

SIMMONS COLLEGE

2011



*** Basketball School ***

July 11 - 14

REQUIRED FORMS & APPLICATION

Please complete and return by April 1, 2011:

- Application (2011)
- Release of Liability
- Camper Physical & Immunization Form
- Authorization to Administer Medications to a Camper *(only if applicable)*
- Transportation Plan (Camper Pick-up)

2011 Camp Application.....

PERSONAL INFORMATION

Name of Camper: _____

Date of Birth: _____ Age: _____ School Grade (Fall '11): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Parents' Names: _____

Work Phone: _____

Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Person to call in case of an emergency (other than parent): _____

Relationship: _____

Telephone: _____ Cell Phone: _____

INSURANCE AND MEDICAL EMERGENCY INFORMATION

Do you carry medical/hospital insurance? yes no If yes, name of carrier _____

Policy / Group Number: _____ Subscriber: _____

Name of family physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone _____

List any neurological problems and/or disabilities: _____

List any chronic or reoccurring medical conditions: _____

List any dietary restrictions: _____

List any medication currently being taken by the camper for any condition: _____

Signature of Parent/Guardian: _____ Date: _____

Application will not be processed without the Policy/Group Number of insurance carrier.

MEDICAL EMERGENCY AGREEMENT

In case of a medical emergency involving my child/ward, I understand that every effort will be made to contact me or other parent/guardian/alternate person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the camp to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery, or other medical procedures necessary for my child.

Signature of Parent/Guardian: _____ Date: _____

PHOTO RELEASE

I give permission and consent for my son/daughter, _____, to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Simmons College and its agents, to illustrate and promote the camp experience and its camp programs.

Signature of Parent/Guardian: _____ Date: _____

TUITION

A payment of \$225.00 is due with application.
There are NO REFUNDS. A returned check fee of \$25.00 will be applied.

Please make checks out to: *Simmons College Athletics*

Please send completed camp application and all required forms to the address listed below:

Basketball School

Simmons College
c/o Tony Price
300 The Fenway
Boston, MA 02115
www.simmons.edu/athletics/programs/camps

Contact: (617) 521-1036 with questions

Day Camper	\$225
Late Pick-Up (4:30- 5:30 pm)	\$10/day

My child plans to attend (please check):

_____ Simmons 2011 Basketball School (July 11 – 14)

Release of Liability.....

Child's Name _____ Session(s) attending/program _____

Please read carefully. This is a release of liability and other rights.

Although precautions are taken to provide proper organization, instruction and equipment for your child's participation in the Simmons College Basketball School, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risk taking [the activities] and the use of any equipment in connection with the activities. I, on behalf of myself, my child and any other parent of the child, understand that my child may be involved in activities including the following but not limited to basketball, swimming, team building initiatives and/or any other physical undertakings. I acknowledge that my child may decline to participate in any activity(ies). Any participation by my child in the activity(ies) will be voluntary.

ACKNOWLEDGEMENT OF RISKS: I recognize that there is inherent danger in any activity(ies) which involves physical exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity(ies); and that balance, physical coordination and conditioning may affect the occurrence of accidents, falls and injuries.

EXPRESS ASSUMPTIONS OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity(ies) in which my child will be engaged, both seen and unforeseen, I confirm that my child is physically and mentally capable of participation in the activity(ies) and/or using equipment in connection therewith. I understand that my child will be participating willingly and voluntarily, and I assume full responsibility for personal injury, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur. On behalf of myself, my child and any other parent of the child, I assume the risk(s) of personal injury, accidents, and/or illness of all kinds and nature, including, but not limited to, cuts, wounds, scrapes, abrasions, and/or contusions, sprains, and/or death.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participating in the activity(ies). I will have appropriate insurance or, in its absence, I agree to pay all costs of rescue and/or medical services as may be incurred on behalf of my child.

RELEASE AND HOLD HARMLESS: In consideration of my child's participation in the activity(ies), I, for myself, for my child, and for any other parent of the child, do hereby RELEASE AND AGREE TO HOLD HARMLESS Simmons College, its trustees, officers, employees, and agents from all liability with respect to my child. I waive any claim for damage arising from any cause whatsoever, except for any claims which are the result of gross negligence of the party or parties released herein.

ACKNOWLEDGEMENT: In signing this Release of Liability, I acknowledge and represent that I have fully reviewed and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be construed in accordance with the laws of The Commonwealth of Massachusetts. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I, my child and our respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____ Date _____

Physical & Immunization Form.....

Camper Name: _____ Date of Birth: ___/___/___
 Gender: M F Age: _____ Blood Pressure: _____ Height: _____ Weight: _____

IMMUNIZATION HISTORY

Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
DPT (Diphtheria, Pertussis, Tetanus)					
TD (Tetanus, Diphtheria)					
Tetanus					
Polio					
MMR (Measles, Mumps, Rubella)					
Hepatitis B					
Varicella (Chicken Pox)					
Hib (Haemophilus influenza)					
Tuberculin Test Results					
Lead Test Results					
Other					

CHECK IF NORMAL OR GIVE DETAILS

Eyes:____ Vision:____ Skin:____ Throat:____ Ears:____ Hearing:____ Teeth:____
 Heart:____ Lungs:____ Posture:____ Musc/Skel:____ CNS:____ Hernia:____ Abdomen:____
 Genitalia:____ Menstruation:____

KNOWN ALLERGIES AND TREATMENT

Food _____ Medication(s) _____

Environment _____ Insect(s) _____

Is the person currently under the care of a physician? Yes No If Yes, why? _____

Current medications or treatment: _____

Recommend/describe any limitations or restrictions on camp activities: _____

Medications to be taken/administered at camp: (including sunscreen, inhalers, or the like.)

Name of Medication(s): _____

*I have examined this child herein described and it is my opinion that this child is able to engage in and participate in all camp activities, unless otherwise noted above.

Licensed physician's signature: _____

Address _____ Telephone _____ Examination Date _____

(Must be within 12 months of starting camp.)

Authorization to Administer Medications.....

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

This form should be filled out if your child will be taking medication while at camp.
(To be completed by parent/guardian)

Name of Camper _____ Age _____
Food/Drug Allergies _____
Diagnosis (at parents' discretion) _____

Parent/Guardian Name _____
Home Phone _____ Cell Phone _____
Business Phone _____ Emergency Telephone _____

Doctor _____
Business Phone _____ 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 _____

Special directions (e.g., on empty stomach/with water) _____
Special precautions _____
Possible side effects/adverse reactions _____
Other medications (at parents' discretion) _____
Location where medication administration will occur _____

I hereby authorize SIMMONS COLLEGE to administer to my child, _____
the medication(s) listed, in accordance with 105 CMR 430.160.

I hereby authorize my child, _____ to self-administer Epi-pen Inhaler Insulin
in the presence of the camp Health Care Supervisor.

105 CMR 430.160(A)
Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, 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. 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 be administered only if it is from the original container, there is written permission from the parent/guardian, and the health care consultant approves in writing the administration of the medication.

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.

Parent/Guardian signature _____ Date _____ Phone # _____
Health Care Consultant signature _____ Date _____

Transportation Plan.....

TRANSPORTATION PLAN

Camper's Name _____

I give my permission to the following people to receive my child at the end of the day:

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

3. Name _____ Relationship _____

Address _____ Phone _____

Is there someone who you **DO NOT** authorize to pick up your child? If yes, please indicate name(s):

My child will be picked up at the following time each day:

<u>Day</u>	<u>Date</u>	<u>Time</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____

*Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented.

Parent/Guardian Signature

Date