



# Agassiz Village

Today's Youth, Tomorrow's Leaders

## Sports Camp & Day Camp Application

Agassiz Village and its qualified, professional staff are looking forward to offering an exciting and enriching summer experience for your child! In order to best prepare for your child's participation in sports camp, overnight camp, and day camps, we ask parents to complete this application with as much information as possible. Please contact our offices any time at the phone numbers below if you have questions or recommendations. We also invite you to visit our website for updates, photos, and upcoming events!

**Application Instructions:** The enclosed forms are collected in order to ensure the safety and well-being of every camper at Agassiz Village. Please be sure to complete all parts of the application that are necessary for the program you choose. Contact our office if you have any questions regarding the application.

**Registration:** By sending in the following pages of the application and a **\$50 deposit for each session** you are requesting, a slot for your session of choice will be held, if still available upon receipt. Full approval will take place once we receive all completed forms for the program, which includes Camper Application, Health & Medication Form, and Registration for Sessions; Overnight Camp program requires additional forms. **ALL CAMPERS MUST RETURN AN UPDATED PHYSICAL**, including immunization records **AT LEAST 2 WEEKS BEFORE CAMP SESSION STARTS**. Your child cannot attend camp without a current physical, a state health board requirement.

Deposits are refundable through June 1<sup>st</sup>; after that date, all deposits are non-refundable, unless Agassiz Village is unable to fulfill your session request. **All forms and final payments must be received at least TWO WEEKS prior to session start date**, or we will make your slot available to the next camper on the waiting list. Tuition payments will be refunded (minus the deposit) up to two weeks prior to session start date. After that date, no refunds.

You can also **register online** and make deposit and tuition payments securely (Visa, Mastercard, and Discover) on our website at [www.agassizvillage.org](http://www.agassizvillage.org). If your choice of session is not available, or a waiting list has begun, you will receive that message upon entering the website.

**Early Payment Discount:** If tuition is paid in full and postmarked by June 1<sup>st</sup>, you will receive **\$25 off total tuition PER SESSION for Sports Camp and Day Camps** and \$100 discount for TWO WEEK SESSION & \$50 discount for ONE WEEK SESSION at Overnight camp. Malden Catholic students also receive a \$25 discount for Sports Camp; Malden & Saugus residents also receive \$25 discount for Massachusetts camps.

**Office Address:**  
238 Bedford Street, Suite 8  
Lexington, MA 02420  
Tel: (781) 860-0200  
Fax: (781) 860-0352

**Overnight Camp Address:**  
71 Agassiz Village Lane  
Poland, ME 04274  
Tel: (207) 998-4340  
Fax (207) 998-5043

**Camp Nihan Address:**  
DCR Property  
131 Walnut Street  
Saugus, MA 01906

**Malden Catholic Address:**  
*Note: Some sports programs are off site*  
99 Crystal Street  
Malden, MA 02148

[www.agassizvillage.org](http://www.agassizvillage.org)

# AGASSIZ VILLAGE SUMMER CAMP PROGRAMS 2009

Agassiz Village offers summer programs in Maine and Massachusetts, for youth ages 8-17. Our mission is to prepare youth for life's journey, through providing challenging and enriching programs. As we celebrate our 73<sup>rd</sup> year, we continue to offer quality youth programs that encourage leadership, self-confidence, and independence. These essential ideals promote a healthy attitude, cooperation, responsibility, and appreciation for the opportunities ahead. We welcome you to Agassiz Village! You can return this application to our office or register online, as well as visit our website or contact our office to learn more about our programs in leadership and sports. Keep this copy for reference.

## Overnight Camp: ages 8-13 1 week or 2 week sessions

- One week sessions: Monday- Friday Tuition \$350\*
- Two week session: Monday thru following Friday Tuition \$700\*
- \$100 discount for TWO WEEK SESSION and \$50 discount for ONE WEEK SESSION if paid in full by June 1<sup>st</sup> and financial aid available
- Location: Agassiz Village campus in Poland, Maine
- Daily activities include sports, swimming, canoeing, sailing, ropes course, crafts, hiking, environmental workshops, leadership courses, special events, camping, and more!

## Teen Leadership Program: ages 14-17 2 wk sessions

- Two week session: Monday thru following Friday Tuition \$700\*
- \$100 discount if paid in full by June 1<sup>st</sup> and financial aid available
- Teens who complete session receive stipend for participation:
  - Junior Counselors, Young Leaders: stipend based on experience and support role
  - Leaders-in-Training: \$150 stipend for two week session
- Location: Agassiz Village campus in Poland, Maine
- Daily activities include leadership development, community projects, career workshops, as well as healthy recreation choices, such as sports, swimming, canoeing, sailing, tubing, games, ropes course, hiking, camping, and more!

## Day Camp: ages 8-13 Choose one or more weeks

- Monday- Friday, 8:00am-4:00pm Half day, 8:00am-12noon or 12:00noon-4:00pm
- Locations:
  - In Massachusetts, two locations: Malden Catholic High OR Camp Nihan (Saugus)  
*If min. 15 campers not registered for one site, these two camps will be combined.*
  - In Maine, at Agassiz Village campus in Poland
- Tuition per week: \$175\* for full day, \$125\* half day \*\*\*\$25 off if paid in full by June 1<sup>st</sup>
- Daily activities include all sports, recreational swimming, canoeing, sailing, cooperative games, crafts, hiking, environmental workshops, local trips and more!

## Sports Camp: ages 9-15

- Monday- Friday, 8:00am-12:00pm
- Tuition per week: \$175 \*\*\*\$25 off if paid in full by June 1<sup>st</sup> + MC students discounts
- Each week is a different sport:
  - **Lacrosse**
  - **Soccer**
  - **Baseball**
  - **Golf**
  - **Basketball**
  - **Tennis**
  - **Ice Hockey\*** (\*Hockey Camp is a 7 hour per week program for Squirts through Midgets. **Tuition based on ice for the week.** Camp takes place at local rink; times TBD.)

**Agassiz Village      2009 Camper Application**

Camper Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Gender \_\_\_\_\_ Race/ Ethnicity (optional) \_\_\_\_\_ School Grade (as of Sept. 07) \_\_\_\_\_

Custodial Parent/ Guardian Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

*Zip                                  Street                                  City                                  State*

Home Phone (\_\_\_\_\_) \_\_\_\_\_                                  Work  
Phone(\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_                                  Other  
Phone(\_\_\_\_\_) \_\_\_\_\_

Email  
Address \_\_\_\_\_

**If parent/ guardian(s) listed above cannot be reached in an emergency, please provide TWO additional emergency contacts below:**

Emergency Contact Name 1 \_\_\_\_\_ Phone  
(\_\_\_\_\_) \_\_\_\_\_

Relationship with camper \_\_\_\_\_ Address  
\_\_\_\_\_

Emergency Contact Name 2 \_\_\_\_\_ Phone  
(\_\_\_\_\_) \_\_\_\_\_

Relationship with camper \_\_\_\_\_ Address  
\_\_\_\_\_

Sponsor Agency or Referral (if applicable) \_\_\_\_\_

Has child attended Agassiz Village before? \_\_\_Yes \_\_\_No    If yes, what years? \_\_\_\_\_

If this is your child's first visit, how did you hear about us: (Check all that apply)

\_\_\_ From friend/ family    \_\_\_ Friend/ family is an alum    \_\_\_ Website    \_\_\_ From ACA    \_\_\_ News ad

**Parent/Guardian Agreement**

- \* I have enclosed the \$50 deposit per session. I understand that if my child does not attend, I will not receive a refund of the deposit unless I notify camp of non-attendance by June 1<sup>st</sup>.
- \* I agree to pay the tuition in full (or ensure that my sponsor will pay in full) at least 2 weeks before start of the sessions my child is attending. I understand that I will not receive a tuition refund unless I cancel at least 2 weeks prior to the start of the sessions that my child is attending.
- \* I will allow my child to participate in all activities, including trips pre-arranged by camp.
- \* I will provide a current physical (within last 12 months) and up to date immunizations, as well as a doctor's approval of my child's participation in all activities at least 2 weeks prior to session start.
- \* I will notify the camp of any changes from this application, such as contact numbers, emergency contacts, health issues, or any other information, as soon as they occur.
- \* I agree that I will be available for the duration of my child's stay at camp, as well as provide emergency contacts that will be available during this same time.
- \* I agree that if I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to administer treatment for my child.



same week is afternoon Golf Camp, which runs from 12-4pm. Again, we will provide transportation from rink, MC campus, or Camp Nihan. Cost is noted above in Sports Camp sessions.

## Day Camp at Camp Nihan for 8-13 year olds

*Outdoor Adventure, Recreation based day camp for boys & girls,  
located at DCR property Camp Nihan in Saugus, MA*

### Tuition Rate & Sessions

<b>Monday- Friday</b>	<b>Full Day</b>	<b>(8am-4pm)</b>	<b>\$150*</b>
<b>Monday- Friday</b>	<b>Half Day</b>	<b>(8am-12pm) or (12pm-4pm)</b>	<b>\$125*</b>
_____ MC 1: July 6-10	_____ MC 3: July 20-24	_____ MC 5: August 3-7	
_____ MC 2: July 13-17	_____ MC 4: July 27-31	_____ MC 6: August 10-14	

### **Agassiz Village Health & Medication Form**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_

**Camper's Social Security Number (requested by emergency hospital visit)** \_\_\_\_\_

#### **Permission to Provide Necessary Treatment or Emergency Care:**

*I hereby give permission to the camp to secure proper medical treatment and/or injections, anesthesia, x-rays, routine tests, release any medical records necessary, and to provide or arrange necessary related transportation for camper named above. I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the camper above.*

#### **THIS MUST BE SIGNED BY THE CAMPER'S PARENT/ GUARDIAN FOR ATTENDANCE:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please provide a copy of the camper's up-to-date immunizations, as well as a recent physical, performed and SIGNED by a physician within the last 12 months of camp arrival**

#### **Standing Orders Permission**

*I give permission for my child to receive medications, as described in Agassiz Village's Standing Orders (such as Tylenol, Benadryl, cough syrup) for treating minor illnesses, such as colds, allergy symptoms, headache, fever, or skin rashes.*

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian's Signature

\_\_\_\_\_  
Date

#### **Immunization Records**

**EVERY CAMPER MUST BE IMMUNIZED AGAINST POLIO, MYELITIS, MEASLES, MUMPS, RUBELLA AND TETANUS.** Immunizations must be up-to-date before application is approved. Please provide a copy of your child's records at least two weeks prior to session start date.

*My child has had immunization for all of these required shots:*

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No (Please explain.)** \_\_\_\_\_

Date \_\_\_\_\_

Parent/ Guardian's Signature \_\_\_\_\_

**HEALTH HISTORY** Parent- Circle and give approximate dates.

Ear Infections	Rheumatic Fever	Measles	Mumps	Asthma
Hay Fever	Chicken Pox	German Measles	Ivy Poisoning	Epilepsy
Diabetes	Seizures (type & frequency) _____	Other		

**Has your child had any operations or serious injuries?** (Please give dates and description) \_\_\_\_\_

**Does your child have any chronic/ recurring illnesses?** (Give description, symptom) \_\_\_\_\_

**Is your child allergic to any medications or drugs?** (List drug and reaction) \_\_\_\_\_

**Does your child have any activity restrictions?** \_\_\_\_\_

**Does your child have any other conditions we should be aware of?** \_\_\_\_\_

**Prescription Medication**

\_\_\_\_\_ **No, my child does not need to take any prescription medication while at camp.** *If child regularly takes meds during the school year, changing this routine is not recommended while at camp.*

\_\_\_\_\_ **Yes, my child will need to take prescription medication while at camp.** If your child is taking prescribed medication, YOU MUST READ AND COMPLETE the information below.

**Camper's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**For Prescription Medication that will be taken at camp:**

*Note that Agassiz Village is not responsible for refilling medications, so be sure that your child has the amount needed for the day or days at overnight sessions. Also be sure that all medications are in their original container, as we will not be able to distribute medications otherwise. See our Camper Handbook for complete Medication policies and procedures. As a parent, I understand that*

\* *Medications must be sent in the original pharmacy bottle with child's correct name and correct instructions on the bottle's label, or my child will be sent home.*

\* *If instructions have changed from what is written on the bottle, I will have the physician send the correct, written directions and his/ her signature and date. Otherwise, the medication will not given.*

\* *All medications are kept with the medical coordinator or are locked in the health center and dispensed by health personnel. The exceptions to this are inhalers and epi-pens, as noted below.*

\* *At the start of the session, I will report to health staff at registration to turn in all medication.*

*Please keep in mind that for overnight sessions, we will not be able to give first medication until lunch time on the child's first day of camp. At the end of the session, I will see staff to pick up medications.*

\* *I will inform Agassiz Village of any changes prior to and during my child's stay at camp.*

**"I have read and understand the Prescription Medication policies"**

**Date** \_\_\_\_\_

**Parent's Signature**

**Please list ALL prescription medications** that your child will need to take at camp. For Inhaler or Epipen, fill out the boxes below. **Use additional copies if necessary.**

**#1 Medication Name**

\_\_\_\_\_

Condition it treats

\_\_\_\_\_

Dosage of Medication

\_\_\_\_\_

How often/what time of day should this be administered

Other notes

**Prescription Inhaler Permission**

Inhalers must have child's name printed on them. Correct, written directions must be sent with them.

\_\_\_\_\_ **I request that the following inhaler(s) be kept with the medical coordinator or at health center and administered by qualified personnel as prescribed.**

**Medication name** \_\_\_\_\_

\_\_\_\_\_ **I request that the following inhaler(s) be kept on my child's person at all times while at camp.** I certify that my child is capable of proper self-administration of medication. I understand that if my child is using medication unsafely, irresponsibly, or fails to keep it out of reach of other campers, the child will be taken (with medication) to the office or health center immediately and a phone call placed to parent/ guardian. I understand that Agassiz Village is not responsible for replacement of this inhaler if lost, stolen, or improperly discharged. If my child needs a replacement for any reason, I agree to bring such replacement to Agassiz Village camp (in Mass. or in Maine) immediately.

**Medication name** \_\_\_\_\_

**Epi- Pen or Epi-Pen, Jr. Permission**

\_\_\_\_\_ **I request that my child's Epi-Pen or Epi-Pen, Jr. be kept with the medical coordinator or at the health center and administered by qualified personnel as prescribed.**

\_\_\_\_\_ **I request that my child's Epi-Pen or Epi-Pen, Jr. be kept on my child's person at all times while at camp.** I certify that my child is capable of proper self-administration of medication. I understand that if my child is using medication unsafely, irresponsibly, or fails to keep it out of reach of other campers, the child will be taken (with medication) to the office or health center immediately and a phone call placed to parent/ guardian. I understand that Agassiz Village is not responsible for replacement of this inhaler if lost, stolen, or improperly discharged. If my child needs a replacement for any reason, I agree to bring such replacement to Agassiz Village camp (in Mass. or in Maine) immediately.