

Parent Packet for Summer Camps

Dear Parents/Guardians:

Welcome to Insports vacation program/summer camp. Thank you for considering Insports for your family's summer camp experience. In order to comply with board of health regulations, Insports will need the following paperwork to be completed and returned before your child can have a blast at our camp. Insports would like to provide your child with the safest environment possible. We understand that we are asking for a lot of information, but to better serve your family, please take a moment to provide detailed answers when filling out the following forms.

Insports paperwork checklist to assist your family in preparation for camp programs:

- Summer Camp Waiver Form
- Child's Fact Sheet
- Pick-up Authorization/Emergency Contact and Release forms
- Health Care Policies
- Camper's Profile
- Physical
- Immunization
- Authorization for Medication form (Only applicable if Insports will be administering medication to your camper during camp hours)

REMINDER TO ALL PARENTS:

Each child must be examined by a physician prior to enrollment, as required by the Commonwealth of Connecticut. Included with this physical is an immunization history. Each child must be immunized prior to entrance at Insports. Please be sure that your child's immunizations are up to date at the time of entrance into the camp program. If Insports does not have your child's physical and immunization records at the start of the camp week, entrance will be denied until records are received. Insports will not give refunds if this situation occurs.

Remember, we are available to assist you in making you and your camper's experience the best it can possibly be! If you have any questions or need assistance filling out any of the forms, contact us at (203) 268-1214. We are looking forward to a summer of endless opportunities of fun and personal growth!

Thank you,

Insports Staff

Summer Camp Waiver Form

Child's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

HOLD HARMLESS RELEASE FORM

IN CONSIDERATION of being permitted to participate in any way in the activity ("Activity") I, for myself for personal representatives assigns, heirs and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Physical Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: (a) PHYSICAL ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Insports Centers Trumbull LLC, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE, that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which my incur as a result of such claim.
4. HEREBY GRANT PERMISSION to Insports Centers Trumbull LLC to use my likeness and/or that of my child/children and/or family, whether through the use of photographs, film, videotape, or other media, for promotional and public outreach purposes. I UNDERSTAND THAT MY LIKENESS MAY BE USED IN PUBLICATIONS, LITERATURE, THE INTERNET, OR OTHER VISUAL MEANS.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PHYSICAL ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Parent/Guardian Signature

Print Name

Date Signed

Child Fact Sheet

CHILD INFORMATION

Child's Name: _____ Date of birth.: _____
 Email: _____ School Grade Entering: _____
 Home Address: _____ City, State, Zip: _____
 Home Telephone Number: _____

CHILD IDENTIFICATION INFORMATION

Sex: _____ Height: _____ Weight: _____
 Eye Color: _____ Hair Color: _____ Skin Color: _____
 Identifying Marks: _____

PARENT/GUARDIAN INFORMATION

PRIMARY CONTACT (Authorized to sign-out camper)

Parent/Guardian Name: _____
 Relationship to Child: _____
 Cell Phone #: _____
 *Home Telephone: _____
 *Home Address: _____
 Bus. Name: _____
 Bus. Address: _____
 Bus. Telephone #: _____
 Work Hours: _____

SECONDARY CONTACT (Authorized to sign-out camper)

Parent/Guardian Name: _____
 Relationship to Child: _____
 Cell Phone #: _____
 *Home Telephone: _____
 *Home Address: _____
 Bus. Name: _____
 Bus. Address: _____
 Bus. Telephone #: _____
 Work Hours: _____

**If different then child's home phone number or address*

MEDICAL INFORMATION

Child's Physician: _____
 Clinic: _____ Telephone #: _____

Has/Does your camper: (please circle one)

Have frequent ear infections:	YES	NO	Diagnosed with ADD/ADHD:	YES	NO
Heart troubles:	YES	NO	Have learning disabilities:	YES	NO
Have frequent headaches:	YES	NO	Have an IEP:	YES	NO
Have Diabetes:	YES	NO	Have any skin problems:	YES	NO
Have Asthma:	YES	NO	If yes, will they have an inhaler?	YES	NO

If you answered yes to any of the above questions, please give a detailed explanation:

ALLERGY INFORMATION

Please list all allergies:

For each allergy, please give a detailed explanation about the causes, symptoms, reactions, and treatments:

Please list any other medical conditions that we should know about:

Will Insports be administering medication during the camp day? NO YES *If yes, please fill out the consent form.*

Administration of Medication Consent

Please fill out this form if Insports will be administering medication

Child's Name: _____ Date of Birth: _____

In accordance with Connecticut State Law, Insports' policy on the administration of medication is as follows:

- Medication must arrive in the prescription container with date, dosage, and the doctor's name.
- A parent must sign the medication permission form, writing the purpose of the medication, the date and times of administration, and the amount to be given.
- Medication must be handed directly to an administrator, not left in the child's personal belongings.

Insports will not administer the following:

- Non-prescription drugs (unless authorized by parent/guardian and a medication permission form is completed)
- Medication not contained in the prescription package, single tablets or jarred liquid.
- Medication in any amount exceeding the dosage indicated on the bottle

Medicine	Method of administration	Dose	Time	Refrigeration	
1.) _____	_____	_____	_____	Yes	No
2.) _____	_____	_____	_____	Yes	No
3.) _____	_____	_____	_____	Yes	No
4.) _____	_____	_____	_____	Yes	No

Special Instructions:

Does your child have any difficulty taking medicines? Yes No If yes, please describe:

I hereby authorize Insports to administer the following medications to my child, in accordance with the Board of Health regulations 105 CMR 430.160

Parent/Guardian Signature _____ Print Name _____ Date Signed _____

Board of Health regulations for administering medication during camp hours

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. The health care consultant shall acknowledge in writing the list of medications administered at the camp. 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 only be administered if it is from the original container, and there is written permission from the parent/guardian.

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.

*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Emergency Contact/Camper Pick-up Authorization

AUTHORIZATION AND CONSENT FORM

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However; if I cannot be reached I hereby authorize Insports to transport my child to Bridgeport Hospital, and to secure for my child the necessary medical treatment. I understand the staff members of Insports are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

Signature: _____ Print Name: _____ Date: _____

EMERGENCY CONTACT AND RELEASE FORM

In case of an emergency, please give names of persons who can be called and are authorized to pick-up your child if we cannot reach a parent (please attached another sheet if you have more contacts).

PICK-UP AUTHORIZATION: At camper sign-out, I authorize the following people to pick up my child from camp. For your child's safety, a picture I.D. is required each and every time your child is picked-up.

PICK-UP AUTHORIZATION

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Cell Phone: _____ Emergency Contact? YES NO

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Cell Phone: _____ Emergency Contact? YES NO

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Cell Phone: _____ Emergency Contact? YES NO

NOT AUTHORIZED TO PICK-UP

1) _____ 2) _____ 3) _____

Camper Profile

This form is not required by Insports, but would help us better understand your camper and their needs. This will be a confidential form and will be used as a helpful guide for counselors to get to know your child better.

Camper's name: _____ Age: _____

School: _____ Grade entering in the Fall: _____

Is this your child's first summer at Insports?	YES	NO
Has your child ever attended any other camps or summer programs?	YES	NO

Camper's personality:

Sociability:

Interests:

Dislikes and apprehensions? What may cause ambivalence, anxiety, or resistance?

Talents or passions:

Special needs: Any social, emotional, or psychological issues that may require special attention from staff and camp? Are there any support programs such as an IEP your child is on?
