



2019 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 Teen Program. The program is designed as a self-directed model to allow teens to choose their own adventures and build new friendships. Teens spend their summers outside, away from screens, 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 Pass below*):

- Full Summer Passholders \$300 per session
- Make the Most of Summer Bundle \$400 per session
- Off-Peak & Weekend Passes \$500 per session
- Staycation Passes \$500 per session
- Non-Members & Adult Passes \$600 per session

***Discounted Price for Session 1 due to no camp on July 4. (\$270/\$360/\$450/\$540). We will also prorate for school snow days that cause an absence from Teen Program**

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. (*Children of Adult Pass Holders may sign up at the same time as Members*) If space permits, registration will open for non-Members on the first Monday of March. Included in the price is \$75 non-refundable deposit per session. Cancellations accepted prior to HSC opening only, unless waitlist allows replacement. Once the program begins, no refunds are offered.

Single weeks of camp will only be considered after June 1 at a premium rate: Members: \$195; Make the Most of Summer Bundles: \$260; Off-Peak & Weekends/Session Bundles: \$325; Non-Members: \$390. (Single days are at the discretion of the Director, and are at a premium rate).

TEEN PROGRAM

Teens entering Grades 6, 7 & 8

Hours: 9:30 a.m. – 4:00 p.m.

Group Size 40

(Check which sessions you wish to enroll in)

- Session 1: June 24 – July 5*
- Session 2: July 8 – July 19
- Session 3: July 22 – August 2
- Session 4: August 5 – August 16

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

All completed forms are needed to register. A spot will not be held without all the following forms:

- Health History, Emergency Contact and Release Form
- Copy of the latest Physical signed by a doctor OR the Immunization History Form (*If child is having physical between registration and the start of camp, please provide the most recent copy from prior physical until new one arrives*).
- Parent Permission Form to participate in the Ropes Program
- Medication/Epi Pen & Inhaler Administration Form (if needed)



**2019 Hale Camper
Health History, Emergency Contact,
and Release Form**

80 CARBY STREET, WESTWOOD, MA 02090

PH.781-326-1770

FAX.781-326-0676

HALERESERVATION.ORG

Last Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Middle Initial:	<input type="text"/>	<input type="text"/>
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First Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Birth Date (MMDDYY):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street _____ City/Town _____ State _____ Zip _____

Male (circle one) Female Identifying Marks: _____ Grade in Fall 2019 _____

Parent or Guardian Information	
Parent or Guardian _____	Parent or Guardian _____
Address _____ <small>(Only if different from address above)</small>	Address _____ <small>(Only if different from address above)</small>
Phone _____ Work _____	Phone _____ Work _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

Please list at least one emergency contact other than Parents listed above that, if necessary, could provide transportation home.

Emergency Contact _____	Emergency Contact _____
Cell Phone _____ Work _____	Cell Phone _____ Work _____

Allergies			
Insect Bite	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)
Bee Sting	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)
Food	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)
Seasonal	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)
Medications	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)
Other	Yes (circle one) No	Reaction _____	Severity: Mild - Moderate - Severe (circle one)
Please explain/specify any of the above that were answered "Yes" (i.e. type of food allergy, medication associated, etc.) _____			
If medications will be administered at camp for above allergies a "Medication Information Form" must be completed			

Physician Information
Name of family physician: _____ Phone: _____

Insurance Information
Insurance Carrier: _____ Policy Holder Name: _____ Policy/ Group #: _____

<p>Immunization History: Massachusetts requires a Certificate of Immunization for all campers. You may use the form provided or a copy from your doctor's office.</p>	<input type="checkbox"/> Check if attached
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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), Sunscreen, DEET bug spray, 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 _____



2019 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: _____



2019 Hale Summer Club
Challenge Course Parent
Permission Slip

I hereby give my son/daughter _____ permission to participate in the Ropes Program at Hale for the summer of 2019.

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 challenge course program and must wear sneakers or hiking boots and a T-shirt and shorts in order to participate safely.

Signed: _____

Name: _____

Date: _____



Authorization to Administer Medication to a Camper (completed by parent/guardian)

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	

Medication Information 2	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	

Authorization Information

I hereby authorize the health care consultant or properly trained health care supervisor at _____ (name of camp) to administer, to my child, _____ (name of camper) the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D) [see below].

If above listed medication includes epinephrine injection system:

I hereby authorize my child to self-administer, with approval of the health care consultant Yes No Not Applicable

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer Yes No Not Applicable

If above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer, with approval of the health care consultant Yes No Not Applicable

Signature of Parent/Guardian:	Date:
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** **Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.