

For CRA use only.

CRA Camp Application Summer 2012

PLEASE PRINT CLEARLY

Camper's Name _____ Nickname _____

Address _____ City _____

State _____ ZIP _____ Male _____ Female _____ Date of Birth _____

Home Phone # _____ T Shirt Size S M L (circle one)

Parent/Guardian Name _____ Cell Phone _____

Work Phone _____ e-mail address _____

Please check the desired session(s) and check the camper's instruction level below (see our website for level descriptions).

	<u>Half Day Camp</u> (9 AM – 1 PM)	<u>Cost</u>	<u>Full Day Camp</u> (9 AM – 3 PM)	<u>Cost</u>
1. June 18-June 22, 2011	_____	\$375	_____	\$475
2. June 25-June 29, 2011	_____	\$375	_____	\$475
3. July 2-July 6, 2011	_____	\$375	_____	\$475
4. July 9-July 13, 2011	_____	\$375	_____	\$475
5. July 16-July 20, 2011	_____	\$375	_____	\$475
6. July 23-July 27, 2011	_____	\$375	_____	\$475
7. July 30-August 3, 2011	_____	\$375	_____	\$475
8. August 6-August 10, 2011	_____	\$375	_____	\$475
9. August 13-August 17, 2011	_____	\$375	_____	\$475
Total Cost	_____	_____	_____	_____

Instructional Level

Level 1 ___ Level 2 ___ Level 3 ___ Level 4 ___ Level 5 ___

To enroll, **please complete page 1 and 2 of this application and Part A of the Health Fact Sheet**, and send them, together with a **check for full payment**, to:

**Charles River Aquatics
P.O. Box 534
Needham Heights, MA 02494**

Confirmation will be sent by e-mail. **Please make sure you have provided a working e-mail address.**
Please note that most registrations occur on-line, and a session may fill between the time you mail this application and it is received. **We must receive a completed Part B from your child's doctor by June 1, 2011 for this application to be considered complete.**

Release and Indemnification

Although we take care to guard the safety of you and your children while they are at the facilities of Charles River Aquatics, there are inherent risks associated with water and swimming pools, including but not limited to: slipping or falling on the pool deck, hitting the side or the bottom of the pool or ladders, and breathing in or swallowing water.

For and in consideration of the benefits to me from the use by me and/or my child(ren) of the facilities of Charles River Aquatics, Inc. and Boston University, and other good and valuable consideration, the undersigned, individually and for his/her heirs and personal representatives, hereby releases Charles River Aquatics, Inc. and Boston University directors, officers, agents, and employees from any and all claims of any kind or nature whatsoever, arising out of the use by me and/or my child(ren) of said facilities. The undersigned, individually and for his/her heirs and personal representatives, further agree to indemnify, defend and forever hold harmless Charles River Aquatics, Boston University and their directors, officers, agents, and employees from any and all liability or loss whatsoever, (including any cost of defending claims) arising out of our use of said facilities.

I/we give permission for photo images of my child that may be taken during a camp session to be used in materials to promote the Charles River Aquatics Swim Camp. All rights to these images are assigned to the Charles River Aquatics Swim Camp and its designates. I/we understand that my child's name will not be used, and that images will be for the sole use of the Charles River Aquatics Swim Camp.

Name of Child _____

Name of Parent _____

Signature of Parent _____ Date _____

Checklist. Before you mail this application, did you:

___ Fully complete the application?

___ Fully complete the Medical Form **Part A**? *Any blank lines or missing information will render the application incomplete.*

___ Have your Physician fully complete Medical Form **Part B** or *include a copy of a full physical exam given after August 17, 2010?*

CRA Camp Application Summer 2012**Health Fact Sheet: Part A – To be completed by Parent or Guardian.**

Child's Name _____

Home Address _____

Date of Birth _____ Place of Birth _____ US Citizen? Yes _____ No _____

Parent's Name _____ Relationship _____

Emergency Information

Home Phone # _____ Work Phone # _____ Mobile Phone _____

Emergency Contact: Name, Address and Phone # _____

Doctor's Name, Address and Phone # _____

Insurance Carrier Name _____ **Policy Number** _____**Please accurately complete the following questions.****Inhaler:** If your child uses an inhaler, do you give him/her permission to keep the inhaler with him/her at the CRA Swim Camp and to use it as needed? Yes _____ No _____ N/A _____**Epi-Pen:** Will you be registering an Epi-Pen for your child on the first day of camp? Yes _____ No _____
My child is capable of administering the Epi-Pen without assistance _____ My child will need adult assistance _____**Allergies:** My child is allergic to _____

The severity of the reaction is _____ and symptoms include _____

Please check any and all of the following that may apply to your child.

Diagnosis(es), if any

- Asperger's Syndrome
 Autism
 Cerebral Palsy
 Developmental Disabilities
 Developmental Delay
 Down Syndrome
 Lowe Syndrome
 Mental Retardation
 Other: _____

Seizures

- No seizure in lifetime
 No seizure in last 2 years
 Less than 1 seizure per month
 Major seizure activities
 Has required hospital admission
 Other: _____

Social/Behavioral Info <input type="checkbox"/> Shy or withdrawn <input type="checkbox"/> Inappropriate touching <input type="checkbox"/> Interact inappropriately with children <input type="checkbox"/> Fabricate stories <input type="checkbox"/> Problems understanding and following directions	Social Behaviors (con'td) <input type="checkbox"/> Wanders <input type="checkbox"/> Physically aggressive (explain below) <input type="checkbox"/> Excessive talking <input type="checkbox"/> Verbally aggressive <input type="checkbox"/> Excessive teasing <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Particularly vulnerable (explain below)
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Does your child presently attend a school classroom or other program that requires a staff-to-student ratio of less than 1:5? If so, explain: _____

Medication: My child is on the following Medication

Medication	Medical Condition	Amount per dose	# of doses per day
_____	_____	_____	_____
_____	_____	_____	_____

Will the medication have to be administered at camp? Yes _____ No _____

If yes, you must complete and sign an Authorization to Administer Medication form in addition to this form. The form can be found on our website.

Agreement

By reading and signing the following Agreement, I/we (hereafter referred to as "I") confirm my understanding of my child's participation in the Charles River Aquatics (CRA) Swim Camp for one or more weekly sessions during the summer of 2012.

- My child is physically able to participate in the CRA Swim Camp and has no medical condition which could affect his/her safety, participation, or the safety of others.
- I will be fully responsible for all medical expenses incurred by my child while attending the CRA Swim Camp.
- In the event of illness or accident, I grant the CRA Swim Camp the right to take appropriate actions for my child's health and safety and to obtain the necessary medical assistance.
- I understand that, with the exception of an extreme emergency, no operation will be performed without my being contacted and fully informed.
- I grant the CRA Swim Camp the right to administer medications, which I provide, as indicated above.
- I have read and freely sign this agreement which shall take effect as a sealed instrument.
- I verify that the information on this Health Fact Sheet is accurate.

Date _____ Print Name _____ Signature _____

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Health Fact Sheet: Part B – Childhood Illness History

To be completed by Child's Doctor. (Note: A standard physician's Camp Form will be accepted provided it contains the following information)

Child's Name _____ Date of Birth _____

Immunization History

	Date	Date	Date	Date
DPT				
DT				
Polio				
MMR				
HB-Conjugate				
Varivax				
Hep A				
Hep B				
Other				

TB Screen: No Risk _____ At Risk _____

If at Risk: TB/PPD applied on ___/___/_____ Positive _____ Negative _____

History of Reaction to food, serum, drugs or medicine? No ___ Yes ___ Explain _____

Sex _____ Age _____ Height _____ Weight _____ BP _____ Pulse _____ Resp _____

#	System	Satisfactory	Unsatisfactory	Describe Abnormality
1	Skin			
2	Eyes			
3	Ears			
4	Nose, Throat			
5	Neck, Thyroid			
6	Chest, Breast, Lungs			
7	Heart Rate			
8	Heart Rhythm			
9	Liver, Kidneys, Spleen			
10	Hernia			
11	Back, Spine			
12	Joints			
13	Neurological			

The following abnormalities should be noted: _____

Please indicate any medications taken and how many times per day _____

The patient does _____, does not _____, have a history of emotional, psychological, or psychiatric disturbance.

The patient may participate in camp activities: without restrictions _____, with the following restrictions _____

Restrictions: _____

Health Care Provider:

Name _____ Address _____

Signature _____ Date _____ Phone _____