creams.

Acknowledgment of Risk and Waiver: I understand and acknowledge my camper (or staff member) may participate in a variety of activities including; swimming, boating, outdoor games, sports, rope course, and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless Hale Reservation and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any participation, medical treatment, recommendation, transportation or administration, or any lack thereof.

**Signature of Parent/Guardian of Camper, Staff Member, or Parent/Guardian of Staff Member under 18 years of Age**

Signature \_\_\_\_\_

Date \_\_\_\_\_