

IMPORTANT

Camp Reminders

All information will be distributed through Facebook (LIKE the Norwood Recreation Department), current email, and weekly newsletters that are sent to your email.

- **The Norwood Recreation Department will abide by all COVID-19 regulations throughout the course of the summer and work with our local Board of Health.**
- All camps this year will have entertainment throughout the summer brought to the camps.
- Registration will be closed 1 week prior to camp start date, All paperwork needs to be in one week prior to start date, if paperwork is not turned in a week prior to camp the camper will not be able to attend and there will be no refund.
- There are no field trips this summer. Each participant **MUST** bring a towel to each day of camp.
- All participants must bring snack, lunch, and plenty to drink. Lunches will **NOT** be provided this summer.
- Given the circumstances of a shorter summer season, refunds will not be given this summer unless there is a Doctor's note providing for the reason why the camper can't attend.
- All hours for all camps will be 9am – 3 pm with an option of extended day until 4 pm. Challenger camp is 9am-1:30 pm
- Each camp does have a minimum and maximum number of spots available. The minimum must be met **72 hours prior** to the start of the session or the program will be cancelled. Once maxes are met, your child will be accepted to a **waitlist**. Want to ensure care for the summer? We suggest you register early!
- Children will be unable to sign out during regular camp hours. They may sign out at the end of the program day, only if prior arrangements are made with Site Supervisor.
- If you do have any questions or concerns, please contact the office at 781-762-0466 and speak to Camp Director Christina Grande.

2021 NORWOOD RECREATION SUMMER ENROLLMENT PACKET

Participant Name _____ Home Address _____ Town _____
 Date of Birth _____ Grade Entering _____ Telephone _____ Sex _____ Eye Color _____
 Skin Color _____ Hair Color _____ Height _____ Weight _____ Primary Language _____
 Medication _____ **Allergies** _____

SESSION	DATES	PLAYCAMP OPTIONS (By Grade Child is ENTERING)	Sports/ Fishing Camp
Session One	June 28-July 2nd	<input type="radio"/> Jr. Play Coakley (Gr. K&1) <input type="radio"/> Jr. Play Cleveland (Gr. K&1) <input type="radio"/> Coakley Playcamp (Gr. 2-5) <input type="radio"/> FM Playcamp (Gr. 2-5) <input type="radio"/> Cleveland Playcamp (Gr. 2-5) <input type="radio"/> Sr. Playcamp Coakley (Gr. 6-8)	<input type="radio"/> Fishing Camp
Session Two	July 6 th -9 th	<input type="radio"/> Jr. Play Coakley (Gr. K&1) <input type="radio"/> Jr. Play Cleveland (Gr. K&1) <input type="radio"/> Coakley Playcamp (Gr. 2-5) <input type="radio"/> FM Playcamp (Gr. 2-5) <input type="radio"/> Cleveland Playcamp (Gr. 2-5) <input type="radio"/> Sr. Playcamp Coakley (Gr. 6-8) <input type="radio"/> Inclusion (2 weeks)	
Session Three	July 12 th -16th	<input type="radio"/> Jr. Play Coakley (Gr. K&1) <input type="radio"/> Jr. Play Cleveland (Gr. K&1) <input type="radio"/> Coakley Playcamp (Gr. 2-5) <input type="radio"/> FM Playcamp (Gr. 2-5) <input type="radio"/> Cleveland Playcamp (Gr. 2-5) <input type="radio"/> Sr. Playcamp Coakley (Gr. 6-8)	<input type="radio"/> Fishing Camp <input type="radio"/> Mustang Sports
Session Four	July 19 th -23rd	<input type="radio"/> Jr. Play Coakley (Gr. K&1) <input type="radio"/> Jr. Play Cleveland (Gr. K&1) <input type="radio"/> Coakley Playcamp (Gr. 2-5) <input type="radio"/> FM Playcamp (Gr. 2-5) <input type="radio"/> Cleveland Playcamp (Gr. 2-5) <input type="radio"/> Sr. Playcamp Coakley (Gr. 6-8) <input type="radio"/> Inclusion (2 weeks)	<input type="radio"/> Mustang Sports
Session Five	July 26 th -30 th	<input type="radio"/> Jr. Play Coakley (Gr. K&1) <input type="radio"/> Jr. Play Cleveland (Gr. K&1) <input type="radio"/> Coakley Playcamp (Gr. 2-5) <input type="radio"/> FM Playcamp (Gr. 2-5) <input type="radio"/> Cleveland Playcamp (Gr. 2-5) <input type="radio"/> Sr. Playcamp Coakley (Gr. 6-8)	<input type="radio"/> Mustang Sports <input type="radio"/> Fishing Camp
Session Six	Aug 2 nd -Aug 6 th	<input type="radio"/> Jr. Play Coakley (Gr. K&1) <input type="radio"/> Jr. Play Cleveland (Gr. K&1) <input type="radio"/> Coakley Playcamp (Gr. 2-5) <input type="radio"/> FM Playcamp (Gr. 2-5) <input type="radio"/> Cleveland Playcamp (Gr. 2-5) <input type="radio"/> Sr. Playcamp Coakley (Gr. 6-8) <input type="radio"/> Inclusion (2 weeks)	<input type="radio"/> Mustang Sports <input type="radio"/> Fishing Camp
Session Seven	Aug 9 th -13 th	<input type="radio"/> Jr. Play Coakley (Gr. K&1) <input type="radio"/> Jr. Play Cleveland (Gr. K&1) <input type="radio"/> Coakley Playcamp (Gr. 2-5) <input type="radio"/> FM Playcamp (Gr. 2-5) <input type="radio"/> Cleveland Playcamp (Gr. 2-5) <input type="radio"/> Sr. Playcamp Coakley (Gr. 6-8)	
Session Eight and Nine	Aug 16-20 th Aug 23-27 th		<input type="radio"/> Sports Mania

PARENT/GUARDIAN INFORMATION (Provide information for anyone who has legal responsibility for child)

Name (s) of Parent/Guardian _____

Relationship to Child _____

Home Phone Number _____

Business Name & Work Number _____

Cell Phone _____

E-mail Address _____

Instructions to reach parent in the event of an emergency _____

X Parent Signature

X Date

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EMERGENCY INFORMATION (Individuals other than Parent/Guardian—Please Provide AT LEAST ONE additional)

Name Address Relationship Home Phone Cell Phone

I give my permission for my child to be picked up by this emergency contact.

Name Address Relationship Home Phone Cell Phone

I give my permission for my child to be picked up by this emergency contact.

I will give the Norwood Recreation Department supervisory staff immediate notice and include official documentation should an issue arise regarding a change in authorization of pick up. Yes No

CONSENT AND RELEASES

Swim: Children who wish to enter the deep end to swim, will be tested each summer. Please let us know their comfort level in the water, so we can get a better sense prior to the swim test.

My child has no experience swimming. My child can only use the Spray Park (Jr. Play only)

My child is learning how to swim and has completed swim level _____.

My child is comfortable swimming in the deep end and can tread water for at least one minute.

Sun Screen Policy:

Parents are encouraged to apply sunscreen to their campers prior to attendance. Parents may also send their camper with sunscreen and give permission for their camper to self-apply or ask staff or assistance.

Arrival/Departure: I give my child permission to arrive/depart from Playcamp and Sports Clinics by the following:

Sign him/herself In/Out Parent/Guardian/Emergency Contact Sign-In or Out

Parent Handbook: I have read the Norwood Recreation Department Summer Parent Packet and I understand information in regards to, but not limited to, items to pack for my child, behavior policy, inclement weather policy, and cell phone policy.

Yes No

A full handbook is available on the Norwood Recreation Department website or can be picked up in the office after April 20th.

Photo Policy: Norwood Recreation Department takes pictures throughout the summer of all it's programs. If a participant is registered for any recreation program, we have the right to publish pictures of the participants and also potentially use them for publicity/advertisement/ Program Guide.

FM, Coakley & Sr. Play: I, _____, give permission for my child to walk along with Norwood Recreation Staff to get pizza, ice cream or food at a nearby restaurant on occasional . I agree that I will not provide more than \$10 spending money per child.

Cancel/Refund: I understand because of the shortened summer season, there will be no refunds unless it's a medical reason with a Doctor's note or if the program is cancelled.

X Parent Signature

X Date

Fees: Norwood Recreation Department will not refund for days missed from your weekly fee. Your fee pays for the direct operating costs, such as staff and materials.

2021 NORWOOD RECREATION SUMMER ENROLLMENT PACKET

Participant Name _____ Date of Birth _____ Age _____
 Doctor's Name _____ Address _____
 Insurance Company _____ Policy Number _____
 Participating Hospital _____ Special Instructions _____

Has your child required additional services in school for behavioral/emotional support? Yes No

If yes, please explain: _____

FIRST AID: I give the Norwood Recreation Department permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health. If parent/guardian cannot be reached, I give the Recreation Department permission to contact the emergency contacts listed above. Yes No

X Parent Signature

X Date

INFORMATION BELOW THIS BOX: TO BE COMPLETED BY PHYSICIAN or printout from your child's most updated physical and immunization record. The printout must be on physician or practice letterhead OR contain physician's/practice's logo.

Has the child/adolescent ever had:

Frequent ear infections	<input type="radio"/> Yes	<input type="radio"/> No		Pneumonia	<input type="radio"/> Yes	<input type="radio"/> No
Bronchitis	<input type="radio"/> Yes	<input type="radio"/> No		Surgery	<input type="radio"/> Yes	<input type="radio"/> No
Kidney problems	<input type="radio"/> Yes	<input type="radio"/> No		Hospitalization	<input type="radio"/> Yes	<input type="radio"/> No
Heart Problems	<input type="radio"/> Yes	<input type="radio"/> No		Broken Bones	<input type="radio"/> Yes	<input type="radio"/> No
Convulsions	<input type="radio"/> Yes	<input type="radio"/> No		Chicken pox	<input type="radio"/> Yes	<input type="radio"/> No

If you answered "Yes" to any of the questions above, please explain:

Current Medications: _____ Allergies: _____
 Primary Care Physician: _____ Phone: _____
 Address: _____
 Restrictions to activities: _____
 Comments: _____
 Special Notice, i.e. Medic Alert: _____

Date of Last Physical: _____ HT _____ WT _____ HC _____ BP _____

Abnormal Findings No Finding

Immunization & Dates:

DPT DT Td

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

MMR

1. _____
 2. _____

Last TB Date

Type

Result
 Last Lead Date Result

Polio: Oral Inactive

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

HepB

1 2 3

HiB

1 2
 3 4

Last Hgh/Hct Date Result

Flu _____

Varicella _____

X Physician's Signature

X Date