



## 2017 Tween & Teen Program Registration Packet

80 Carby Street, Westwood, MA 02090 Tel (781)326-1770 Fax (781)326-0676 [www.HaleReservation.org](http://www.HaleReservation.org)

Thank you for your interest in Hale's Tween and Teen Program. The program is designed to develop leadership skills, facilitate new friendships and allow teens to spend their summer in a rewarding and fun program.

To register, all fees must be paid in full, and all forms must be completed (*Check campers' type of Membership*):

- Full Family Members \$275 per session
- Twilight Members \$330 per session
- Session Bundle Members \$275/\$500 per session  
*(Session Bundle Members pay \$250 for Sessions in which they hold a valid Membership)*
- Non-Members & Empty Nesters \$500 per session  
*(Children of Empty Nesters may sign up at the same time as Members)*

Space is limited and will be available on a first-come, first-served basis. Registration for Members opens on the first Monday of January. If space permits, the program may open for non-Member registrations on the first Monday of March. Included in the price is a \$75 non-refundable processing fee. Cancellations accepted prior to Beach opening only, unless waitlist allows replacement.

### **TWEEN & TEEN PROGRAM**

Hours: 9:30 a.m. – 4:00 p.m.

*(Check which sessions you wish to enroll in)*

#### **TWEEN PROGRAM**

**Teens entering Grade 6, 7 & 8**

- Session 1: June 26 – July 7\*
  - Session 3: July 24 – August 4
- Group size: 40

#### **TEEN PROGRAM**

**Teens entering Grade 7, 8 & 9**

- Session 2: July 10 – July 21
  - Session 4: August 7 – August 18
- Group size: 40

**\*Discounted Price for Session 1 due to no camp on July 4. (\$248/\$297/\$450)**

*The Tween/Teen Program complies with the regulations of the Massachusetts Department of Public Health and is licensed by the Westwood Board of Health.*

**Forms needed to register. Registration is not complete without forms (Check all included upon registration):**

- Health History, Emergency Contact and Release Form
- Copy of the latest Physical signed by a doctor OR the Immunization History Form
- Parent Permission Form to participate in the Ropes Program
- Medication/Epi Pen & Inhaler Administration Form (if needed)



# 2017 Membership Beach Health History, Emergency Contact and Release Form

To be completed and signed for all campers.

Camper (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School attending in Fall 2016 \_\_\_\_\_ Town \_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_

### Parent or Guardian Information

Parent/Guardian _____	Parent/Guardian _____
Address _____ (only if different from camper)	Address _____ (only if different from camper)
Phone # _____ Work # _____	Phone # _____ Work # _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

Please list below at least one emergency contact that would be able to pick up a sick child during camp hours.

Emergency Contact (not a parent): _____	Emergency Contact (not a parent): _____
Address _____	Address _____
Phone # _____ Work # _____	Phone # _____ Work # _____
Cell Phone _____	Cell Phone _____

### Allergies

Penicillin _____	Seasonal _____	Foods _____
Insect Bites _____	Other Drugs _____	Other _____

Please explain reaction and severity: \_\_\_\_\_

Medications for above allergies: \_\_\_\_\_

**If medications will be administered at camp for above allergies a "Medication Information Form" must be completed**

### Medications

Will your child be bringing any medications (including over the counter medicine) to camp? Yes (circle one) No  
**If "Yes" please complete a Medication Information Form.**

Please check which of the following may be administered to your child if needed:

Tylenol _____	Advil _____	Benadryl _____	Nasal Decongestant _____
Cough Drops _____	External Antibiotic Cream _____	Anti-Itch Cream _____	Sunscreen _____
Antacid _____	Insect Repellant with Deet _____	Calamine _____	Sudafed _____
<b>ALL</b> of the above _____		<b>NONE</b> of the above _____	

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

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

Does your child have Asthma? \_\_\_\_\_

Will your child be taking an Inhaler or other medication to camp? Yes (Circle One) No  
**(If "Yes" a "Medication Information Form" must be completed.)**

Any physical, mental, or psychological conditions requiring medication/treatment/restrictions while at camp?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take any prescription or over-the-counter medication at home? \_\_\_\_\_  
\_\_\_\_\_

List any past medical treatment or recent injuries: \_\_\_\_\_  
\_\_\_\_\_

Describe any specific activities from which your child should be exempted: \_\_\_\_\_  
\_\_\_\_\_

Any dietary modifications or restrictions? \_\_\_\_\_

### Doctor/Dentist Information:

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

Address of family physician: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information:

Insurance Carrier \_\_\_\_\_ Insurance Policy Holder Name \_\_\_\_\_

Policy or Group # \_\_\_\_\_

### 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 permission for our child's photo to appear in brochures, videos, on websites or other promotional literature.

**Authorization for Treatment:** In case of an emergency, I authorize Hale and Membership Beach to administer first aid and to transport my child 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 completed form may be photocopied for off-camp trips.

**Acknowledgement of Risk and Waiver:** I hereby release and discharge, and agree to indemnify and hold harmless Hale and Membership Beach 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 medical treatment, recommendation, transportation or administration, or any lack thereof.

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Parent/Guardian of Camper**



## 2017 Membership Beach Immunization History Form

Each staff and camper at Hale is required to have a Certificate of Immunization on record, signed, and dated by a physician or designee. **We will accept forms generated directly from a physician's office or the completed form below.**

Camper or Staff Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_  

Street & Number
City
State
Zip

**Immunization History:** Please record date (month and year) of immunizations and recent boosters.

Vaccine:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP/DTaP/DT						
Td (tetanus/diphtheria)						
Tetanus						
Polio						
MMR						
or Measles						
or Mumps						
or Rubella						
TB Mantoux Test		Result: (circle one)			Positive	Negative
Haemophilus influenza B						
Hepatitis B						
Varicella (chicken pox)						

**Licensed Physician's Signature:** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_



**2017 Membership Beach  
Ropes Parent Permission Slip**

**I hereby give my son/daughter \_\_\_\_\_ permission to participate in the Ropes Program at Hale for the summer of 2017.**

**Acknowledgement of Risk and Waiver:** I hereby agree to assume all risks and responsibilities surrounding my child's participation in any activities while attending Membership Beach and any activities undertaken as an adjunct thereto. I release and forever discharge, and agree to indemnify and hold harmless, Hale and Membership Beach and all of its officers, directors, members, agents, employees, volunteers and any other persons or entities acting on its behalf, from and against any and all claims, demands, and causes of action whatsoever, either in law or equity which may result from my child's participation in any activities subject to this Acknowledgement of Risk and Waiver. I also release and forever discharge Membership Beach and Hale from and against any and all claims which may relate to or arise from any medical treatment, transportation or administration, or any lack thereof, due to my child's participation in any activities subject to this Acknowledgement of Risk and Waiver.

All children must be 8 years old or older to participate in the ropes program and must wear sneakers or hiking boots and a T-shirt and shorts in order to participate safely.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_



**2017 Membership Beach  
Medication, EpiPen®, and  
Inhaler Administration**

**To be completed for any or all medications that will be brought to and administered at camp.**

**Please Read:** Prescribed medications must include the pharmacy label with the Rx number, the name of the medication, dosage, directions for use, and the child or staff's name. Non-Prescription medications must be in its original containers, clearly labeled with the child or staff's name and directions for use. All medications must be kept in the Guard Shack. Please completely fill out the following information regarding the appropriate times and dosages of each medication your child or staff will receive at Hale (attach additional forms if needed). **I hereby give permission for Hale to administer the following medications to my child during his or her camp attendance.**

**Not applicable**

**Camper or Staff Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

<b>Name of Medication (if Inhaler or EpiPen® complete below as well):</b>					
<b>Why is this medication taken?</b>					
<b>Days Taken (please circle)</b>	M	T	W	Th	F <input type="checkbox"/> As needed
<b>Times Taken (be specific)</b>	_____AM	PM	Other_____	<b>Dosage</b> _____	
<b>Are there any additional notes or instructions for this medication?</b>					

<b>Name of Medication (if Inhaler or EpiPen® complete below as well):</b>					
<b>Why is this medication taken?</b>					
<b>Days Taken (please circle)</b>	M	T	W	Th	F <input type="checkbox"/> As needed
<b>Times Taken (be specific)</b>	_____AM	PM	Other_____	<b>Dosage</b> _____	
<b>Are there any additional notes or instructions for this medication?</b>					

<b>Type of <u>Inhaler</u>:</b>		
<b>Location of Inhaler at camp (circle one)</b>		
Guard Shack or designated secure storage	on campers person	with camp counselor
<b>Who can administer inhaler? (circle one)</b>		
	Qualified Personal	Camper

<b>Type of <u>EpiPen®</u>:</b>		
<b>Location of EpiPen® at camp (circle one)</b>		
Guard Shack or designated secure storage	on campers person	with camp counselor
<b>Who can administer EpiPen®? (circle one)</b>		
	Qualified Personal	Camper

**Parent/Guardian Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_