

Dear Parents and Campers,

Thank you for choosing the WestFit Summer Camp at Westford Swim and Tennis Club for the summer of 2019. We are looking forward to another fun summer!

This form is for the following campers (list all campers in your family):

Please return the following documents:

- This form (1 per family)
- Registration Form (1 per camper)
- Summer Camp Health Form (1 per camper)
- A copy of most recent Physical and Immunization Records (1 per camper)
- "Authorization to Administer Medication to a Camper" (1 per camper who requires medication at camp)
- Pick Up Policy (1 per family)
- Summer Camp General Release Form (1 per family)

Please initial that you reviewed the following:

- Medical Policies (link on website) _____
- Meningococcal Disease (link on website) _____
- Immunization Information (link on website) _____
- Summer Camp Daily Checklist/Electronics Reminder _____
- Sample Day & Field Trip Reminders _____

Parent or Guardian Signature: _____

Printed Name: _____ Date: _____

This form as well as all forms listed above are due 1 week prior to the first day of the campers listed plan to attend camp. Forms can dropped off or mailed to:

WestFit
Attention: Summer Camp
4 Littleton Road
Westford, MA 01886

**Regulatory Compliance & Licensing Statement: This camp must comply with regulations of the MDPH & be licensed by the LBOH.*

WestFit Camp at Westford Swim & Tennis Club – General Release Form

Camper(s) Name (s)

Camp Policies: I understand that I, as a parent/guardian, have the right to review camp policies regarding background checks, health care, discipline, and grievance procedures by contacting the Camp Director.

Sunscreen: Campers should generously apply sunscreen (SPF 25 or higher) before arriving at camp. Sunscreen should be packed in a zip lock bag labeled with the camper's name. Campers will be directed to reapply sunscreen before and after swimming and any time it appears necessary or they want to.

Participation and Recording Images: I understand, as indicated by my signature below, that this authorization and release allows my child to participate fully in all aspects of WestFit/WS&TC Camp. I give permission for my child(ren) to be photographed and recorded during camp participation. I understand that these images may be used in future promotional events and literature.

Drop Off: Morning drop off is between 9:00-9:15am at the Camp Tent. The adult dropping of the camper(s) must sign them in with a counselor. AM Care drop off is between 8:00-9:00am and is an additional charge and requires pre-registration.

Pick Up: Afternoon pick up is between 3:45-4:00pm at the Camp Tent. The adult picking up the camper(s) must be on the child's Pick Up Policy list and sign them out with a counselor. PM Care pick up is between 4:00-6:00pm and is an additional charge and requires pre-registration. The first time a child is picked up after 4:00pm, there is no charge. Any other times, the PM care fee will be charged.

Inclement Weather: I understand that the campers go to WestFit during inclement weather. If the decision is made the night before, parents will be notified to drop off campers at WestFit. If the weather becomes bad during a camp day, then the campers will be moved to WestFit via a bus.

Transportation: I permit my child(ren) to participate in all planned activities at WestFit/ WS&TC Camp that require any off site activity. Field trip forms will be provided weekly with details. Also I permit my child to be transported via bus from WS&TC to WestFit to participate in indoor activities in the event of rain.

Walking: I permit my chil(ren) to walk to nearby locations with camp staff supervision.

General: I, the undersigned, attest that I am the parent or legal guardian of the above camper(s) who attend(s) WestFit/WS&TC Camp and agree to allow him/her/them to participate fully in all activities.

My signature indicated that I have read and understand all of the above.

Parent/Guardian Signature _____ Date _____

Print Name _____

WestFit Camp at Westford Swim & Tennis Club – Summer Camp Health Form

Camper's Name _____ Age ____ Grade ____ DOB _____

Address _____

Parent/ Guardian 1 _____

Address (if different) _____

Cell Number _____ Alternative Number _____

Parent/ Guardian 1 _____

Address (if different) _____

Cell Number _____ Alternative Number _____

Does the camper have any medical conditions, disabilities or chronic illnesses? YES or NO

If Yes, please provide details _____

Does the camper have any allergies? YES or NO

If Yes, please provide details _____

Does the camper have any past injuries or surgeries? YES or NO

If Yes, please provide details _____

Does the camper have any physical/activity restrictions ? YES or NO

If Yes, please provide details _____

Is there anything you want to share to make your child's experience more positive? YES or NO

If Yes, please provide details _____

Does the camper have any dietary considerations? YES or NO

If Yes, please provide details _____

Does the camper take any daily medication? YES or NO

If Yes, please provide the names and doses of the medication _____

Will the camper require any medication at camp? YES or NO

If Yes, please provide the names of the medication (“Authorization to Administer Medication to a Camper” must be completed for each medication)

Physician _____ Phone Number _____

Dentist/Orthodontist _____ Phone Number _____

Date of Last Physical _____

Please attach most recent Physical summary and Immunization Record

Does the camper have medical/health insurance? YES or NO

Insurance Carrier: _____ Policy #: _____

Emergency Contacts (if parents/guardians listed above cannot be reached)

Name _____ Relationship _____

Address _____

Phone Number _____

Name _____ Relationship _____

Address _____

Phone Number _____

This health history is correct as far as I know, and _____ has permission to engage in all camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment and transportation for my child named on this form. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child name on this form. The completed forms may be photocopied for trips out of the camp.

Parent/Guardian Signature _____ Date _____

Print Name _____

WestFit Camp at Westford Swim & Tennis Club – Daily Camper Checklist

Campers should wear comfortable athletic clothing and sneakers and apply sunscreen before arriving to camp.

Also each camper should bring the following items to camp daily. They should be labeled with their name:

- Non-perishable Lunch or Lunch with ice pack
- 2 Snacks
- Refillable Water Bottle
- Change of Clothes
- Hat
- Swim Suit
- Towel
- Sunscreen (SPF 25 or higher) in a zip lock bag
- Goggles (optional)
- Tennis Racquet

We ask that electronics be left at home, so they are not lost or damaged at camp. If a camper has a cell phone at camp, we ask that the cell phone is kept in their back packs. Also if a parent needs to contact their child, please contact the Camp directly.

Summer Camp 2019 – Sample Day

8:00am-9:00am	Early Care
9:00am-9:15am	Camper Drop Off
9:15am-9:30am	Morning Welcome
9:30am-10:20am	Group Games on Field and Courts
10:20am-10:40am	Snack
10:40am-11:00am	Theme Week Game
11:00am-12:30pm	Swimming (30 minute Lesson/30 minute Free Swim/time to change and apply sunscreen)
12:30pm-1:00pm	Lunch
1:00pm-1:45pm	Tennis Lesson
1:45pm-2:30pm	Theme Week Craft or STEM Project or Fun Friday Activity
2:30pm-3:30pm	Free Swim (includes time to change and apply sunscreen)
3:30pm-4:00pm	Tent Time (Snack and Games)
3:45-4:00pm	Camper Pick Up
4:00pm-6:00pm	Late Care

*Each day may vary slightly depending on the number of campers and activities planned.

*Thursday is typically Field Trip/Special Guest Day.

For Field Trips, campers depart right after lunch. Morning Swim is just Free Swim on Field Trip days. We will provide weekly field trip itineraries with the location, activities, and any additional information. These forms must be signed and returned to camp to participate in the Field Trips.

WestFit Camp at Westford Swim & Tennis Club – Pick Up Policy

Camper(s) Name (s)

Camper(s) will only be released to parents/guardians or designated individuals on this list. **Westfit / WS&TC Summer Camp staff may request identification from any individual that is not recognized (including parents).** Please be prepared to show proper identification.

Please list all individuals authorized to pick up your camper(s) below. Please include yourself and any other parent or guardian first. List names as shown on ID.

Name	Relationship	Cell Number
_____	Parent/Guardian 1	_____
_____	Parent/Guardian 2	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____ Date _____

Print Name _____