Summer Camp 2019
Confirmation Packet &
Required Camper Forms

Please Return by May 1st
All forms **MUST** be Completed **BEFORE** Camp Arrival.
Campers will not be allowed to submit forms on the first day of camp.

Camper’s Name ________________________________________________________________

Registered for week(s):

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<tr>
<th>Week of</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
<th>Week 9</th>
<th>Week 10</th>
<th>Week 11</th>
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<td>6/17</td>
<td>6/24</td>
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<td>Camp Closed 7/4-7/5</td>
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Amount

Total Due: $______________ Deposit Paid: $______________ Balance: $______________

Non-refundable

Payment drafted April 20th

Dedham Health & Athletic Complex
200 Providence Hwy. Dedham, MA 02026
781-326-2900 www.dedhamhealth.com
What to bring to camp

Prior to attending camp: (all forms due by May 1st)

- **Health forms** A Current Health History including record of immunizations (see attached camp health form). A physician’s form may substitute “Immunization” section of the camp health form. Please fill out all other information
- Emergency contact card
- Camp Policy form signed
- Payment of camp balance due May 1st
- Other necessary forms (ex. extended day reservation form)
- *Medication to be taken while attending camp with Medication Administration Form

What to bring to camp everyday: Please label your camper’s belongings

- Bathing suit and towel
- Water bottle
- Sunscreen and Insect Repellent (Counselors assist in application)
- Sneakers
- Goggles (if desired)

What to leave at home:

- Campers will not be allowed to use cell phones during the camp day.
- Electronic Games
- Personal items of value
- Dangerous toys and weapons

*Medication Administration during camp:
Medication is Administered by the camp Health Supervisors: Michelle Sayers and Melanie Camillieri

Prescription or over the counter medication to be taken during the camp day must be registered with the camp health supervisor (Medication Administration Form). Medication must be in original, labeled containers and a camp medication administration form must be completed with parent signature. Medication must be given directly to the health supervisor by a parent. Health supervisor will administer camper medication. DO NOT SEND CAMPER TO CAMP WITH UNDOCUMENTED MEDICATION OF ANY KIND.

Policy on camper illness or injury:
Ill or injured campers will be evaluated by the camp health supervisor and a parent will be notified immediately. The health care supervisor and the parent will decide on the best coarse of care for the camper. The camp Doctor is also on site during the camp day for consultations. In the event of an emergency, campers will be transported by ambulance to the hospital and parents/emergency contacts will be contacted immediately.

Important: Staff background checks, policy on health care, discipline policy and procedure for filing grievance are available upon request.

*If there are any questions regarding the camp policies and/or the camp confirmation packet please contact Michelle or Melanie at 781-326-2900.
Parents - Please Complete ALL Sections

Name _______________________________________________________DOB ___________ Sex______ Age______

Parent/Guardian:_________________________________________________________________________________

Home Address:__________________________________________________________________________________

Cell Phone____________________ Home Phone____________________ Work Phone____________________

Emergency Contacts:

Second Parent/Guardian Contact

Home Address:__________________________________________________________________________________

Cell Phone____________________ Home Phone____________________ Work Phone____________________

Third Emergency Contact:

Name______________________________Relationship______________________Phone_____________________

* IMPORTANT - This box must be SIGNED for attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Camp activities except as noted. Emergency authorization/ Permission to treat: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, and treatment for me/or my child, and in an event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. This form may be photocopied for use out of Camp.

I also understand and agree to abide with the restrictions placed on any Camp activities (if applicable).

Signature of parent or guardian :__________________________________________________________________

*If religious exemptions apply, you must provide the camp with an appropriate letter of medical waiver.

Family Medical Insurance Carrier: ___________________________________________________________________

Policy or group number:___________________________________________________________________________

Health-Care Providers:

Name of camper’s Primary Care Physician: _____________________________________ Phone: (______) ____________

Name of Dentist(s):________________________________________________________ Phone: (______) _____________

Name of Orthodontist(s):____________________________________________________ Phone: (______) _____________

PLEASE COMPLETE NEXT PAGE
REQUIRED- Please Attach:
- Printout of the camper's most recent immunization record
- Proof of a physical within the last 18 months, signed by physician.

Medical or Religious Exemptions (including individual immunization): must be in writing and attached to the camper’s medical record forms.
If you have questions about what is required for your child’s age/grade, please visit mass.gov for the full list of required vaccinations.

Parent Complete this Section — Camper Health History:

Has camper ever been hospitalized?  Yes  No  Ever had surgery?  Yes  No
Had a recent infectious disease?  Yes  No  Had a recent injury?  Yes  No
Does camper wear glasses?  Yes  No  Does camper have asthma/shortness of breath?  Yes  No
Reported loss of consciousness or concussion:  Yes  No  Had fainting or dizziness?  Yes  No
Passed out/had chest pain during exercise?  Yes  No  Has the camper been treated for ADD or ADHD?  Yes  No
Have recurrent/chronic illnesses?  Yes  No  Had mononucleosis during the past 12 months?  Yes  No
Does camper have epilepsy?  Yes  No  Does camper have Diabetes?  Yes  No

Explain “Yes” to any of the above health history questions: ____________________________________________________
____________________________________________________________________________________________________

The camper is under the care of a physician for the following conditions:___________________________________________

Current treatment (include current medications): ______________________________________________________________

Recommendations and restrictions while at camp:_____________________________________________________________

Treatment to be continued at camp:_____________________________________________________________

MEDICATION to be administered at camp:  No  Yes
Medication to be taken while attending camp must be in original labeled containers and Medication administration form must be completed and signed by parent prior to any medication being administered.
Medication Name ______________________________________________________________

Any medically prescribed meal plan or dietary restrictions: ______________________________________________________
____________________________________________________________________________________________________

Any allergies (food, drugs, plants, insects, etc.): _____________________________________________________________

In my opinion, the above condition does__/does not____ preclude his/her participation in an active Camp program.

Parent Name: ______________________________________ Signature________________________________ Date__________
Code of Camp Spirit

I pledge to do my best,
respect others at all times,
to be helpful,
to obey camp rules,
HAVE FUN,
and most of all... be The BEST ME I CAN BE!

Camper’s Signature

Safe and respectful behavior is expected of all our campers.

If discipline issues occur in camp, camper counselors will work with the camper to understand what is expected and how to improve behavior. If the behavior persists the camp director will contact the camper’s parent so they may work together to modify and improve behavior. In serious cases campers may be asked to “take a day off,” he or she may not re-enter camp until there has been a meeting with the parents and the Camp Director.

Occasionally, efforts are not successful and a camper is dismissed from camp. The Camp Director reserves the right to withdraw any camper whose behavior interferes with the rights and safety of others, the smooth functioning of a group or activity, violates the Camp Code of Conduct, or if the child has special needs not fully brought to the Camp’s attention at the time of registration. Refunds are not extended in these circumstances.

I understand that after the camp application and/or extended day registration has been accepted, if the camper fails to attend, withdraws, is dismissed or experiences incomplete attendance for any reason, no refund or transfer of any deposit or tuition paid prior to that time will be made.

I agree to pay all charges in full before April 20, 2019

I agree to have all required camper forms completed and returned to the camps by May 1, 2019

I understand that my child may not attend camp until the properly completed forms and all payments have been received.

I understand that any changes in camp registration (week changes) after May 1st incur a $25.00 charge.

I understand that DHAC/ Summer Camp is not responsible for lost/stolen items.

I authorize DHAC to create, retain, reproduce, use and publish images and/or videos of the Campers for its own records and for use in public relations, marketing, and social media campaigns.

Parents will be contacted in any unforeseen situation during the camp day (camper illness, injury, behavior etc...). Please contact the camp at any time to update us on your child’s specific situations.

I grant permission for my child to participate in all the camp programs, activities and events. I understand that camp leadership and supervision will be provided.

I grant permission for the Camp Staff to assist in the application of sunscreen for my child.

Information for parents regarding meningococcal disease and immunization for campers can be found at https://www.cdc.gov/meningococcal/index.html

I have read, I understand and accept the camp price schedule and registration policies.

Parent Signature  Camper Name  Date
Important Pick-up and Drop-off Notes for Parents

- The Summer Camp drop-off and pick-up is located on the left side of Dedham Health & Athletic Complex (behind Dick’s Sporting Goods) and is open between 7:30am–10:00am for drop-off and 3:45pm-6:00pm for camper pick-up.

- In order to make sure all paperwork is in completed, parents are asked to enter the building for drop-off for the child’s first day of camp.

- **CAMP PICK-UP:** On the first day of camp you will receive a camp name tag for your car. Please display this tag in your windshield during the camp pick-up car line. Please request tags for all the car pools you may be involved in during the summer. Camp counselors will be in the parking lot between 3:45-4:15 to assist in walking campers out to their cars at pick-up. Please remain in your car and in the line as counselors direct you to pulling up to the camp door. Cars without tags will park and adult must walk inside the building to pick up. The adult picking up must be listed on the “authorized pick-up” form, and must present positive identification (driver’s license) if there is no camp car tag present.

- **Pleases contact the camp if your child will be arriving late, picked-up early or will not be attending camp that day. Early/late Pick-up or drop-off is located at The Summer Club entrance (back of the building).**

- The camp does not allow campers to leave the building on their own.

- Camp is open Monday-Friday 9:00am-4:00pm. Extended hours are available at an additional charge (7:30am-9am or 4pm-6:00pm). Drop-off before 8:45am or pick-up after 4:15pm will result in extended day charge.

- If your child is participating in a car pool please list the names of all those allowed to pick-up the camper during their camp weeks in the space provided on the camp emergency contact card.

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**Help us UNPLUG this summer!**

Encourage your camper to leave all electronics at home!

If, for any reason your camper would like to call home, they can do so at any time using one of the camp’s telephones.

Thank you in advance.
Extended Day Reservation Form

The Ultimate Day Camp  
My First Camp  
Junior Tennis Academy Summer Camp

Please send extended day form with payment to:  
DHAC  
200 Providence Highway  
Dedham, MA 02026

Camper Name________________________Parent Name:_____________________

SNACK IS NOT PROVIDED IN EXTENDED DAY.  
PLEASE SEND YOUR CAMPER WITH A PEANUT FREE SNACK IF NEEDED.

Extended Day AM  
Morning Session drop-off between 7:30am-8:45am  
$10/day/child when reserved 1 week in advance

Extended Day PM  
Late Session: pick-up between 4:15pm-6:00pm  
$15/day/child when reserved 1 week in advance

Please check box for each day and time needed

(A) Ext. AM Sessions _______x $10.00 = _________  
(B) Ext PM Sessions _______x $15.00 = _________

Total Amount Due = (A) _________ + (B) _________ = _________

Payment Method          Visa            MC            Amex            Check # _______

Card # ________________________________ exp _____/______

Signature:______________________________Date_________________

Cost for extended Day when not reserved 1 week in advance = $20.00 hour/child

Penalty charge for pick-up after 6pm = $20
During “5 Day” choice activity time at The Ultimate Day Camp, campers will be able to participate in a “5 Day Specialty Activity” of their choice. This gives campers the opportunity to participate in their chosen specialty activity during one choice block, for 5 consecutive days. Each one of these programs is a progressive activity which benefits the camper in many ways. Encouraging different age groups to work together, progressive skill building and a higher level of focus are all goals of the “5 Day Specialties.” Campers may choose to participate in a different specialty each week, stick to the same specialty for multiple weeks or participate in the other recreational activities offered.

Camper Name __________________________________________________    Age: __________

Specialty choice: Check the box for the camp week you wish to participate in your selected specialty activity. Please fill out and return to camp with all required camp forms. Remember all required forms are due prior to camper’s arrival and 5 day specialty activities have limited space and are first come, first served.

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<thead>
<tr>
<th>5 Day Specialty Activity</th>
<th>Age</th>
<th>6/17</th>
<th>6/24</th>
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<th>7/8</th>
<th>7/15</th>
<th>7/22</th>
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<th>8/12</th>
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<tbody>
<tr>
<td>Art Studio</td>
<td>6+</td>
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<td>Athletes Edge - Sports Conditioning</td>
<td>6+</td>
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<td>Theater</td>
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<td>Dance</td>
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<td>Tennis Lesson</td>
<td>6+</td>
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<td>Lego Robotics</td>
<td>6+</td>
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<tr>
<td>Kenpo Karate</td>
<td>6+</td>
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For descriptions of each activity please see reverse side.

To sign up for any of these 5 Day Skill Building Specialties, please fill out this form and return to the Camp. Remember all activities are first come, first served. Thank you!

The Ultimate Day Camp

200 Providence Hwy. Dedham, MA 02026
781.326.2900  *  www.dedhamhealth.com
5 Day Specialty Activities
Descriptions

During choice activity time at The Ultimate Day Camp, campers will be able to participate in a “5 Day Specialty Activity”. This gives campers the opportunity to participate in their chosen specialty activity during one choice block, for 5 consecutive days. Each one of these programs is a progressive activity which benefits the camper. You may choose to participate in a different specialty each week, stick to the same specialty for multiple weeks or participate in the other recreational activities offered.

**Art Studio**  Age 6 and older
Calling all creative campers! Art Studio 5 Day Specialty! Explore creativity in weekly projects designed to introduce campers to a variety of creative challenges, new skills and messy fun!

**Athlete’s Edge - Sports Conditioning**  Age 6 and older
Play sports and train like a pro athlete... Participate in an age appropriate sports conditioning workout using all the latest, most effective techniques to build strength, speed, power and confidence.

**Theater**  Age 6 and older
Want to be on Broadway? A Hollywood Star? Get your start here! Our Theater program has grown to be a popular favorite among campers. Working for 5 days to complete a themed performance is no easy task. However, with hard work and lots of practice, the week ends with a spectacular performance for the entire camp to enjoy.

**Dance**  Age 6 and older
This 5 Day Activity choice is a fast moving, high energy class fun for all dance abilities. The choreography is themed to the camp weekly theme and is taught by our professional dance program staff. Dancers will participate in a Friday performance for campers and parents.

**Tennis Academy**  Age 6 and older
This specialty is a great opportunity for campers to learn from the pros! DHAC’s Jr. Tennis Academy instructors will lead in skill instruction and fun tennis games. A great way to incorporate a little “Tennis Camp” into your camp day!

**LEGO Robotics**  Age 6 years and older
An exciting introduction to the LEGO® Mindstorms NXT Robotics System (for advanced builders) and LEGO® We DO Program (for beginners)! Practice mechanical design, construction, programming & teamwork skills. Campers work in small groups using LEGO® building elements, motors and sensors. Campers may also participate in Lego Challenges or creative free builds.

**Kenpo Karate**  Age 6 and older
The Term “Kenpo” means “the way of the Fist” or “fist law”. It is a form of karate that is taught and practiced for self defense. The art utilizes linear and circular movements incorporated with scientific concepts to achieve an optimal system for defending one’s self. Campers will participate in a group lesson instructed by DHAC Kenpo’s knowledgeable instructors.
Camp Emergency Contacts

Camper’s
Last Name:________________________________________ Age: __________
Camper’s
First Name:______________________________________ D.O.B: ___/___/____

Address:_________________________________________________________________
________________________________________________________________________

Parent/Guardian:
Name: ___________________________ Phone: _____________________________
Cell Phone:____________________ Work phone:_________________________

Name: ___________________________ Phone: _____________________________
Cell Phone:____________________ Work phone:_________________________

Alternate Emergency Contact:
Name: ___________________________ Phone: _____________________________
Med. Doctor:____________________ Phone: _____________________________

Please list any special instructions on back

Camper Authorized Pick-up

The camp provides camper car tags on Monday morning with your camper’s name. Cars with these tags may enter the pick up line between 3:45pm and 4:15pm each day. Families may request as many tags as needed to ensure all regular pick up vehicles are tagged.
For camper pick up without car tags: vehicle must park, adult must be listed below and must show license in order to dismiss the camper.

Adults authorized to pick up camper:
Name: _______________________ Relation to camper:_________________
Name: _______________________ Relation to camper:_________________
Name: _______________________ Relation to camper:_________________
Name: _______________________ Relation to camper:_________________