



Cambridge Adventure Day Camp 2018

Ages 6-11

5 weeks: July 2 - August 3, 2018 (no camp Wednesday, July 4)

Camp runs: 9AM-4PM

APPLICATION CHECKLIST:

- Completed application, including permission slips
- Copy of 1st page of 2016 or 2017 Tax Return
- Physical and Immunization Record dated AFTER Sept 2016 & signed by your Doctor
- Copy of insurance card(s)

ALSO INCLUDE:

Application Fee	\$10.00
	+
50% of Tuition Fee to hold spot	\$ _____
Total due at time of application	\$ _____

****Completed applications are accepted on a first come, first serve basis. Any campers with unpaid fees by 5/1 cannot be guaranteed a spot.**

Camp Policies and Procedures

Camp Tuition: Tuition is on a sliding scale based on family size and income. See tuition chart.

****Cancellation refunds** can be requested in writing, from parents/guardians up to 10 business days prior to child's arrival date. The \$10 application fee is non-refundable. There is a \$20 charge on any returned checks.

If your child attends any part of camp, a refund for weeks not attended cannot be given.

The Director reserves the right to dismiss any camper whose behavior violates the camp's code of conduct.

Bus Transportation: All campers use bus transportation. Bus stop times are announced two weeks before camp begins. Parents are responsible for getting their children to and from the correct bus-stop.

Health Concerns: If your child is sick, please don't send him/her to camp. Children need to be fever free without medication for 24 hours before returning to camp. Thank you.

Camp Field Trips: Campers participate in field trips each week. Trips include Waltham Fields Community Farms, Farrington Nature Linc, local pools and parks, and some all day trips to state parks.

Meals: Camp provides breakfast, lunch, and snack each day.

****Please DO NOT SEND** your child with *spending money, electronics, or anything of value.*

CADC cannot be responsible for the personal belongings of campers.

Contact Us:

Call: Sara Whitford, Program Coordinator (617) 864-0960

Email: Sara Whitford, s.whitford@cambridgecamping.org

Visit: 99 Bishop Allen Drive, Central Square, Cambridge, MA



Cambridge Adventure Day Camp 2018: July 2 – August 3

(No Camp on Wednesday, July 4th)

Complete application must include:
Physical & Immunization Records dated after 9/2016
Copy of 2016 or 2017 Tax Return & Copy of health insurance card(s)

(For office use only)	
Date Rcv'd	_____
Fee	_____ \$ MO ✓ V _____

Camper Information

Child's First Name: _____ Last Name: _____ Age (as of 6/1): _____

Date of Birth: _____ Gender: Male Female Grade in September 2018: _____

Address: _____ Zip: _____

Home Phone: _____ Siblings with ages: _____

School: _____ Afterschool Program (if applicable): _____

Has your child attended CADC in the past? _____ If yes, approximately how many years? _____

T-Shirt Size (circle one):	Youth Medium (10-12)	Youth Large (14-16)	Adult Small
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Parent/Guardian #1: _____ Cell #: _____

E-mail: _____ Daytime Phone: _____

Home Address if different from child's: _____

Parent/Guardian #2: _____ Cell #: _____

E-mail: _____ Daytime Phone: _____

Home Address if different from child's: _____

Emergency Contacts: Please list 2 contacts other than a parent/guardian that are authorized to pick-up child.

Name: _____ Relationship: _____

Address: _____ Daytime Phone: _____

Name: _____ Relationship: _____

Address: _____ Daytime Phone: _____

Child's physician and/or clinic: _____

Address: _____ Phone: _____

Health Insurance Provider: _____ Policy #: _____

Customer Service Phone #: _____

Please provide a detailed explanation of any **conditions** (medical or emotional), **dietary restrictions**, or **medications** used (Campers who take medication during camp hours MUST complete the Medication Permission section):

Does your child have any **allergies** (medications, food, bee stings, etc.): _____ If yes, please explain:

Authorization Form

Camper Support Needs

Is your child in a specialized classroom at his/her school? Yes No
Does your child have an IEP? Yes No
Does your child receive any kind of therapy or counseling? Yes No

If you answered yes to any of the above, please use space below to describe any concerns you may have regarding your child's emotional or physical well-being at camp.

Information Release Agreement: I hereby authorize Cambridge Adventure Day Camp to give and receive information and all records which may pertain to my son/daughter's performance. Cambridge Adventure staff is authorized to contact the following individual, agency, or school.

Name of Counselor/Social Worker/Teacher/Therapist: _____

Agency: _____ Phone: _____

Address: _____

Promotional Materials: I agree that photos/videos/other media images of my child & can be used for future promotional purposes, program and funding collaborators. Please cross out this section if you do not agree.

Session Length Agreement: I am committed to having my camper attend the full camp session. I understand that the Director reserves the right to dismiss a camper when the camper's behavior violates the camp's code of conduct. If my child is asked to leave camp I understand that it is my responsibility to facilitate the process. **Contact Information:** I will notify the camp office of changes in my contact information (address, home or work number, etc.) in the case of an emergency. In the event that I cannot be reached in an **EMERGENCY** I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child. **Authorization for Information Release:** For children enrolled in Cambridge Public Schools: In an effort to ensure that all children are enrolled in a summer program, Cambridge Public Schools request names of children who participate in our camp. No other information is shared.

Tuition: I understand the \$10 application fee is not refundable. I agree to pay the tuition balance by May 16th. There is a \$20 fee on returned checks. Cancellation refunds can be requested in writing, from parents/guardians up to 10 business days prior to start of camp.

Release: I give permission for my child to attend Camp and participate in all programs, including activities off the camp premises. I agree that Cambridge Camping observes all reasonable precautions for the care and protection of my child. I understand that staff selection policies and procedures include confirmation of background checks, and healthcare and discipline policies, and are available to parents or guardians by request. I understand that I may contact the office during business hours at 617-864-0960 to file any grievances. By signing this application, I hereby release and hold harmless the Camp, and its directors, officers, employees, agents, and representatives, from any and all damages, claims, injuries and liabilities, which may arise out of my child's attendance at Camp and out of his/her participation in any activities while in attendance. I understand that my child is responsible for all items that he/she brings to camp in the event that they are lost, stolen or damaged and I will not send my child to camp with spending money, electronics, or anything of value. If my child is sick, I will not send him/her to camp. I understand that my child needs to be fever free without medication for 24 hours before returning to camp.

I give permission for my child to receive non-prescription medications for the treatment of minor illness, such as headache, upset stomach, and for the prevention of sunburn (sun screen) and bug bites (insect repellent).

I attest that all information on this form is true and accurate and I understand that my application will not be considered until I have completed all required material and included a copy of my child's physical and immunization records.

Parent/Guardian Signature: _____ Date: _____

This camp complies with regulations of the Massachusetts Department of Public Health and is annually licensed by the Health Inspectional Services.

Transportation

Please check the stop you would like your child to use:

If your child will use different bus stops in the morning and afternoon, please indicate AM or PM beside the stops.

Bus times will be sent out two weeks prior to the start of camp.

- | | | |
|--|---|--|
| <input type="checkbox"/> Jefferson Park – Rindge Ave | <input type="checkbox"/> Starbucks – Broadway & Ware St | <input type="checkbox"/> Kennedy/Longfellow School – Spring St |
| <input type="checkbox"/> Walden Square – Richdale Ave | <input type="checkbox"/> Putnam Ave – Pearl & Putnam Ave | <input type="checkbox"/> King Open School – Cambridge & Hunting St |
| <input type="checkbox"/> 1600 Mass Ave – Chauncy (morning)
Everett St (afternoon) | <input type="checkbox"/> Central Sq Library – Pearl & Franklin St | <input type="checkbox"/> Fletcher Maynard – Windsor & Broadway |
| <input type="checkbox"/> King School – Magee & Putnam Ave | | |

Only I or my Authorized Pick-up Persons (listed on Page 1) can pick-up my child from the bus stop.

If there is a change in the person picking my child up, I will notify the Cambridge Camping office immediately.

If my child is not met at the bus stop by myself or the Authorized Pick-up Persons listed on Page 1, I understand s/he will be brought to the Cambridge Camping office at 99 Bishop Allen Drive. I will be charged \$15 late fee payable at time of pick-up. Camp enrollment is suspended if this reoccurs a 3rd time.

Upper Campers Only:

Please initial the statement if you would like to have your child walk home:

_____ Optional: I give my child permission to walk home from the bus stop on his/her own.

Parent/Guardian Signature: _____ Date: _____

Medications – including inhalers and epi-pens

All medication taken at camp MUST be in the original bottle.

Identify medications taken during the school year the participant does not/may not take during the summer.

- This child takes NO medication on a routine basis.
- This child takes medications as follows:

Medication: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Possible side effects and action required: _____

I hereby authorize Cambridge Adventure Day Camp staff to administer above medication to my child.

Parent/Guardian Signature: _____ Date: _____

Physician's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____ Phone: _____

ACA Youth Outcomes Battery for Guardians

Your Child's Name _____ Age _____ Male or Female (circle one)

Please read each statement carefully and decide which description is most accurate for your child.

Circle the response that most accurately describes your child.

My Child	How well does the numbered item below describe your child? Please circle the correct response.					
Likes to meet new people	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Likes to try new activities	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Likes to visit new places	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Makes friends	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Listens to other kids	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Empathizes with friends	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Helps friends to have fun	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Can figure things out without adult assistance	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Takes care of self	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Is good at making decisions without adult support	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Helps with things at home without being asked	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Does things to make our house better without being asked	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Helps other members of our family without being asked	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Easily gets ready for school	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Shares information about events or activities at school	False	Somewhat False	A Little False	A Little True	Somewhat True	True
Shares information about friends or social situations at school	False	Somewhat False	A Little False	A Little True	Somewhat True	True

This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility.

Circle one ethnic identity:	Hispanic or Latino	Non-Hispanic or Latino	
Circle one or more racial identities:	Asian	Black or African American	
	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	White

Are you a single parent? Yes No

Does your child receive Free and Reduced Lunch? Yes No

Is English your first language? Yes No

What languages are spoken at home? _____

How did you find out about us? Online _____ School _____ Other _____

Tuition

All camper tuitions are subsidized thanks to the generosity of many individuals and foundations and determined on a sliding scale that offers up to 90% discounts on the cost of camp. Your rate is based on household size and income. MUST provide a copy of your 2016 or 2017 Federal Income Tax form 1040 for EACH WAGE EARNER in the household.

Household Size	Annual Household Income					
	Multi-child discount. 10% discount for each additional child enrolled in camp.					
2	0 - 25,000	25,001 - 35,000	35,001 - 45,000	45,001 - 60,000	60,001 - 80,000	80,001 - 100,000
3	0 - 29,000	29,001 - 39,000	39,001 - 49,000	49,001 - 64,000	64,001 - 84,000	84,001 - 104,000
4	0 - 33,000	33,001 - 43,000	43,001 - 53,000	53,001 - 68,000	68,001 - 88,000	88,001 - 108,000
5	0 - 37,000	37,001 - 47,000	47,001 - 57,000	57,001 - 72,000	72,001 - 92,000	92,001 - 112,000
6	0 - 41,000	41,001 - 51,000	51,001 - 61,000	61,001 - 76,000	76,001 - 96,000	96,001 - 116,000
Tuition	\$170	\$260	\$360	\$465	\$590	\$870

Agency Referral/Voucher Information

Were you referred to CADC by another agency? Yes No

Will they help pay for camp? Yes No with Voucher? Yes No

Name of agency: _____

Contact name: _____ Phone Number: _____

Address _____

If paying with voucher please read and sign below.

I understand that it is my responsibility to perform all duties required by both Cambridge Camping and the voucher agency in a timely fashion in order to enroll my child(ren) in camp. I understand that my child is not enrolled until Cambridge Camping has received confirmation from the voucher agency.

Parent/Guardian Signature: _____ Date: _____



Parkour Generations Americas Classes Liability Form

PARTICIPANT INFORMATION: (Please Print Clearly)

First Name: _____ Last Name: _____

Home Address: _____

City, State: _____ Zip: _____

Phone #: _____ Please circle: *Home / Cell / Work / Other*

Email: _____

Date of Birth: _____ Age: _____ Gender: _____

Students: School Name: _____ Grade/Year: _____

Parent/Guardian Information (if under 18):

First Name: _____ Last Name: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

IN CASE OF EMERGENCY (if other than Parent/Guardian for those under 18):

First Name: _____ Last Name: _____

Primary Phone #: _____ Please circle: *Home / Cell / Work / Other*

Secondary Phone #: _____ Please circle: *Home / Cell / Work / Other*

Relationship: _____ Email: _____

Does the Participant have any HEALTH CONCERNS of which we should be aware?

If YES, please explain:

How did you learn about these classes? _____

Please read and sign on opposite side ➔

LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to the instructors of Parkour Generations Americas (PKGA), Parkour Generations Boston (PKGB), Parkour Generations (PKG), Making the Jump LLC, Parkour Coaching LLC, ANY PKGA affiliate or licensed organization; ANY municipality including its departments and representatives; and ANY public or private property owners or representatives who consent, directly or indirectly, to having instruction held on their property.

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the parkour instruction at ANY location utilized by Parkour Generations Boston and/or Parkour Generations Americas for the "Activity". As the undersigned Releasor, I acknowledge that I am participating in this Activity voluntarily, and I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by Parkour Generations Boston or Parkour Generations Americas, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this Activity, and I release the instructors of Parkour Generations Americas, or Parkour Generations Boston, Parkour Generations, Making the Jump LLC, Parkour Coaching LLC, ANY PKGA affiliate or licensed organization; ANY municipality including its departments and representatives; and ANY public or private property owners or representatives who consent, directly or indirectly, to having classes held on their property; INCLUDING their respective affiliates, divisions, departments and other units, committees and groups, and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, volunteers, coaches, contractors, agents, administrators, and assigns (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Activity, including any injury or harm to me, my death, or damage to my property (collectively "Liabilities"), and I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law. I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

Photo/Film Consent

By signing below I permit Parkour Generations Americas and Parkour Generations Boston to use any photo or film footage of me (Releasor) engaged in the activity for promotional use.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Releasor's Signature (Parent/Guardian if under 18): _____

Print Name: _____

Date: _____

MetroRock PARTICIPANT AGREEMENT (69 Norman Street, Everett, MA 02149 / 617-387-7625 / www.MetroRock.com)
PLEASE READ CAREFULLY. YOU MUST COMPLETE AND SIGN THIS FORM BEFORE PARTICIPATING!

WARNING: You and MetroRock (also referred to herein as "Company") acknowledge that there are significant elements of risk in any adventure, sport, or activity associated with a "rock gym," climbing wall, bouldering area, autobelay equipment, challenge course, slack line, yoga, parkour, and incidental weight and fitness training regimens and equipment (referred to herein as "Activity"). You acknowledge that this Activity has substantial risks. Climbing is inherently dangerous. Certain risks cannot be eliminated without destroying the unique character of the Activity. **The same elements that contribute to the unique character of the Activity can be causes of loss or damage to your equipment, or accidental injury, illness, or even permanent trauma or death.** The intention is not to frighten you or reduce your enthusiasm for this Activity, but it is important for you to know in advance what to expect and to be informed of the inherent risks.

ACKNOWLEDGMENT OF RISKS: I/We (the participant/s) acknowledge that the following describes some, but not all of the risks associated with Activity: 1) Slips, falls and painful crashes into walls, structure, equipment, holds, rocks, or other obstacles; 2) Slips, falls, and crashes associated with crossing, descending, climbing, or down climbing; 3) Injury due to equipment failure; 4) My/Our physical strength, coordination, sense of balance, and ability to follow or give directions, including while climbing, belaying, lifting, or spotting; 5) Fatigue, chill and/or dizziness, which may diminish my/our reaction time, and increase the risk of accident; and 6) My/Our own actions or omissions and the actions or omissions of other participants. I/We understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death. I/We should consult with my/our physician or have a physical examination before engaging in Activity, especially if I/we are elderly, pregnant, unaccustomed to physical exertion, have physical limitations or a history of high blood pressure, heart problems, or other chronic illness.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the Activity which I, and any minor children for which I am responsible, will engage in, I/we confirm that I am (we are) physically and mentally capable of participating in the Activity and/or using equipment. I/We participate willingly and voluntarily and I/we understand that the Company cannot guarantee that any facility or equipment is free of risk. I/We also assume responsibility for damage to or loss of my/our personal property, and in no event shall the Company's liability with respect to personal property exceed the lesser of the actual value or \$100.00. I/We also assume risk for accidents or injuries caused by my/our own negligence or errors whether or not such negligence is comparative or contributory. I am (we are) aware of the meaning of the terms "Unroped Climbing" (aka "Bouldering"), "Top Rope Climbing," and "Lead Climbing" and understand the differences between the activities. I/We accept that lead climbing is the most dangerous due to the hazard to both leader and follower. **I/We agree to be "checked out" on climbing and belaying skills prior to participation, and that I/we have read, understand, and will follow all MetroRock General Policies and Climbing Policies.** I/We acknowledge that wearing appropriate clothing and footwear are basic safety precautions, and that wearing a UIAA approved helmet may help assist in the prevention of head and/or neck injuries. I/We understand that the sport of indoor rock climbing is not the same as the sport of outdoor rock climbing, that outdoor rock climbing requires additional skills and instruction that I/we cannot obtain by indoor rock climbing, and that no amount of experience and instruction in indoor rock climbing will provide me/us with the skills or instruction necessary for outdoor rock climbing. I/We assume the risk(s) of any and all personal injury, accidents and/or illness, including, but not limited to, sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia); head, neck, and/or spinal injuries; heat exhaustion and/or heat stroke; shock, paralysis, and/or death that are not caused directly and solely by the negligence or willful misconduct of the Company or its employees, agents, or affiliates. I/We agree to use care in the use of the Company's facilities, equipment, and services and to protect against accidents by other parties.

PARTICIPATION: I/We recognize that the Company may find it necessary to terminate an Activity due to forces of nature, medical necessities, or problems in the group or any member of the group; and/or refuse or terminate the participation of any person the Company determines in its sole discretion to be incapable of meeting the rigors or requirements of participating in the Activity. I/We accept the Company's right to take such actions in the Company's discretion. I/We acknowledge that no guarantees have been made with respect to climbing objectives.

AUTHORIZATION: I/We hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the Activity. I/We either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. For valuable consideration, including digital copies upon request, I/We irrevocably consent to and authorize the use and reproduction by the Company, or anyone authorized by the Company, of any and all photographs and images which have been taken of me/us, for any purpose whatsoever, without further compensation to me/us.

GOVERNING LAW AND JURISDICTION; PREVAILING PARTY; DURATION: This Participant Agreement shall be governed in all respects by the substantive laws of the state in which the cause of action arises, without regard for conflict of law principles of such state. I/We hereby irrevocably submit to personal jurisdiction in any action brought in any court, federal or state having subject matter jurisdiction arising under this Participant Agreement within Middlesex County, Massachusetts, and I/We hereby waive, to the fullest extent permitted by law, the defenses of lack of personal jurisdiction, inconvenient forum, and improper venue to the maintenance of any action. I/We hereby waive the right to a trial by jury. In the event that I/we commence an action against the Company or any of its affiliates and fail to obtain judgment or receive partial judgment, I/We shall be liable to the Company for all costs and expenses the Company or its affiliates incurred in the defense of the action or any claims on which I/We did not prevail, including attorneys' fees. This Participant Agreement supersedes all prior participant agreements, contracts, and understandings, whether oral or written, between me/us and the Company. It shall not expire and shall continue in full force and effect unless superseded, modified, or terminated in a written agreement signed by me/us and acknowledged by the Company.

I/we certify that I/we have read and understand each section of the foregoing Participant Agreement, and understand, acknowledge, and agree to all of the language therein.

Today's Date: ___/___/___ Participant's Name (printed) _____ Date of Birth: ___/___/___
Street Address: _____ City: _____ State: ___ Zip: _____
Phone: _____ E-mail: _____
Emergency Contact Name: _____ Relationship: _____ Phone: _____
Participant's Signature (if 18 or older) : _____
If the Participant is under 18, the Parent or Legal Guardian must sign: _____