

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Camp StepUp Summer 2019 Registration Form

Student's Full Name: _____ Date of Birth: _____

Age: _____ Grade Completed: _____ Primary Language: _____

Eye Color: _____ Hair Color: _____ Identifying Marks: _____

Height: _____ Weight: _____ Gender: Male Female

Participant's Email: _____

Is there a custody agreement, restraining order or other court order in place pertaining to this student?

Yes No *(If yes, please attach a copy for our records, which will be kept confidential.)*

Is an IEP or behavior plan in place for this student?

Yes No *(If yes, please provide copy so we can do our best to meet each student's needs.)*

Parent/Guardian 1

Name: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Email: _____

Does child reside with this parent/guardian?

Yes No

If not, address: _____

City, State: _____ Zip: _____

BSRCC Member: Yes No

Primary Language: _____

This parent/guardian will be considered authorized to pick up the student unless specified otherwise in the attached custody agreement.

Parent/Guardian 2

Name: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Email: _____

Does child reside with this parent/guardian?

Yes No

If not, address: _____

City, State: _____ Zip: _____

BSRCC Member: Yes No

Primary Language: _____

This parent/guardian will be considered authorized to pick up the student unless specified otherwise in the attached custody agreement.



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

I would like my child, _____, to attend Camp StepUp at Berkshire South Regional Community Center. I will be financially responsible for the following session(s).

Rates:

\$100 per session (sorry no pro-rates/discounts)

Sessions:

Session A, July 8-July 19

- Session A, Group 1 (Grades 5-6)
- Session A, Group 2 (Grades 7-9)

Session B, July 22-August 2

- Session B, Group 1 (Grades 5-6)
- Session B, Group 2 (Grades 7-9)

Session C, August 5-August 16

- Session C, Group 1 (Grades 5-6)
- Session C, Group 2 (Grades 7-9)

Advance registration is required.

No child will be enrolled without a complete registration packet, including physical form and immunizations, on file.

If scheduled for new physical at later date please submit most recent physical and immunization forms with registration. New physical must occur prior to child entering the program.

Payment is due at the time of registration. If necessary, please call to make other payment arrangements.

I understand:

- I am financially responsible for the sessions I have chosen for my child.
- There is no reimbursement for sick or cancelled days, and I am responsible for my commitment to the program. Any changes must be put in writing and will only be recognized after a 30 day period. During the period the director will review the request and make a final determination.
- Refunds will not be given for late arrivals, early departures, or missed days.

Parent/Guardian Signature: _____ Date: _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Student's Full Name: _____ Date of Birth: _____

I authorize Berkshire South Regional Community Center Staff, trained in the basics of CPR and first aid, to give my child first aid care including CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Berkshire South Regional Community Center Staff to transport my child to the nearest medical care facility secure necessary medical treatment for my child.

Child's Physician's Name: _____ Phone Number: _____

Address: _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions and/or health conditions: _____

Dietary Restrictions: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Please list any rescue medications prescribed for your child (i.e. EPI Pen, Inhaler): _____

Regular medications: _____

If your child requires emergency medication or is to receive medication while attending StepUp, you MUST have one Medication Authorization Form for EACH prescription or over the counter medication you send with your child. All medications, except rescue medications must be turned in to the StepUp Coordinator.

Is there an Individual Health Plan for student with a chronic health condition? Yes No
(If yes, please attach.)

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Emergency Contact Information:

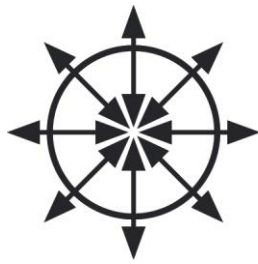
Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian Emergency Contact Information:

Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER POLICY

Child's Full Name: _____ Date of Birth: _____

BSRCC allows youth at the age of 13 to be without a guardian in the center.

If the child is under 13, we do ask that parents/guardians sign the child in during the morning and sign out at the conclusion of the day. We also ask that you complete the following emergency contact list so that we have additional emergency contacts for your child. Your child will not be allowed to leave unless they are signed out by you or by a person on this list. If you need to add a person to the list, you will need to contact the coordinator in writing.

Emergency Contacts (in addition to parents/guardians listed on reverse)

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Address: _____

If you have additional emergency contacts, please add them on a separate sheet.

Parent/Guardian Signature: _____ Date: _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

PERMISSION FORM

Sunscreen & Insect Repellent:

As much as possible, we will be doing our team building exercises outside. That means the skin is more exposed, so we want to be sure campers are protected from the sun and insects. We encourage you to send sunscreen and insect repellent with your child daily. They will be encouraged to apply it themselves as often as needed.

Offsite Activities:

Several times during each StepUp session, participants will go on field trips. Some of the trips are within walking distance, and others require transportation. The field trips will consist of canoeing trips, hiking excursions, and meeting local business owners. When we do have a field trip, you will be notified about it beforehand.

I do ___ or do not ___ give my child permission to participate in offsite activities. I recognize that I will be notified in advance of all field trips and that transportation for offsite trips, not in walking distance, will be provided in BSRCC vehicles with qualified drivers.

Parent/Guardian Signature: _____ **Date:** _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER MINOR RELEASE

In consideration of the engagement as a model of the minor named below, and for other good and valuable consideration herein acknowledgement as received, upon terms herein stated, I hereby grant Berkshire South, its Executive Director and any and all staff, his/her legal representatives and assigns, the absolute right and permission to copyright and use, re-use and publish photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or fictitious name, or reproductions thereof in color or otherwise made through any media at her studios or elsewhere for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby release, waive any right that a minor or I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection there within or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Berkshire South Regional Community Center, its executive director and any staff her legal representatives or assigns, and all persons acting under her permission or authority or those whom she is acting, from any and all liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or in any subsequent processing thereof, as well as any publication thereof even though it may subject the minor to ridicule, scandal, reproach, scorn and indignity.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents therein.

Minor's Name: _____

Date: _____

Signature: (Father) (Mother) (Guardian)

Printed Name: _____

Address: _____ Phone: _____

Witness: _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Parents: Our program requires a physical exam on file. You do not need to use this form if you have another completed form from the physician.

Dear Physician:

This child is enrolled in a leadership program licensed by the Department of Public Health. DPH regulations require at the time of admission, a written statement from a physician as evidence of each child's annual physical examination, along with immunizations and lead screening in accordance with the Department of Public Health's recommended schedules. A prompt response is appreciated. Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

Child's Name: _____ Date of Birth: _____

Parent/Guardian Names: _____

Address: _____ Phone: _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance?

Has this child been screened for lead poisoning? Yes No

If yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision etc.) which require special consideration or care by the child care provider? If so, please detail below:

Physician Name: _____ Phone: _____

Physician's Signature: _____ Date: _____

Comments: _____

Please attach a copy of the child's most recent immunizations. Thank you!