

IMPORTANT

Camp Reminders

ALL PAPERWORK MUST BE IN BY FRIDAY MAY 26TH!

- All participants must bring a snack, towel, lunch, plenty to drink, sunscreen, hat, and change of clothes.
- All hours for all camps will be 9am–3pm with an option of extended day*:
 - Playcamp & Senior Play: 8am–9am and/or 3pm–4pm
 - Jr Play has extended day in the morning ONLY from 8–9 – no afternoon session*Extended Care is an additional cost
- Field Trips
 - Playcamp Field Trips registration will open Mon. 5/1 at 9:00am. Register online or at the Civic Center. Playcamp Field trips are an additional cost.
 - Jr. Play does not attend field trips. Entertainment will be brought into camp.
 - Sr. Play field trips are mandatory and are included in the price of camp.
- Refund Policy: Please check Norwood Recreation Department’s Refund Policy in the guide.
- If you do have any questions or concerns, please Assistant Director, Sam White at 781-762-0466.
- Camp Paperwork Checklist:
 - Completed Enrollment Packet. Please Print Clearly.
 - Attached Copy of Most Recent Physical Exam
 - Paperwork must be returned to the Recreation Department or emailed to apenza@norwoodma.gov, no later than FRIDAY MAY 26TH in order for your child to attend camp.

2023 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 26-June 30th	<input type="checkbox"/> Jr. Play Hawes (Gr. K&1) <input type="checkbox"/> Playcamp Father Mac's (Gr. 2-5) <input type="checkbox"/> Sr. Playcamp Balch School (Gr. 6-8)	<input type="checkbox"/> Mustang Sports
Session Two	July 5 th -7 th	<input type="checkbox"/> Jr. Play Hawes (Gr. K&1) <input type="checkbox"/> Playcamp Father Mac's (Gr. 2-5) <input type="checkbox"/> Sr. Playcamp Balch School (Gr. 6-8)	
Session Three	July 10 th -14th	<input type="checkbox"/> Jr. Play Hawes (Gr. K&1) <input type="checkbox"/> Playcamp Father Mac's (Gr. 2-5) <input type="checkbox"/> Sr. Playcamp Balch School (Gr. 6-8)	<input type="checkbox"/> F.A.S.T Sports Mania <input type="checkbox"/> Fishing Camp
Session Four	July 17 th -21st	<input type="checkbox"/> Jr. Play Hawes (Gr. K&1) <input type="checkbox"/> Playcamp Father Mac's (Gr. 2-5) <input type="checkbox"/> Sr. Playcamp Balch School (Gr. 6-8)	<input type="checkbox"/> F.A.S.T Mini Sports <input type="checkbox"/> Fishing Camp
Session Five	July 24 th -28 th	<input type="checkbox"/> Jr. Play Hawes (Gr. K&1) <input type="checkbox"/> Playcamp Father Mac's (Gr. 2-5) <input type="checkbox"/> Sr. Playcamp Balch School (Gr. 6-8)	<input type="checkbox"/> Fishing Camp <input type="checkbox"/> Mustang Sports
Session Six	July 31st-Aug 4 th	<input type="checkbox"/> Jr. Play Hawes (Gr. K&1) <input type="checkbox"/> Playcamp Father Mac's (Gr. 2-5) <input type="checkbox"/> Sr. Playcamp Balch School (Gr. 6-8)	<input type="checkbox"/> Mustang Sports
Session Seven	Aug 7th-11th	<input type="checkbox"/> Jr. Play Hawes (Gr. K&1) <input type="checkbox"/> Playcamp Father Mac's (Gr. 2-5) <input type="checkbox"/> Sr. Playcamp Balch School (Gr. 6-8)	<input type="checkbox"/> Fishing Camp <input type="checkbox"/> F.A.S.T Sports Mania
Session Eight	Aug 14th-18 th	<input type="checkbox"/> Jr. Play Hawes (Gr. K&1) <input type="checkbox"/> Playcamp Father Mac's (Gr. 2-5) <input type="checkbox"/> Sr. Playcamp Balch School (Gr. 6-8)	<input type="checkbox"/> F.A.S.T Sports Mania <input type="checkbox"/> F.A.S.T Mini Sports

ALL PAPERWORK MUST BE IN BY MAY 26TH!

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

2023 NORWOOD RECREATION SUMMER ENROLLMENT PACKET

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

Name	Address	Relationship	Home Phone	Cell Phone
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I give my permission for my child to be picked up by this emergency contact.

Name	Address	Relationship	Home Phone	Cell Phone
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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.

I give permission for sunscreen to be applied to my child by Recreation Department Staff.

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

Meningococcal Disease Statement: I attest that I reviewed the Massachusetts Meningococcal Disease & Vaccination statement at http://www.norwoodma.gov/departments/health/recreational_camps_php. I understand if I have any questions I can direct them to my pediatrician or the Board of Health.

Yes No

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 Parent Packet handbook is available on the Norwood Recreation Department website or can be picked up in the office after April 1st.

Photo Policy: Norwood Recreation Department takes pictures throughout the summer of all its 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.

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 occasion. I agree that I will not provide more than \$10 spending money per child.

Cancel/Refund: **Please refer to the Recreation Department Refund Policy.**

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.

X Parent/Guardian Signature

X Date

2023 NORWOOD RECREATION SUMMER ENROLLMENT PACKET

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="checkbox"/> Yes	<input type="checkbox"/> No		Pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidney problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Hospitalization	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Broken Bones	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Chicken pox	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Tdap

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

MMR

- | | | |
|----------|---|---|
| 1. _____ | | |
| 2. _____ | | |
| HepB | | |
| 1 | 2 | 3 |
| HiB | | |
| 1 | 2 | |
| 3 | 4 | |

Last TB Date Type

Result
Last Lead Date Result

Last Hgh/Hct Date Result

Flu _____

Polio: Oral Inactive

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

Varicella _____

X Physician's Signature

X Date