GREENFIELD RECREATION DEPARTMENT
20 Sanderson Street, Greenfield, MA 01301
PHONE (413) 772-1553 ☼ FAX (413) 773-0115
www.greenfieldrecreation.com

Greenfield Recreation Leadership in Training Program

Our oldest campers will work to develop their leadership, teamwork, and decision making skills through this camp based training program. This program also helps your young leaders prepare for future work as camp counselors. Leaders will work closely with our experienced staff who will guide them in their journey. Your child will serve as a role model for the entire camp, and is thus required to submit an application and participate in an interview to be accepted into the program. Only those truly committed to being a positive role model and developing their leadership skills should apply.

Procedure for Registration

Please complete and submit the following to register:

1. Leadership in Training Application Form
2. Camper Registration Form
3. Child Information Sheet
4. Camper Survey
5. Physical & Immunization Records
6. Deposit of $25 per child per week

If Relevant

7. Medication Administration Form
8. Camp Auto Payment Form

Return to:

Greenfield Recreation Department
20 Sanderson Street
Greenfield, MA 01301

Once all forms are submitted, the office will schedule an interview with the applicant.

GREENFIELD RECREATION SUMMER CAMP
LEADERSHIP-IN-TRAINING (LIT) APPLICATION 2018

PERSONAL INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email:_____

Home Phone: _____Cell Phone: _____

Age: _____ Grade:_____ School:_____

Emergency Contact: _____Relationship: _____

Home Phone: _____Cell Phone: _____

Have you ever attended Greenfield Recreation Discovery or Sizzler Summer Camp?

☐ Yes Year(s) Attended: _____ ☐ No

Have you ever attended a Summer Camp?

☐Yes Where? _____ Year(s) Attended:_____ ☐ No

Please check what sessions you would like to attend:

□ Session A:	**Superhero Academy Week**	June 25- June 29
□ Session B:	**Going for the Gold Week***	July 2 - July 6
□ Session C:	**Color Wars Week**	July 9- July 13
□ Session D:	**Mad Science Week**	July 16- July 20
□ Session E:	**Under the Sea Week****	July 23- July 27
□ Session F:	**Gross Out Week**	July 30- Aug 3
□ Session G:	**Super Sneaky Spy Week**	Aug 6- Aug 10
□ Session H:	**Turn Back Time Week**	Aug 13- Aug 17

**Pro-rated for July 4th*
*** $30 Additional Field Trip Coach Bus Fee*

If selected for this program, you must attend training on Friday, June 22nd Time TBA

VOLUNTEER/WORK EXPERIENCE

1. Organization: _____
   Supervisor: _____ Phone: _____
   Year: _____ Position: _____
   Responsibilities: _____

2. Organization: _____
   Supervisor: _____ Phone: _____
   Year: _____ Position: _____
   Responsibilities: _____

3. Organization: _____
   Supervisor: _____ Phone: _____
   Year: _____ Position: _____
   Responsibilities: _____

CAMP SKILLS/HOBBIES

Please check the box next to any skills or hobbies you have that could help you as a LIT.

□ Working w/ children	□ Large group games	□ Small group games
□ Hiking	□ Drama/Skits	□ Arts and crafts
□ Musical instruments	□ Singing/Dancing	□Sports
□ Working w/Adults	□ Other _____	

Additional School Activities: _____

Are you currently certified in First Aid or CPR?

CPR: □ Yes Date Issued: _____ □No

First Aid: □ Yes Date Issued: _____ □ No

Do you have any other certifications that we should know about?

_____

I certify that all information provided on this application is accurate and complete.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Greenfield Resident _____ Non-Resident _____

Phone: 413-772-1553
Fax: 413-773-0115

Summer Camp 2018 Greenfield Recreation Registration Form

PLEASE PRINT CLEARLY.

Parent/Guardian Name _____

Address _____

City/State/Zip _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact other than yourself. Name _____ Phone _____

Medical Conditions or physical limitations / restrictions _____

PLEASE COMPLETE A SEPARATE FORM FOR EACH CAMPER

Camper Name _____
Gender: Male___ Female___
Birth Date _____
Age _____
Grade in Fall _____
Select Camp:
- ❑ Discovery Camp (Grades K-2)
- ❑ Sizzlers Camp (Grades 3-6)
- ❑ LIT Camp (Grades 7-10)

Summer Camp Sessions	Fee	$25 Deposit
❑Session A ❑Early Care ❑Late Care		
❑Session B ❑Early Care ❑Late Care		
❑Session C ❑Early Care ❑Late Care		
❑Session D ❑Early Care ❑Late Care		
❑Session E ❑Early Care ❑Late Care		
❑Session F ❑Early Care ❑Late Care		
❑Session G ❑Early Care ❑Late Care		
❑Session H ❑Early Care ❑Late Care		

❑ Check here if you have enclosed a self-addressed, stamped envelope -- we will mail you your receipt. **TOTAL ENCLOSED** _____

FORM OF PAYMENT ❑ Cash ❑ Check Ck #_____ ❑ Discover ❑ Visa ❑ Mastercard (Add 5% for all Credit Card transactions)
Account # _____ Exp. Date _____/_____ CVV_____

Release and Waiver Agreement: I the undersigned do hereby consent to my or my child's participation in voluntary athletic or recreation programs of the Town of Greenfield Recreation Department. I also agree to forever release the Town of Greenfield, the Recreation Commission, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Greenfield ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child and/or myself or property damage resulting from my child's participation and/or my participation in the Town of Greenfield Recreation Department voluntary athletic or recreation programs. Consent: I hereby consent and affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation and/or my participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Greenfield Recreation Department's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town athletic or recreation programs.

PUBLICITY/PHOTO RELEASE
I understand that my child may be photographed or videotaped by the Recreation Dept for use on website, in promotional/ publication materials, and for grant purposes. Newspaper and television staff may also photograph or videotape my child should they feature the program.

I do_____ I do NOT_____ give permission for my child to be photographed/videotaped. INITIALED: _____

PRINT NAME OF PARENT OR GUARDIAN _____ SIGNATURE _____ DATE _____

Registration Guidelines

Use one form for multiple class registrations.

Complete this form and be sure to note:

1. All contact information is complete.
2. Include payment for all classes. Checks payable to Town of Greenfield Recreation Department.
3. Mail to or drop off at:

Greenfield Recreation
20 Sanderson Street
Greenfield, MA 01301

OFFICE USE ONLY
Paid _____ Entered _____

GREENFIELD RECREATION SUMMER CAMP
CHILD INFORMATION FORM 2018

CHILD INFORMATION

Name: _____ DOB:_____ Age: _____M/F:_____

School: _____ Grade Entering the Fall: _____

Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____

Identifying Marks:_____

Please list any medical needs, dietary restrictions, allergies, etc. _____

_____

_____

Does your child carry a lifesaving medication (inhaler, EpiPen®)? Yes_____ No_____

*PLEASE NOTE: If your child carries a life saving medication, one must be supplied to Camp

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Please attach a current photograph of your child.

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to Child: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best # to Reach: _____ Email Address: _____

Name: _____ Relationship to Child: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best # to Reach: _____ Email Address: _____

Are there any custody agreements, court orders, or restraining orders pertaining to your child that camp staff should be aware of?

YES ☐ NO ☐ If yes, please attach a copy

ADDITIONAL PICK-UP CONSENT

In the event that I cannot pick up my child for any reason, I authorize Camp to release my child to the following individuals:

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

PLEASE COMPLETE BOTH SIDES

EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) CANNOT BE REACHED.

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Hospital Preferred: _____ Health Insurance Carrier & Policy #: _____

CONSENT

I authorize Greenfield Recreation Camp staff to give my child first aid when appropriate. If my child requires further medical attention, 911 will be called and I will be notified immediately. I understand if I cannot be reached, one of the emergency contacts will be notified. If my child needs to be taken to the nearest medical care facility or to my preferred hospital listed above by ambulance, one qualified staff person will accompany my child to the hospital. I also give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

PARENT HANDBOOK ACKNOWLEDGEMENT

I have read and understand all of the policies in the Greenfield Recreation Camp Information Packet. I agree to follow the policies accordingly. I do understand that all policies listed in this information packet will be enforced, and failure to comply with the policies, is reason for immediate termination.

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION RELEASE

I give permission for my child to be transported via school bus to the Youth Center on 20 Sanderson Street in emergency weather situations and camp relocation.

I do_____ I do NOT_____ give permission for my child to be transported via bus. INITIALED: _____

PUBLICITY/PHOTO RELEASE

I understand that my child may be photographed or videotaped by the Greenfield Recreation Department for use on website, in promotional/ publication materials, and for grant purposes. Newspaper and television staff may also photograph or videotape my child should they feature the program.

I do_____ I do NOT_____ give permission for my child to be photographed/videotaped. INITIALED: _____

Please return this form to the Greenfield Recreation Department, 20 Sanderson Street, Greenfield, MA 01301

Phone: (413)772-1553 Fax: (413)773-0115 Website: www.greenfieldrecreation.com

This Program complies with regulations of the Massachusetts Department of Public Health (105CMR430) and is licensed by the Greenfield Board of Health.

FOR OFFICE USE ONLY:

Sessions Registered: ☐A ☐B ☐C ☐D ☐E ☐F ☐G ☐H Early Care: ☐ Late Care: ☐

☐ Registration Form ☐ Child Information Form ☐Health & Immunization Record ☐Camper Survey ☐Medication Form

Date Registered: _____ Reviewed By:_____

Greenfield Recreation Department
LIT Survey 2018

LIT's Name: _____ LIT's Age: _____

Please take the time to fill out and return this camper questionnaire with your LIT registration.

1. What activities/ hobbies do you enjoy doing in your spare time?

2. Have you attended camp before? What did you enjoy most?

3. What are looking to learn from this program?

4. How do you see your leadership style?

5. How do you learn best?

6. Is there anything else you would like us to know about you that would enable us to make your experience as successful as possible?

We Create Community Through People, Parks, & Programs!

Greenfield Recreation Department Summer Camp
Health Maintenance Form

Name: _____ DOB_____/_____/_____ Age_____

Physical Exam Findings:

BP _____ / _____ P _____ Height _____ Weight _____

Physical Development: _____WNL _____ AB

Nutritional Status: _____WNL _____ AB

Skin: _____ WNL_____AB Eyes: _____ WNL_____AB

Ears: _____ WNL_____AB Nose: _____ WNL_____AB

Mouth: _____ WNL_____AB Teeth: _____ WNL_____AB

Neck: _____ WNL_____AB Throat:_____ WNL_____AB

Heart: _____ WNL_____AB Spine: _____ WNL_____AB

Abdomen: _____ WNL_____AB

ACUTE / CHRONIC MEDICAL CONDITIONS:_____

_____

ALLERGIES:_____

DAILY / PRN MEDICATIONS:_____

IMMUNIZATIONS:

DTP1 _____ DPT2_____ DPT3_____ DPT4_____ DPT5_____ TD_____

MMRI1_____ MMRI2_____ HEPB1_____ HEPB2_____ HEPB3_____

OPV1 _____ OPV2 _____ OPV3 _____ OPV4_____

_____ _____

MD Signature Date

Return this, or a similar Doctor's Form to:
Greenfield Recreation Department
20 Sanderson Street
Greenfield, MA 01301

GREENFIELD RECREATION SUMMER CAMPS
AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(*To be completed by parent/guardian)*

Name of Camper:_____ Age: _____

Food/Drug Allergies: _____

Diagnosis (at parent's discretion): _____

Parent/Guardian Name: _____

Home Phone: _____ **Cell Phone**: _____ **Emergency Phone:** _____

Name of Licensed Prescriber: _____

Business Telephone: _____ **Emergency Telephone**: _____

Name of Medication: _____ **Dose given at camp:** _____

Route of Administration: _____ **Frequency:** _____

Date Ordered: _____ **Duration of Order:** _____

Quantity Received: _____ **Expiration date of Medications Received:** _____

Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (at parent's discretion): _____

Location where medication administration will occur: _____

(CONTINUED ON NEXT PAGE)
PARENT SIGNATURE REQUIRED ON PAGE 2

GREENFIELD RECREATION SUMMER CAMPS
AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

I hereby authorize The Greenfield Recreation Department Summer Camp Program to administer, to my

child, _____ the medication(s) listed previously, in accordance
(NAME OF CHILD)

with 105 CMR 430.160.

105 CMR 430.160(A)
Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filing, 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 or 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.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION TO ADMINISTER MEDICATION FORM

Greenfield Recreation Summer Camp
Payment Plan Authorization Form

PLEASE PRINT LEGIBLY

Child's Name: _____

Cardholder's Name: _____
FIRST MIDDLE INITIAL LAST

Email: _____ **Phone:** (_____)_____

☐**Discover** ☐**Mastercard** ☐**Visa**

Card Number: _____ **Expiration:** _____/_____ **CVV Code:**_____

Billing Address:_____
STREET CITY STATE ZIP

Weekly Payments will be made on the Monday prior to session registered

Please Process Payment for my Weekly Camp Dues to include:
Weekly registration fee less $25 Deposit
Any Early or Late Care Fees Applicable

Payment Processing Dates

Session A: June 18	Session E: July 16
Session B: June 25	Session F: July 23
Session C: July 2	Session G: July 30
Session D: July 9	Session H: Aug 6

Would you like a receipt of each week's payment? ☐No Receipt ☐Emailed ☐Printed

I authorize the Greenfield Recreation Department (service provider) to charge my credit/debit card as identified above to the terms stated here. This authorization shall remain in effect until the service provider receives written notification from me of intent to terminate at such time and in such a manner as to afford the service provider reasonable opportunity to act (minimum of 30 days).

I understand my payment will be processed one week prior to the start of the registered camp session. I further understand that payment amount will vary based on the week enrolled and any extra services I may sign up for.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the service provider, the bank, and the merchant harmless for damage, loss or claim resulting from all authorized actions hereunder.

_____ _____
Customer Signature Date