



# 2022 NEAG Summer Camp Registration

PLEASE FILL OUT BOTH PAGES OF THIS FORM. PLEASE PRINT CLEARLY.

*\*Only one form per camper*

**Camper Name:** \_\_\_\_\_

Sex: M / F \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian Name #1:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent / Guardian Name #2** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact #1:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Has your child ever been enrolled in a program at NEAG? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Pick-Up Authorization**

Please list up to three people who are authorized to pick up your child from NEAG. Individuals listed above are automatically authorized, unless specifically listed as "Non-Authorized" below.

*Your child will only be released to an authorized person with a photo ID.*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Non-Authorized Pick-Up**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**In the signing of this registration form, parents/guardians accept the following statements:**

I/We the parents/guardians of (Participant's name) \_\_\_\_\_ give my/our approval for his/her participation in the programs at New England Academy of Gymnastics. \*I/We assume all risks and hazards incidental to the conduct of the programs. \*I/We, the undersigned, being of legal age and acting guardian of the participant, releases and holds harmless New England Academy of Gymnastics or any and all representatives of New England Academy of Gymnastics from any and all responsibility of injury acquired by the participant, visiting children, and parent/guardian while on the premises, or at sites associated with participation in the programs. \*I/We understand that our child should never be dropped off or picked up outside or left for any extended time without parent/guardian supervision. \*I/We understand that New England Academy of Gymnastics reserves the right to dismiss any student whose conduct is detrimental to the overall good of the program. \*I/We understand that if an emergency arises which should require immediate medical attention, and we, as the parents/guardians cannot be contacted, the staff of New England Academy of Gymnastics are authorized to take whatever steps necessary to protect the health of the participant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

New England Academy of Gymnastics  
894 Boston Post Road East \* Marlborough, MA. 01752  
Phone: 508-460-6324 \* Fax: 508-460-6320  
[www.newenglandgymnastics.com](http://www.newenglandgymnastics.com)

# 2022 NEAG SUMMER CAMP REGISTRATION



STUDENT NAME \_\_\_\_\_

Check the box under which sessions you wish to enroll your child, as well as any applicable extended day options. Total the appropriate costs below. A \$50 deposit per session is required at time of registration. Balance remaining will be charged on July 1st to the card below. Check payments must be received in full by July 1st, or a \$25 late fee will apply.

	Week 1 7/11-7/15	Week 2 7/18-7/22	Week 3 7/25- 7/29	Week 4 8/1-8/5	Week 5 8/8-8/12	Week 6 8/15-8/19	Week 7 8/22-8/26	TOTAL
<b>Full Day Programs: Ages 5-12</b>								
Full-Day Camp \$475/week								
<b>Extended Day</b>								
3:00- 4:00pm \$50/week								
3:00- 5:00pm \$100/week								

TOTAL PROGRAM TUTION

TOTAL DEPOSIT DUE AT TIME OF REGISTRATION (\$50 PER SESSION)

REMAINING BALANCE DUE BY JULY 1ST


**METHOD OF PAYMENT:**

\_\_\_\_\_ Check enclosed

\_\_\_\_\_ Credit Card

Total Payment Enclosed:

\$

Name on card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## 2022 NEAG Summer Camp Health History and Examination Form

THIS PAGE MUST BE COMPLETED AND SIGNED BY A PARENT/GUARDIAN. IN ACCORDANCE WITH THE COMMONWEALTH OF MASSACHUSETTS LAW CHILDREN MUST HAVE HAD A PHYSICAL WITHIN 24 MONTHS PRIOR TO ATTENDING CAMP. PLEASE ATTACH A COPY OF YOUR CHILD'S MOST RECENT PHYSICAL OR USE THE FORM PROVIDED.

### CHILD NAME

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent/Guardian

Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Emergency Contact #1) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact #2) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Medical History

Are you, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Frequent Ear Infections	
		Heart Defect / Disease	
		Seizures	
		Diabetes	
		Bleeding Disorders	
		Chicken Pox	
		Asthma	
		Frequent Bloody Nose	
		Surgery	
		Poison Ivy	
		Insect Stings - Please list reaction	
		Broken Bone	
		Sprain	

Name of child's physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of child's dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Insurance Information

Subscriber Name		SSN (optional)	
Carrier Name		Carrier Address	
Group Name		Group Number	

This information is correct and complete to the best of my knowledge. My child \_\_\_\_\_ has my permission in all NEAG activities except as noted by me, and/or the examining physician. I hereby give permission to NEAG to provide routine health care, administer pre-prescribed medications, and seek emergency medical treatment including x-rays, and routine tests. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS PAGE IS TO BE FILLED OUT BY A LICENSED PHYSICIAN OR YOU  
MAY ATTACH THE PHYSICIANS OWN FORM**

Children's Name \_\_\_\_\_

Please record all dates (month and year) of immunizations and most recent booster doses

Date of last physical exam \_\_\_\_\_

Must be within 24 months of child's attendance at NEAG

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

VACCINES	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DPT Diphtheria, Pertussis, Tetanus					
TD Tetanus, Diphtheria					
Tetanus					
Polio					
MMR Measles, Mumps, Rubella					
Measles					
Chicken Pox					
Tuberculin Test					
HB Haemophilus, Influenza					
Hepatitis B					
Other					

Is the applicant currently under the care of a physician? If yes, why. \_\_\_\_\_

**Allergy History**

This child has allergies.....  YES  NO ..... If yes, please document below.

ALLERGEN	Typical Reaction	Treatment Plan

**Current Medications** \_\_\_\_\_

\*If child will be taking prescription medication during the day, it must be in the original prescription container with the current correct dosage on it. If dosage is different than listed on the prescription container, the prescribing physician must provide documentation

Recommendations and/or restrictions while at NEAG \_\_\_\_\_

*In my opinion, the above child may participate in an active recreational program with the noted restrictions above.*

Licensed Physicians Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Office Phone \_\_\_\_\_

## Authorization to Administer Medication to a Camper (to be completed by a parent/guardian)

Camper and Parent/Guardian Information	
Camper Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian Name:	
Cell Phone:	Alternative Phone:
Emergency Contact:	
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Expiration Date of Medication Received:	
Special Storage Requirements:	
Special Instructions (ie: on empty stomach/with water):	
Special Precautions:	
Possible side effects/adverse reactions:	
Medication Information 2	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Expiration Date of Medication Received:	
Special Storage Requirements:	
Special Instructions (ie: on empty stomach/with water):	
Special Precautions:	
Possible side effects/adverse reactions:	
Authorization Information	
I hereby authorize the Healthcare Consultant, or the properly trained Healthcare Supervisor at New England Academy of Gymnastics to administer my child, _____ the medications listed above, in accordance with <div style="text-align: center; font-size: small;">(Name of Camper)</div> 105 CMR 430, 160(c), and 105 CMR, 160(a) [see below].	
<b>If above listed medication/s includes epinephrine injection system:</b>	
I hereby authorize my child to <u>self-administer</u> , with the approval of the Healthcare Consultant <input type="checkbox"/> Yes <input type="checkbox"/> No	
I hereby authorize an employee who has received training in allergy awareness and epinephrine administration to administer <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If above medication includes insulin for diabetic management:</b>	
I hereby authorize my child to <u>self-administer</u> , with approval of the Healthcare Consultant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Parent/Guardian	Date

# IMPORTANT CAMP INFORMATION

## REGISTRATION

Registration will begin mid-February, and will continue up to the first day of camp (availability pending). Payment, as well as all necessary health forms, must accompany a completed registration packet. If an incomplete camp registration packet is received, the child WILL NOT BE REGISTERED FOR CAMP. If the camp reaches capacity before all required documents are received for a camper, they will not be guaranteed a spot. Once a complete registration has been received, an email will be set confirming the child's registration.

## REFUNDS AND TRANSFERS

If a cancellation is received prior to the start of camp, a full refund will be issued. Once a child's registration has been processed, if the child fails to attend, experiences incomplete attendance, or is dismissed for any reason, no refund or transfer of fees paid will be made. Transfers from one camp week to another are acceptable if space is available. All transfers

## HEALTH AND SAFETY

According to Massachusetts State Law, each child must have a physical examination, and an up to date immunization record signed by a physician to attend camp. Children are required to have had a physical within 18 months of attending camp. Registrations submitted without this required information will be placed in a pending status. This camp must comply with regulations of the MDPH, and be licensed by the Marlborough Board of Health. Parents have the right to review background check, health care, discipline policies and grievance procedures

## SKILLS AND GROUPING

Campers will engage in a mix of large, and small group activities throughout the camp day. For our instructional gymnastics time, campers will be split into groups based on gender, age, and ability level. Groups will not exceed 10 children per instructor. Each child's current skill level will be assessed, and skill progressions will be taught appropriately across all events.

## CAMP HOURS / EXTENDED DAY

Camper pickup for standard day is by 3:00 sharp at NEAG. Extended care programs are offered until 5:00pm. If a child is not picked up by their appropriate pickup time, there will be a \$10 per child fee for late pickup

## FOOD

Campers must bring their own lunch, drinks and snacks daily. NEAG will have additional drinks available for purchase if necessary. Please note, we are not a peanut-free facility. However, we take food allergies very seriously, and do not allow any sharing of food for the safety of our campers and staff.

## WHAT TO WEAR

While doing gymnastics, your child should wear something comfortable and fitted. Leotards for girls, or shorts and a fitted shirt for boys work well. Please no clothing with any buttons, snaps, zippers, or any other embellishment will be allowed in order to protect your child, and our equipment. During chilly days, consider packing layered athletic attire such as sweatpants, long sleeved shirts, or sweatshirts (no hoods please). Please no jewelry except stud earrings. Long hair will need to be pulled back in a nonv. braid. or bun.

## COVID-19

Masks are optional for all students and staff. We have enhanced our cleaning regimen to frequently sanitize all high-touch areas throughout the gym and lobby areas, as well as provided additional sanitizing stations at every event in the gym, and in several locations in the lobby area. We ask that any student who is exhibiting 2 or more Covid-19 symptoms stay home from camp. If a student should begin to exhibit symptoms while at camp, they will be quarantined and the parents will be called to pick the child up. We do not require

## FIELD TRIPS

Daily field trips are a part of the vacation camp day and fall within the standard daily hours of camp. Exact times for each trip differ by day and will be emailed home in advance, as well as posted at drop-off at the start of each camp day. All field trip costs are built into the registration fee. Transportation will be provided via licensed school busses to, and from every trip. Pick up and drop off at field trip locations is not permitted. Some of our field trips may require waivers. These will be emailed home with field trip itineraries. Please fill out the appropriate waivers, and return them prior to the start of the camp day. Campers without waivers may forfeit the