

Girls in Trees!

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BAY PATH COLLEGE

REGISTRATION PACKET

Thank you for choosing the Girls in Trees ! @ Bay Path College summer program for your daughter, granddaughter or friend.

Girls in Trees ! @ Bay Path College is committed to having each participant experience the fun, excitement, challenge, leadership opportunities and the joy of participating with other girls in a safe and secure environment.

Below you will see a few reminders and attached are some forms that are necessary for you to fill out and return.

Please Keep a photo copy for your records.

Girls in Trees ! PICKUP AND DROP OFF

DROP-OFF begins at 8:30 am and will occur in front of Blake Student Center (Program Headquarters). This will be a one way only enter and exit situation. Follow the signs for the entrance point will be marked and a staff member will be there to greet you and take care of the sign-in process.

PICK-UP begins at 4:005 pm and will occur in the same fashion, use the same entrance and exit points. Campers who ride a bike or walk to camp will need to have a written authorization form in addition to the pick-up form. (All bikers must provide a lock for their bikes.)

- **FOR DROP-OFF AND PICK-UP TO FUNCTION EFFICIENTLY AND TO AVOID PROBLEMS, ALL PARENTS ARE ASKED TO MAKE ARRANGEMENTS AS SOON AS POSSIBLE. NO PARTICIPANT WILL BE ALLOWED TO LEAVE UNTIL ALL NOTIFICATIONS HAVE BEEN CONFIRMED.**

Girls in Trees ! CHECK-IN and CHECK-OUT:

GIRLS IN TREES ! will need to check-in each day with the Program Director or staff member. Any notes concerning drop-off and pick-up should be given directly to the Program Director. Arrangements need to be in writing. Check-out will again require the campers to notify the Program Director when leaving for the day. Authorized parents or guardians will be required to sign in and out each day during check-in and check-out. See the attached form.

GIRLS IN TREES ! OFFICE LOCATION:

The **GIRLS IN TREES !** @ Bay Path College office will have its headquarters in Blake Student Center. The direct telephone number is 565-1307. The Program Director's number is 565-1467.

MEDICAL SERVICES LOCATION:

This is also located in Blake Student Center. Use the Program telephone number 565-1307 to reach Medical Services.

LUNCH & SNACK TIME:

Lunch and snacks will be provided; it will be stored in a cooler or refrigerator until the required time. Please list any food restrictions or allergies on the Health Record provided AND on the lunch order form.

BREAKS & WATER STATIONS:

Water stations will be set up in activity areas. Snacks and juice breaks will occur between sessions each day.

EQUIPMENT NEEDS FOR ATTENDEES:

Each attendee should bring daily with them: water bottle and medications, sneaker (no flip flops) shorts and t-shirt. Water bottle and medications can be carried in a backpack. All items should have the name of the attendee's clearly labeled. Special requirements should be noted on the appropriate forms.

IMPORTANT INFORMATION

Enclosed you will find a series of forms that need to be filled out in their entirety and received in our office PRIOR to the first day of the program. The earlier the better! These forms will be kept on file for reference and safety for the duration of the program. If you have any questions, please feel free to call (413) 565-1066. The completed forms may be faxed to the attention of Briana Sitler at (413) 565-1118, or mailed to Bay Path College, Attn: Briana Sitler, 588 Longmeadow Street, Longmeadow, MA 01106. Please keep a copy of all forms for your personal records.

CHECKLIST OF FORMS

Health/Medical Information Sheet

Medication Sheet

Self Medication Sheet

Transportation Form

Liability Form

MEDICAL AND HEALTH FORMS

NAME of PARTICIPANT: _____ BIRTH DATE: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

NAME of PARENTS: _____

HOME PHONE #: _____ WORK PHONE#: _____

E-MAIL ADDRESS: _____

IN CASE of EMERGENCY, NOTIFY: _____

RELATIONSHIP to STUDENT: _____ DAY PHONE#: _____

HEIGHT: _____ WEIGHT: _____ DATE OF LAST EXAM: _____

IMMUNIZATION RECORD: (MONTH, DAY, YEAR FOR EACH DOSE)

| Immunization | Date | | | | | Immunization | Date |
|---------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------------|------|
| | 1 st Dose | 2 nd Dose | 3 rd Dose | 4 th Dose | 5 th Dose | | |
| DTP/DTaP/DT/TD | | | | | | MMR (1 st Dose) | |
| OPV/IPV | | | | | | Measles (2 nd Dose) | |
| HIB (Haemophilus Influenza Type B) | | | | | | Varicella (Chicken Pox) | |
| Hepatitis B | | | | | | Other | |

A signed copy of your child's immunization record attached is acceptable.

Identify any known medical illness or disorder (emotional or physical) that would currently pose a risk to other students or which would affect the student's functional ability to participate safely. Please also indicate if there are additional medical concerns of which the program staff should be aware (i.e. seizures, diabetes, etc.) _____

Does the student have any physical disabilities (temporary or permanent)?

Yes No

Explain: _____

Is this student taking prescription medication on a daily basis for a chronic illness or condition?

Yes No

If yes, indicate medication: _____

IMPORTANT NOTE: Bay Path College will not be responsible for dispensing medication, unless all forms are attached and permission given. See self-medication waiver for prescriptions such as epipens and inhalers.

Does the student have allergies? Yes No

If yes, what specific type/s of allergies and the normal reaction: _____

(If allergic to bee stings, the student must bring an epipen.)

SPECIFIC DIETARY RESTRICTIONS: _____

PARENT/GUARDIAN AUTHORIZATION (Required for all Participants)

This health history is correct and complete to the best of my knowledge, and the student named above has permission to participate in all program activities except as noted by an examining authority or me. I also confirm that my child has received and is up to date on all necessary immunizations required by law for participation. If I cannot be reached in an emergency, I hereby authorize permission to the **summer programs@baypath** staff to transport my child to the nearest hospital, to secure proper medical treatment for, and order injection, anesthesia for surgery for the child named above.

PHYSICIAN'S NAME: _____

PHYSICIAN'S TELEPHONE NUMBER _____

FULL INSURANCE INFORMATION is required for coordination of benefits. (Attach a copy of your insurance ID card.)
Every student is required to have health insurance.

Name of insurance company: _____

Address of insurance company: _____

Policy or identification number: _____

Subscriber's name: _____ Prescription coverage: Yes ____ No ____

Parent's/Guardian's Signature: _____ Date: _____

For Office Use Only:

Reviewed by _____ Copy sent to Medical Director _____

TRANSPORTATION RECORD

Daily transportation of attendees to and from **GIRLS IN TREES !** @ Bay Path College will be the sole responsibility of a parent or authorized guardian. Information on this person will include the name/s of the authorized drop off and pick-up, the program staff will ask for a copy of this person/s drivers license. Changes in the authorized parent or guardian must be in writing to the program Director..

All Drop-offs and pick-ups will be required to sign the daily log as proof of attendees arriving and leaving **GIRLS IN TREES !**. If you have any questions please call the program director at 565-1467.

If you choose to allow your child to walk or ride a bike to camp, then a separate section must be filled out on this form. Bikers and walkers will be released before vehicle pickup. A program staff member will also escort these attendees across Longmeadow Street.

Daily Vehicle Drop-Off and Pick-up Program – if over 12 this is not mandatory but IS helpful

Authorized Individual/s to drop-off and pick-up:

Name: _____ Signature: _____

Name: _____ Signature: _____

Comments: _____

Daily Biker or Walker Program

Biker _____ Walker _____

Does attendee need assistance crossing Longmeadow Street? Yes ____ No ____

I have read, understand, and accept the conditions outlined in the transportation record.

Name: _____ Date: _____

Signature: _____

GIRLS IN TREES!

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BAY PATH COLLEGE

Medication Consent Form

NAME of Attendee: _____

Name of medication: _____

Prescription: _____ Non-prescription: _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Name and phone number of prescribing physician: _____

Directions for storage: _____

GENERAL COMMENTS: _____

PARENT or GUARDIAN AUTHORIZATION (Required for all Attendees)

I hereby authorize permission to the **GIRLS IN TREES ! @ Bay Path College** authorized staff to administer medication to my child as indicated above.

Parent Signature: _____ Date: _____

Bay Path College South Campus

CHALLENGE COURSE INFORMATION FORM AND RELEASE OF LIABILITY

Disclosure

The Bay Path College Challenge Course program involves a variety of activities that often include warm-ups, games, initiative problems, high and low course elements, and other rigorous physical adventure activities. The level of participation in any program activity is at all times completely up to the individual's choice. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury and disability.

The policy for participants in all Bay Path College Challenge Course programs requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the facilitators conducting the program, so that they are prepared to respond appropriately if the need arises. This information will be held in strict confidence. This form must be completed and returned to Peter Axtmann in Student Services prior to participating in any activities.

Health Information:

Name: _____

Address: _____

Does your child have health/accident insurance? Yes: _____ No: _____

If yes, name of company: _____

Please attach a photocopy of the card with this form.

Does she have any limiting physical disabilities or handicaps (temporary or permanent)?

Yes: _____ No: _____

If yes, Please explain: _____

Is she currently taking medications? Yes: _____ No: _____

If yes, state what she is taking and what condition it is for: _____

Does she have any allergies, reactions to medications or any medical limitations?

Yes: _____ No: _____

Release of Liability

I understand that part of the Bay Path College Challenge Course program may be physically or emotionally demanding. I affirm that my child's health is good and that she is not under a physician's care for any undisclosed condition that bears upon her fitness to participate in the Bay Path College Challenge Course activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I understand that there is poison ivy on the course and that I will not hold Bay Path College responsible if I were to be in contact with the ivy. I release Bay Path College, its staff members, and Board of Trustees, from all liability from any injury to my child from participation in the Bay Path College Challenge Course program.

Parent or Guardian's Signature

Date