

# ABL DANCESPORT CENTER

## 2018 SUMMER CAMP - REGISTRATION FORM

**Up-to-date Health Records (medical exam report & immunization record within the past year), and this form must be completed & signed by a Parent, and provided prior to attending ABL Camp.**

**Registrations will not be processed without payment. You may change the week your child is enrolled depending on availability. No credits, refunds, or makeup for missed days.**

Child's Information	First Name: _____ Last Name: _____ Birth date: ____/____/____ Age: _____ Gender: M [ ] F [ ] Allergies/Medical Conditions: _____
Legal Guardian Information	Full Name: _____ Address: _____ Town: _____ State: _____ Zip: _____ <b>Email:</b> _____
Emergency Contact	Mom's Name _____ Work# _____ Mom Cell# _____ Dad's Name _____ Work# _____ Dad's Cell# _____ Additional Emergency Contact/ Name: _____ Phone#: _____

### DROP-OFF / PICK-UP FORM

I hereby authorize the following people to drop off/pick up my child/children from ABL Dancesport Center Summer Camp:

Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

My child is healthy enough to participate in any and all activities involved in the ABL Dancesport Center's Summer Program. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of ABL Dancesport Center to hospitalize and/or secure treatment for my child.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### RISK AND WAIVER OF LIABILITY

As the parents or legal guardians of \_\_\_\_\_, we hereby give permission for our child to participate in Summer Camp at ABL DanceSport Center. We recognize that classes involve inflatables, height, and rotation of the body and that there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against ABL DanceSport Center and it's owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control of ABL DanceSport Center. We hereby testify to our child's sound health of mind and body and we authorize ABL DanceSport Center to seek medical treatment at the nearest medical facility in case of emergency.

We hereby grant consent and authorize the use of photographs, slides, videotapes and film of our child participating in ABL DanceSport Center activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote ABL DanceSport Center programs, and/or recognition of participants.

*We have read and understand all the above and agree to the above terms, including the Risk and Waiver of Liability.*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

# MEDICAL HISTORY

*This form must be filled out by the parent/guardian.*

Child's Name: \_\_\_\_\_

Last exam date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Examined by: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location of Physician: \_\_\_\_\_

Please list previous and current health conditions:

Allergies: None or Describe \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Significant Health Concerns: Severe Allergies; Reactive Airway Disease; Asthma; Seizures; Diabetes Hospitalizations;

Developmental Delays; Behavior Concerns; Vision; Hearing; Dental; Nutrition;

Other \_\_\_\_\_ Explain above concern (if necessary, include instructions to care providers): \_\_\_\_\_ Special Diet: None or Describe

\_\_\_\_\_

List all previous medical treatment, injuries, surgeries and dates (minimum 2 years):

\_\_\_\_\_

Any specific activities to be limited by physician's advice \_\_\_\_\_

Medical/hospital insurance? \_\_\_\_\_ Policy\Group \_\_\_\_\_ Carrier \_\_\_\_\_

## Medications

- All prescription medications must include a pharmacy label, be unexpired and in original containers.
- List all medication needed during camp hours, include over-the-counter medications.
- If participating in an overnight, please list additional medications in Other Medications at Camp.
- Describe any medication regularly taken only at home: \_\_\_\_\_

## Medications at Camp

- No, this camper will not be taking any medication at camp.
- Yes, this camper will bring medication to camp.
- I authorize my child to self administer their injectable or inhalation

## Asthma Emergency Medications:

- No, this camper does not have emergency asthma medication.
- No, this camper needs asthma medication only for respiratory illness and will not be bringing it to camp.
- Yes, this camper has asthma medication that they will be bringing to camp.

Camper will bring:  inhaler  nebulizer  spacer Please list Below:

Medication:

Dose:

Strength:

Form? (Drops, tablets, etc.):

As Needed or Time(s) Given:

Reason for:

## Allergy Emergency Medications

No, this camper does not have emergency  allergy medications.

- Yes, this camper will be bringing EpiPens to camp. EpiPens must have a pharmacy label.
- EpiPen (0.3 mg/0.3mL injection) o EpiPen Jr (0.15 mg/0.3mL injection)
- Yes, this camper will bringing antihistamines (Benadryl, diphenhydramine) Please list below:

Medication:

Dose:

Strength:

Form? (Drops, tablets, etc.):

As Needed or Time(s) Given:

Reason for:

Other Medications at Camp

Medication:

Strength:

As Needed or Time(s) Given:

Dose:

Form? (Drops, tablets, etc.):

Reason for:

Medication:

Strength:

As Needed or Time(s) Given:

Dose:

Form? (Drops, tablets, etc.):

Reason for:

Medication:

Strength:

As Needed or Time(s) Given:

Dose:

Form? (Drops, tablets, etc.):

Reason for:

105 CMR 430.160(A) Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist’s initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use. 105 CMR 430.160(C) Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian. 105 CMR 430.160(D) When no longer needed, medications shall be returned to a parent of guardian whenever possible. If the medication cannot be returned, it shall be destroyed. \*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

*I hereby authorize the health care consultant or properly trained health care supervisor at ABL Camp to administer, to my child, the medication(s) listed above.*

*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  N/A*

*I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer  Yes  No  N/A*

*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  N/A*

**Medical History:** (Explain “Yes” answers in the space below.)

1. Have asthma?  Yes  No

2. Have diabetes?  Yes  No

3. Have seizures or seizure disorder?  Yes  No

4. Other recurrent/chronic illness?  Yes  No

5. Been hospitalized/had surgery in past 2 yrs.?  Yes  No

6. Ever had a head injury or concussion?  Yes  No

7. Have severe or frequent headaches?  Yes  No

8. Passed out/had chest pain during exercise?  Yes  No

9. Had fainting or dizziness?  Yes  No

10. Have frequent bloody nose?  Yes  No

11. Have motion sickness?  Yes  No

12. Ever had back/joint problems?  Yes  No

13. Have any skin problems?  Yes  No

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**Mental, Emotional and Social History:** (Explain "Yes" answers in the space below.)

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?  Yes  No
2. Have a phobia?  Yes  No
3. Ever been treated for emotional/behavioral difficulties, self-harm, or an eating disorder?  Yes  No
4. Ever have a need for an aide at school?  Yes  No
5. During the past year, seen a professional to address mental/emotional health concerns?  Yes  No
6. Used an individualized education plan (IEP) during the previous school year?  Yes  No
7. Speak a primary language other than English?  Yes: \_\_\_\_\_  No
8. Had a significant life event that continues to affect the camper's life? (Recent Divorce, foster care, trauma etc.)  Yes  No
9. Additional Information (other behavior or physical, mental, emotional, and social health information, etc.)  Yes  No

**Medical Release:** This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff to provide routine health care; to administer prescribed or over-the-counter medications as described; and to provide or obtain emergency care and transportation for the camper if needed. I give permission to the physician selected by the camp to order x-rays, tests, and treatment related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.

**Medications:** Pursuant to Massachusetts law and ABL policy, I authorize ABL's designated healthcare staff to administer as listed above Medications At Camp and Asthma or Allergy Emergency Medications, as directed, to my child for whom it was prescribed. I understand that all medications at camp must be approved by the camp's off-site healthcare consultant, seen and checked by the camp's health supervisor, and each dose monitored by a camp staff member. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label.

**Day Camp Agreement of Terms: Program:** I give permission for my child to participate in all camp program activities similar to those described in the newsletter, camp brochure, or information packet. I understand that ABL reserves the right to change program activities or instructors and cancel programs, should ABL decide in its sole judgment that it is necessary and appropriate to do so.

**Expectations/Dismissal:** I have informed the Camp Director and other appropriate ABL staff of any limitations to my child's participation and agree to abide by ABL's sole judgment as to whether my child can be accommodated in the camp program. I understand that failing to disclose any physical, emotional, or behavioral needs or conditions may result in the child's dismissal from the program without refund. I understand that my child must follow the stated behavior expectations and safety rules and that ABL reserves the right in its sole judgment to dismiss without refund any child whose behavior interferes with the rights and safety of others or consistently disrupts group dynamics or activities.

\_\_\_\_\_  
Signature of Parent/Guardian  
Relationship to Camper: \_\_\_\_\_

\_\_\_\_\_  
Date

# MEDICATION ORDER FORM

**\*\*This form is to be completed by a Licensed Prescriber: Physician, Nurse Practitioner  
or others authorized by Chapter 94C\*\***

A separate order form is required for each medication.

Name of Camper:

Gender:

Date of Birth:

Name of Licensed Prescriber:

Title:

Business Phone #:

Emergency Phone #:

Medication:

Route:

Dosage:

Frequency:

Times of Administration:

(Whenever possible, medication should be scheduled at times other than camp hours) Specific directions or information for medication administration:

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Special side effects, contraindications, or possible adverse reactions to be observed:

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Diagnosis:

Other medical condition(s):

Date of Order:

Discontinuation Date:

Consent for camper to self-administer:  YES  NO

Signature of Licensed Prescriber \_\_\_\_\_ Date \_\_\_\_\_

*Only when applicable*

**Special Medical Needs  
Mild & Severe Disabilities  
Procedure Authorization Form**

1. REQUEST FOR PERMISSION I recognize that ABL because of its program involvement, is not designed to accommodate and may not provide a safe camp experience for those with special needs.

While I (an adult) or my child have what might be considered a special need or disability, I believe the special need is such that it warrants special permission to attend an ABL Camp. The following information is therefore offered to substantiate my request for such permission. (Please provide as complete information as possible.)

Initial \_\_\_\_\_

2. ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS INVOLVED I have personally inspected ABL facility or, waived my right to do so and realize the risks involved in participation in camp activities. I realize that ABL is not generally advised for use by those with special needs or the disabled, that there are risks and dangers involved in such activities and that unanticipated and unexpected dangers may arise during such activities. I am willing to assume said risk of injury and/or complication of existing medical conditions to my person, my property, (or those of my child) that may be sustained on the occasion of the camp experience I (or my child) shall attend.

Initial \_\_\_\_\_

3. RELEASE OF RESPONSIBILITY I, as an adult or the parent and/or guardian of the individual named in this form giving permission for his/ her attendance at ABL on the dates specified herein, except for willful misconduct or gross negligence of ABL, its directors, officers, staff or any other persons connected therewith, agree to indemnify and hold ABL, and each of the persons connected therewith, harmless for injury or damage to the person or property of said individual.

Initial \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian  
Relationship to Camper: \_\_\_\_\_

\_\_\_\_\_  
Date

# ABL SUMMER CAMP POLICIES & PROCEDURES

## **Registration Policies**

--- Our Summer Program has open registration throughout the summer; spaces are limited!

## **Payment Policy**

- Registrations will not be processed without payment.
- You may change the week your child is enrolled depending on availability.
- Only registered and paid individuals may participate in class activities.

## **Refund Policy**

- 100% back if registration is cancelled 4 weeks before start;
- 75% back if registration is cancelled 3 weeks before start;
- 50% back if registration is cancelled 2 weeks before start;
- 25% back if registration is cancelled 1 week before start,
- NO REFUND if registration is cancelled less than 1 week prior to start of the session.
- Membership Registration fee of \$25 is non-refundable and due with the first payment.

## **Cancellation Policy**

--- ABL Dancesport Center reserves the right to cancel a Program due to insufficient registration with full refunds and notification.

## **Missed Days**

No credits, refunds, or makeup for missed days, or times.

## **Sign In/ Sign Out**

- All participants must be signed in/out when they are dropped off/picked up.
- If a camper is dropped off before the registered time, or picked up after the registered time, there will be a \$15 extra charge for extended day.
- Participants are NOT allowed to sign themselves in or out, regardless of age.
- A Summer Program participant will not be released to someone who is not his/her parent/guardian, or who is not listed on the Release Form.

## **Participant Requirements**

- ABL Dancesport Center reserves the right to remove a participant if that child poses a safety threat to staff members or other participants.
- All participants must be age 4+, and must be fully potty-trained.
- All participants must be paid in full and must have all forms returned to the office by their first day of the Camp.
- Participants must abide by all ABL Dancesport Center Summer Camp rules.

## **Extended Day**

- Extended day is offered on a weekly basis.
- Extended day is located in the ABL Dancesport Center. Participants should bring a book or toys. We may or may not use the studio or engage in gymnastics/ dance during this time.

## **Sick Participant Policy**

- Mildly sick participants can lie down in a designated quiet area in our facility.
- The ABL Dancesport Center will determine if a participant is too sick to stay at the studio, and will call the parents/guardians to come pick up their sick child if needed.

--- In the event of a serious illness or injury, if the parent/guardian cannot be reached in time, staff of the camp may call 911, and the child may be transported by Ambulance to nearest Hospital for immediate care and treatment.

When you keep your child at home at the first sign of a communicable disease, you are protecting your sick child from other health problems. You are also protecting other children and staff from exposure to the disease. If your child becomes ill with a communicable disease, contact your doctor to determine proper care, and then notify the camp office. It is in the best interest of your child's well-being to keep them home if they are in an infections state. A sick child cannot participate effectively in camp in a meaningful way. Keeping a sick child home prevents the spread of illness in the camp community and allows the child an opportunity to rest and recover. If in doubt, please keep your child home an extra day.

**Please report these conditions to the camp office when they occur, but a note from a health care provider is not required for return to camp.**

**Fever-** The child should remain at home with a fever greater than 99°. The child can return to camp after he/she has been fever-free for 24 hours (without fever-reducing medicine such as Tylenol or Motrin).

**Vomiting-** If your child has vomited during the night, the child should not be sent to camp. The child can return to camp only after being symptom-free for 24 hours.

**Diarrhea-** If your child has had three or more watery stools in a 24-hour period, the child should be kept home. A child with diarrhea should stay at home and return to camp only after being symptom-free for 24 hours.

**Colds-** A good rule of thumb is to keep a child home at the beginning of a cold... the most infectious time and when he/she feels the worst. Please keep your child at home if he/she is experiencing discomfort that would interfere with his/her ability to participate in camp (i.e. uncontrollable coughing, severe lack of energy). If your child experiences green nasal discharge that continues throughout the day, or a cough lasting longer than ten days, or is accompanied by fever or chills and is productive of discolored sputum, consult with your physician. Return to camp when the child does not have a persistent cough and feels well.

**Cough or congestion:** The child should remain home if the cough or congestion interferes with breathing and/or if wheezing.

**Chicken pox:** The child should stay home until there are no new spots and all old ones are scabbed over. Usually this requires child to stay home seven to ten days.

**Conjunctivitis (pink-eye):** Following a diagnosis of bacterial conjunctivitis, the child may return to camp 24 hours after antibiotic treatment is started. Campers with viral infection may return when eyes are clear.

**Coxsackievirus (Hand, Foot and Mouth Disease):** The child must stay home during the acute phase/stage of illness while fever or lesions exist.

**Head lice:** The child may return to camp, only after treatment and when hair is free of nits. The child's head will be checked by staff prior to admittance to camp.

Your child will be sent home, if you bring him/her to camp before the required 24-hour period. We entrust each parent to ensure the above policy is followed. This policy helps protect all ABL Dancesport Center Summer Program participants and staff from sickness before it spreads, and enables us to maintain a healthy, happy community. Your help is greatly appreciated!

### **Emergency Policy**

--- Once a week, a mock fire drill will be performed so all campers are familiar with procedure and exit strategies.

--- In the event of an emergency, the Program Director will announce to Staff to evacuate their campers from the building. 911 will be called.

--- Staff will bring all campers to designated safe areas outside the building while the problem is resolved.

### **Staff Requirements**

--- All staff must have CORI/SORI background checks before working at our Summer Program.

--- All staff will go through training, and full-time staff are CPR and First Aid Certified.

--- Staff must be up to date on their immunizations.

## **Other Policies**

- Per State Health Code, and for hygiene purposes, all participants must wear socks at playground area. Parents are responsible for packing socks. If the participant does not have socks, then the Camp staff will provide socks and parents will be charged \$3 for a pair of socks.
- All snack and lunch times are monitored by Staff members.
- Participants are not allowed to share food or drinks.
- Staff are to make sure that enough water breaks are given during hot days.
- Staff may not discipline a camper for having an accident.
- Timeouts will be given if a participant breaks a Summer Camp rule. Parents may be called if there is an ongoing issue, and the participant may be removed from the studio if necessary.
- Parents have a right to review the staff' background check, health care, discipline and other policies and procedures upon request, as well as procedures for filing grievances.

## **FOOD ALLERGY POLICY**

--- Parents/Guardians will be required to provide an appropriate lunch with a beverage each day. Also parents are required to provide a child with a morning and/or afternoon snack and beverage. If a child arrives without a bag lunch, snacks and/or beverage, a parent/guardian will be notified immediately and we will request that a sandwich is brought to the school before 12.00 p.m., or a child may be sent home, or a fee will be charged for a lunch purchase. We don't provide refrigeration for packed lunches & snacks.

These precautions will ensure your child's food is safe to eat. Food is not likely to be contaminated with food poisoning bacteria if you:

- Store and prepare cooked and raw food separately.
  - Wash hands, cutting board or other equipment before preparing food.
  - Ensure that food is cooked thoroughly.
- Ask us for the guidelines to reduce the risks and recommended Food/drinks.

--- ABL Dancesport Center recognizes that food allergies, in some instances, may be severe and even occasionally life-threatening. The foods most likely to cause allergic reactions are peanuts, tree nuts, dairy products, eggs, soy, wheat, fish, and shell-fish. Although most food allergies produce symptoms that are uncomfortable, persons with allergies to the above-listed foods can suffer more serious consequences.

--- ABL Dancesport Center would like to ask all of our members and non-members to help ABL Dancesport Center become a facility that is a Food Allergy Aware Zone. Please, be aware that as of today, we are not a Food Allergy Free Zone, but we are hoping that with your support we will bring a high level of awareness to this matter and make our facility safer to your children.

--- Parents of students with life-threatening allergies must provide ABL Dancesport Center with emergency medications and a written medical treatment protocol for their student for addressing allergy-related events. ABL Dancesport Center will keep medication and epinephrine (EpiPen) provided by student's guardian in a secure location where the Health Administrator can access it when necessary.

--- Information pertaining to a student's allergies will be shared with ABL Dancesport Center staff that have contact with the student, but otherwise will be kept as confidential as possible.

--- Peanut allergies are among the most common. Accordingly, ABL Dancesport Center will educate all member and non-member costumers about the awareness of food allergies and encourage all students and families to provide lunch and snacks that are free of nuts to ensure the student's safety.

--- ABL Dancesport Center will work with all member and non-member costumers to reduce the likelihood that peanuts, tree nuts, or nut oil products are brought in to our facility during classes, and/or Summer Camp activities.

--- ABL Dancesport Center requires that all staff and students wash their hands before and immediately after eating.

--- Though ABL Dancesport Center is committed to student safety we cannot guarantee that a student will never experience an allergy related event while in our care, and therefore has created this policy to reduce the risk that children with allergies will have an allergy-related event.

I have read and agree with the Policies & Procedures of the ABL DanceSport Center Summer Camp:

Parent/Legal Guardian Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date \_\_\_\_\_