



ALL MASS CAMPS: CAMPER APPLICATION FOR Sports Camp at Malden Catholic & Day Camp at Camp Nihan/Saugus only

Please return to: All Mass Camps- Allan Gillis
40 Brunswick Street
Lowell, MA 01852
Email: agillis@allmasscamps.org
Phone: 617-461-1063

Camper Info					
Camper Name:		DOB:	School Grade next Sept:		
		Gender:	School:		
Family Info					
Parent(s) Name:		Street Address:			
City:		State:	Zip code:		
Home Phone:		Cell Phone:		Email:	
Work or Other Phone(s):					
Emergency Contacts, Care, Medical Info					
<i>If parent cannot be reached at numbers above, please list 2 other emergency contacts:</i>		Emergency Contact #1:		Emergency Contact #2:	
		Name:		Name:	
		Phone:		Phone:	
DOES YOUR CHILD HAVE ANY ALLERGIES, SUCH AS FOOD, NUTS, BEE STINGS, POISON IVY, MEDICATION, LATEX, ETC?		NO ALLERGIES:		If answered YES to allergies, please list below:	
		YES, HAS ALLERGIES:			
Medical Info: Please check any that apply and give dates. Use add'l paper if necessary.		<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Seizures	<input type="checkbox"/> Asthma
		<input type="checkbox"/> Measles, Mumps	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes
Please list other medical history, such as operations, serious illnesses, chronic or recurring illnesses, allergies not listed above, or any other conditions we should be aware of:					
Please list any restrictions for any activities:					
Please list any medication if your child will be on while at camp or will need to take at camp (please include inhaler or epipen here) :					
If you listed any medications above, please note all details of medication, including its name, condition it treats, dosagem administration schedule, etc. <u>IF CHILD IS USING INHALER OR EPIPEN, PLEASE NOTE IF CHILD HAS PERMISSION TO KEEP ON SELF OR IF YOU PREFER STAFF HOLD:</u>					
PLEASE PROVIDE A CURRENT COPY OF YOUR CHILD'S PHYSICAL AND IMMUNIZATION RECORDS, SIGNED BY A PHYSICIAN WITHIN THE LAST 12 MONTHS.					
PLEASE SIGN ELECTRONICALLY BELOW IF AGREE TO THE FOLLOWING:					
1. Permission to Provide Necessary Treatment: "I hereby give permission to the camp to secure proper medical treatment and/or injections, anesthesia, x-rays, routine tests, release any medical records necessary, and to provide or arrange necessary related transportation for camper named above. I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the camper above."					
Parent's Signature:		Date:			
2. Immunization Records: "The camper above has had all current immunizations required, including immunization against Polio, Myelitis, Measles, Mumps, Rubella, Tetanus, and other age appropriate shots."					
Parent's Signature:		Date:			
IS THERE ANY OTHER INFO THAT WOULD BE HELPFUL FOR CAMP STAFF TO BE AWARE OF TO MAKE YOUR CHILD'S CAMP EXPERIENCE GREAT?					

Day Camp and Sports Clinic Sessions

<p style="background-color: yellow; margin: 0;">SPORTS CLINIC DATES AND TIMES ARE BEING REVIEWED and will be posted by March 1st.</p>		<p style="text-align: center;">DAY CAMP \$145 per session If interested in combining Sports Clinic with ½ day of Day Camp, total is \$170*. Day Camp runs 8am-4pm. ½ day options available for \$75</p> <p> <input type="checkbox"/> Day Camp July 8-11 8am-4pm <input type="checkbox"/> ½ Day* July 8-11 8am-12noon </p> <p> <input type="checkbox"/> Day Camp July 15-19 8am-4pm <input type="checkbox"/> ½ Day July 15-19 8am-12noon </p> <p> <input type="checkbox"/> Day Camp July 22-26 8am-4pm <input type="checkbox"/> ½ Day July 22-26 8am-12noon </p> <p> <input type="checkbox"/> Day Camp July 29- Aug 2 8am-4pm <input type="checkbox"/> ½ Day July 29- Aug 2 8am-12noon </p> <p> <input type="checkbox"/> Day Camp August 5-9 8am-4pm <input type="checkbox"/> ½ Day August 5-9 8am-12noon </p> <p> <input type="checkbox"/> Day Camp August 12-16 8am-4pm <input type="checkbox"/> ½ Day August 12-16 8am-12noon <i>Day Camp takes place at Camp Nihan in Saugus in collaboration with Mass. DCR.</i> </p>
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Is there additional information that would be helpful for All Mass Camps to have to ensure your child's safety, enjoyment, and learning at camp? **NO** **YES, "please call me or here is add'l information":**

Parent/Guardian Agreement

- I have enclosed the minimum \$50 deposit per session. Checks payable to All Mass Camps. I understand that if my child doesn't attend, I'll not receive a refund of the deposit unless I notify camp of cancel by April 1st.
- I agree to pay the tuition in full at least 2 weeks before start of the session(s) my child is attending. I understand that I will not receive a tuition refund unless I cancel at least 2 weeks prior to the start of the sessions that my child is attending, less the deposit.
- I will allow my child to participate in all activities, including trips pre-arranged by camp.
- I will provide a current physical (within last 12 months) and up-to-date immunizations, as well as a doctor's approval of my child's participation in all activities at least 2 weeks prior to session start.
- I will notify the camp of any changes from this application, such as contact numbers, emergency contacts, health issues, etc.
- I agree that if I cannot be reached in an emergency, I give permission to the dr. selected by the Camp Director to administer treatment for my child.
- I agree that if my child needs to go home for any reason, it is my responsibility to provide transportation as soon as it is needed. I understand that All Mass Camps reserves the right to dismiss camper when Camp Director considers it appropriate, if camper's behavior is interfering with program or other campers' experience, if child has special needs not fully brought to camp's attention in application process, or if child needs support outside of the scope of camp programs.
- I authorize social service agencies, schools, clinics, doctors, etc. to release information which is necessary to best plan for my child.
- I give permission for All Mass Camps to have and use photographs, slides, videotapes of child as needed for records or public relations.
- I hereby release and hold harmless All Mass Camps and its representatives from any claims, causes of action, demands, judgments, or costs of any nature whatsoever arising out of attendance at camp.

Parent's signature: _____ Date: _____

Camp Info

<p>Sport Camps at Malden Catholic High School: <i>In collaboration with Malden Catholic High School, each session is led by MC's Head Coach of that sport. Many of the sports camp take place on MC property.</i> Boys & Girls, ages 8-15, can practice your skills, learn strategies, and improve your overall performance. Our camps balance teamwork with individual improvement, with the goal of developing the child's skills and knowledge of the specific sport. We expect our coaches to be teachers of life's lessons and role models ready to demonstrate how to win with grace and to accept defeat with class. This non-denominational camp strives to offer campers the chance to learn new skills or master established ones in a different sport, including baseball, lacrosse, soccer, golf, tennis, hockey, basketball.</p>	<p>Day Camp at DCR Camp Nihan, in Saugus, MA <i>In collaboration with Mass. Dept of Conservation & Recreation, held at Camp Nihan on Walnut Street, right off of Rte 1 in Saugus. Campground includes hiking trails, fields, pond, and many other outdoor facilities.</i> Our day camps offer a variety of activities including swimming, boating, canoeing, fishing, nature walks, sports, and arts & crafts. This program runs Monday through Friday, 8:00am to 4:00pm for Boys & Girls, ages 8-13. Our team of staff, including certified lifeguards, offer campers an enriching summer full of new friendships and new adventures.</p>
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This camp complies with regulations of the Massachusetts Department of Public Health and is licensed by the local Board of Health. (105 CMR 430.190(C))