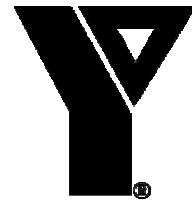


# SAILING PROGRAM

## 2009 Summer Rec Program



A Collaboration of the  
CITY OF GLOUCESTER  
and the  
CAPE ANN YMCA



*WORKING TOGETHER FOR A STRONGER COMMUNITY*

# ENROLLMENT PACKET

### **100% SATISFACTION GUARANTEE**

We, at the YMCA, want you to be completely satisfied. My staff and I strive to provide the best quality services you and your family desire. Please contact me directly if your 2009 Summer Rec experience does not meet or exceed your expectation. We welcome the opportunity to make you happy. We will correct any issue for you. If you remain unsatisfied, we will refund the remainder of your fee. Our goal is to provide the best experience possible.

- Rick Doucette  
Executive Director  
Teen & Camp Services YMCA

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health

# 2009 SUMMER REC

## Sailing Summary Registration Form


We meet or exceed all Summer Camp regulations as required by the Massachusetts Department of Public Health.

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ YMCA Member? \_\_\_\_\_ Member #: \_\_\_\_\_

<i>Session Dates</i>	<i>YMCA Camp Session Numbers</i>	<i>MORNING CAMP</i> <i>8:00AM – 11:30AM</i>	<i>AFTERNOON CAMP</i> <i>12:30PM – 4:00PM</i>
6/22 – 7/3	1 & 2	Mon - Thu	Mon - Thu
7/6 – 7/17	3 & 4	Mon - Thu	Mon - Thu
7/20 – 7/31	5 & 6	Mon - Thu	Mon - Thu
8/3 – 8/14	7 & 8	Mon - Thu	Mon - Thu
8/17 – 8/28	9 & 10	Mon - Thu	Mon - Thu



**IN ACCORDANCE WITH MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH REGULATIONS: NO CHILD MAY ATTEND CAMP WITHOUT COMPLETED IMMUNIZATION/HEALTH HISTORY FORMS ON SITE. FAILURE TO SUBMIT THE ATTACHED FORMS WILL CAUSE CHILD TO BE EXCUSED FROM CAMP. NO REFUNDS WILL BE GIVEN.**

**TEXT BOX FOR 2009 SUMMER REC STAFF USE ONLY:**

DATE OF REG: \_\_\_\_\_ AMOUNT TAKEN: \$ \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

NOTES: \_\_\_\_\_

<b><u>REQUIRED DOCUMENTATION IN FILE:</u></b>	<b><u>CAMP ADMINISTRATION NOTES:</u></b>
Immunizations _____	Allergies _____
Transportation Choice _____	Medications _____
General Info Form _____	Restrictions _____
Physician's Medical Form _____	Other _____



**2009 SUMMER REC PROGRAMS  
ENROLLMENT PACKET  
REGISTRATION INFORMATION**



Camper Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Family Email \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_ if same as child, please write "same"

Home Address \_\_\_\_\_ if same as child, please write "same"

Home Phone Number \_\_\_\_\_ if same as child, please write "same"

Home Phone Number \_\_\_\_\_ if same as child, please write "same"

Business Name & Address \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell/Pager Number \_\_\_\_\_

Cell/Page Number \_\_\_\_\_

I give permission for my child to be released from the program at the end of the day and/or I give permission to the following people to receive my child at the end of the day.

(If no one is authorized, please indicate below by writing "no one.")

_____	_____	_____	_____	_____	_____
Name	Address	Relationship to child	Home phone	Work phone	Cell Phone

_____	_____	_____	_____	_____	_____
Name	Address	Relationship to child	Home phone	Work phone	Cell Phone

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

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

\_\_\_\_\_  
Date



**2009 SUMMER REC PROGRAMS ENROLLMENT PACKET  
GENERAL INFORMATION**



Camper Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PEDIATRICIAN OR SOURCE OF HEALTH CARE**

\_\_\_\_\_  
Doctor's Name Address Phone

\_\_\_\_\_  
List Allergies/Special Diets/Chronic Health Conditions/Special Limitations...If there are no conditions, please write "none."

\_\_\_\_\_  
Please list any medications currently being taken.

**MEDICAL EMERGENCY TREATMENT**

I hereby give the Summer Rec Program Staff permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent/Guardian Signature Date

**EMERGENCY CONTACT PERSON(S) – OTHER THAN PARENT(S)/GUARDIAN(S)**

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

**INSURANCE INFORMATION**

\_\_\_\_\_  
Company Name Policy Number

\_\_\_\_\_  
Participating Hospital Special Instructions



**2009 SUMMER REC PROGRAMS ENROLLMENT PACKET  
PARENTAL INFORMATION SHEET**



Camper Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

We appreciate you placing your trust in us to care for your child this summer. We place the utmost importance upon each child's safety, well-being and overall camp experience.

Please help us by taking a few minutes to share your insights about your child. By doing so, please recognize any information provided on this sheet may be shared with members of the 2009 Summer Rec Staff Team.

**What should we know specifically about your child so we can provide the best of care?**

**What would you most like for your child to accomplish this summer with our program?**

**What would your child like to most accomplish this summer with our program?**



**2009 SUMMER REC PROGRAMS ENROLLMENT PACKET  
MEDICAL INFORMATION SHEET**



Camper Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

**TO BE COMPLETED BY A PHYSICIAN:**

**Has the child/adolescent ever had:**

Frequent ear infections	Yes	No	Pneumonia	Yes	No
Bronchitis	Yes	No	Surgery	Yes	No
Kidney problems	Yes	No	Hospitalization	Yes	No
Heart problems	Yes	No	Broken bones	Yes	No
Convulsions	Yes	No	Chicken pox	Yes	No

If you answered "Yes" to any of the questions above, please explain:

Please list any medications the child takes on a regular basis: \_\_\_\_\_

Allergies \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical \_\_\_\_\_ Ht \_\_\_\_\_ WT \_\_\_\_\_ HC \_\_\_\_\_ BP \_\_\_\_\_

Abnormal Findings      None      Finding \_\_\_\_\_

Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Restrictions to normal activity    Yes    No

Comments \_\_\_\_\_

Special Notice, i.e. Medic Alert \_\_\_\_\_

**Immunizations & Dates:**

DPT DT Td	MMR	Last TB Date	Type _____
1.	1.	_____	Result _____
2.	2.	Last Lead Date	Result _____
3.		_____	
4.			
5.	HepB		
	1    2    3		
Polio: Oral Inactive		Last Hgh/Hct Date	Result _____
1.		_____	
2.	Hib		
3.	1    2		
4.	3    4		Result _____
5.			
	Flu _____	Varicella _____	

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

The Department of Public Health's Camping Regulations require that all campers and staff members be immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, and rubella. This sheet must include the month, year, and type of immunization or occurrence of clinical disease. Exemptions are allowed for religious or medical reasons. Camp Director must ensure that each camper and staff member meets the Massachusetts immunization requirements before admittance to camp.