



## 2018 Tween & Teen Program Registration Packet

80 Carby Street, Westwood, MA 02090 Tel (781)326-1770 Fax (781)326-0676 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 Season Members \$300 per session
- Off-Peak & Weekend Members \$400 per session
- Session Bundle Members \$300/\$600 per session  
*(Session Bundle Members pay \$300 for Sessions in which they hold a valid Membership)*
- Non-Members & Adult Members \$600 per session  
*(Children of Adult Pass Holders 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 after the new year. 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 HSC 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 2: July 9 – July 20
- Session 4: August 6 – August 17
- Group size: 40

#### **TEEN PROGRAM**

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

- Session 1: June 25 – July 6\*
- Session 3: July 23 – August 3
- Group size: 40

**\*Discounted Price for Session 1 due to no camp on July 4. (\$270/\$360/\$540)**

*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)



Camper Name \_\_\_\_\_

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

Does the camper have Asthma? **Yes (circle one) No**

\*Will the camper be bringing an inhaler to camp? **Yes (circle one) No**

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

\*Does the camper 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 the camper should be exempted: \_\_\_\_\_

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

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: \_\_\_\_\_

*\*If "Yes" a "Medication Information Form" must be completed*

**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 and American Camp Association to have my child's photo to appear in camp brochures, videos, on websites or other promotional literature.

Authorization for Treatment: In case of an emergency, I authorize Hale 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 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 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**

Signature \_\_\_\_\_

Date \_\_\_\_\_



## 2018 Hale Summer Club Immunization History Form

Each 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 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:** \_\_\_\_\_



## 2018 Hale Summer Club Ropes Parent Permission Slip

I hereby give my son/daughter \_\_\_\_\_ permission to participate in the Ropes Program at Hale for the summer of 2018.

**Acknowledgement of Risk and Waiver:** I hereby agree to assume all risks and responsibilities surrounding my child's participation in any activities while attending Hale Summer Club and any activities undertaken as an adjunct thereto. I release and forever discharge, and agree to indemnify and hold harmless, Hale and Hale Summer Club 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 Hale Summer Club 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: \_\_\_\_\_



**2018 Hale Summer Club  
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's name. Non-Prescription medications must be in its original containers, clearly labeled with the child'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 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 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:** \_\_\_\_\_