

GO GIRLS!

@

BAY PATH COLLEGE

REGISTRATION PACKET

Thank you for choosing the GO GIRLS ! @ Bay Path College discovery program for your daughter, granddaughter or friend. GO GIRLS ! @ Bay Path College is committed to having each special camper experience the fun, excitement, challenge, leadership opportunities and the joy of participating with other girls in a safe and secure environment.

You are registering for the following week(s):

June 22 July 6 July 13 All Weeks

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

GO GIRLS ! PICKUP AND DROP OFF

DROP-OFF begins at 8:30 am and will occur in front of Breck Fitness Center (Camp Headquarters), located to the left of Blake Dining Commons. If you must park, please use the circle drive and walk your child over. Follow the signs for the entrance point and a staff member will be there to greet you and take care of the sign-in process.

PICK-UP begins at 4:30 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 GO GIRL! WILL BE ALLOWED TO LEAVE UNTIL ALL NOTIFICATIONS HAVE BEEN CONFIRMED.**

GO GIRLS ! CHECK-IN and CHECK-OUT:

GO GIRLS ! will need to check-in each day with the Camp Director or group Counselor. Any notes concerning drop-off and pick-up should be given directly to the Camp Director. Arrangements need to be in writing. Check-out will again require the campers to notify the Camp 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.

GO GIRLS ! OFFICE LOCATION:

The **GO GIRLS ! @ Bay Path College** office will have its headquarters in Breck Fitness Center in Helliwell. Beginning the week of June 22, 2009 the direct telephone number is 565-1245. The Main desk for Camps will be 565 1307. For other emergencies, please call 565-1000 and ask for Go Girls!

MEDICAL SERVICES LOCATION:

This is also located in Helliwell on the 1st floor. Use the camp telephone number 565-1245 to reach Medical Services.

LUNCH & SNACK TIME:

Lunch, a drink and a small morning snack should be brought in a bag or cooler, it will be stored in a cooler or refrigerator until the required time. Afternoon snacks will be provided by **GO GIRLS !**. All food can be supplied if ordered a week prior to attending – menu’s to come. *Please list any food restrictions or allergies on the Health Record provided.*

BREAKS & WATER STATIONS:

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

EQUIPMENT NEEDS FOR CAMPERS:

Each day campers should bring with them: water bottle, snack, sunscreen, medications, hat and an extra t-shirt. This can be carried in a backpack. All items should have the name of the camper clearly labeled. Special requirements should be noted on the appropriate forms.

IMPORTANT INFORMATION:

Enclosed you will find a series of forms which need to be filled out and returned a the week prior to 1st day of each session. These forms will be kept on file in the **GO GIRLS !** Office for the duration of the program. If you have any questions please feel free to call Briana Sitler at 565-1066.

Checklist:

- Camper Health Examination Record** _____
- Transportation Record** _____
- Picture and News Release Card** _____

In addition to the above forms, photocopies will be made of the transportation record to drop-off and pick-up the camper will also be required on the 1st day of camp. The camp will be using the internet for some of the program, campers will be given a chance to go online and will be assigned an e-mail address, which they can keep after they leave camp. Pictures will be taken of activities during the program, all pictures are the property of **GO GIRLS !**, they will be used for future promotional materials concerning **GO GIRLS !@** Bay Path College. The nature of the program will require that campers may need to bring specific footwear or clothing on a particular day, please be advised that each day they will be notified and a note sent home with each camper. Special activities may require items from home, they may include some of the following (ex. t-shirt, shorts, bathing suit, softball glove, bicycle, roller blades, musical instrument, camera, hats, or costume). You will be notified if any of these items need to be brought during their stay.

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CAMPER PICTURE and NEWS RELEASE RECORD

NAME of CAMPER: _____ NICKNAME: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

Telephone: _____ E-mail: _____

Entering Grade for the Fall _____ BIRTH DATE: _____

Returning camper? Yes No

NAME of PARENTS: _____

HOME PHONE#: _____ WORK PHONE#: _____

E-MAIL ADDRESS: _____

PHOTO/VIDEO RELEASE:

I hereby grant permission to Bay Path College to use photos and video images taken by the institution or its agents for college publicity, advertising or promotional purposes of my daughter _____.

Parent/guardian Signature: _____

Date: _____

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TRANSPORTATION RECORD

Daily transportation of campers to and from GO GIRLS! @ 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 camp staff will ask for a copy of this person/s driver's license. Changes in the authorized parent or guardian must be in writing to the Camp Director.

All Drop-offs and pick-ups will be required to sign the daily log as proof of campers arriving and leaving GO GIRLS! If you have any questions please call us at 565-1066.

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. These campers will also be escorted across Longmeadow Street by a camp staff member.

NAME of GO GIRL: _____

Daily Vehicle Drop-Off and Pick-up Program

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

Name: _____ Signature: _____

Name: _____ Signature: _____

Comments: _____

Daily Biker or Walker Program

Biker _____ Walker _____

Does camper need assistance crossing Longmeadow Street? Yes ___ No ___

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

Name: _____ Date: _____

Signature: _____

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CAMPER HEALTH EXAMINATION RECORD

NAME of CAMPER: _____ BIRTH DATE: _____
ADDRESS: _____
CITY/TOWN: _____ STATE: _____ ZIP: _____
NAME of PARENTS: _____
HOME PHONE#: _____ WORK PHONE#: _____
E-MAIL ADDRESS: _____
IN CASE of EMERGENCY, NOTIFY: _____
RELATIONSHIP to CAMPER: _____ DAY PHONE#: _____

GENERAL HEALTH RECORD:

HEIGHT: _____	WEIGHT: _____	DATE OF EXAM: _____
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Identify any known medical or emotional illness or disorder that would currently pose a risk to other children or which would affect the child's functional ability to participate safely. _

Medical information necessary for routine childcare and emergencies:

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

Yes No

If yes, indicate medication: _____

Does the child have allergies? Yes No Explain: _____

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

(if bee stings, camper must bring epi pen with pen)

GENERAL COMMENTS: _____

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	

PARENT or GUARDIAN AUTHORIZATION (Required for all Campers)

This health history is correct so far as I know, and the person named above has permission to participate in all camp activities except as noted by me or the examining authority. If I cannot be reached in an emergency, I hereby authorize permission to the **GO GIRLS!** @ Bay Path College 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.

Please attach a photocopy of the Medical ID to be used in case of an emergency.

Parent Signature: _____ **Date:** _____

Physician's Name: _____ **Date:** _____

Physician's Telephone #: _____