



**ASPEN OUTDOOR ADVENTURE PROGRAM 2009**  
 Mail to: Running Brook Day Camp  
 P.O. Box 540484 Waltham, MA 02454-0484

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_  
 Grade completing as of this June \_\_\_\_\_ Attended Running Brook last year: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 1<sup>st</sup> Parent's name \_\_\_\_\_ 2<sup>nd</sup> Parent's name \_\_\_\_\_  
 1<sup>st</sup> Parent's home phone \_\_\_\_\_ 2<sup>nd</sup> Parent's home phone \_\_\_\_\_  
 1<sup>st</sup> Parent's work phone \_\_\_\_\_ 2<sup>nd</sup> Parent's work phone \_\_\_\_\_  
 1<sup>st</sup> Parent's cell phone \_\_\_\_\_ 2<sup>nd</sup> Parent's cell phone \_\_\_\_\_  
 1<sup>st</sup> Parent's e-mail address \_\_\_\_\_ 2<sup>nd</sup> Parent's e-mail address \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large  
 Try to place my child with his/her friend(s) \_\_\_\_\_  
 Does your child have any needs that require additional attention at camp? No \_\_\_\_\_ Yes \_\_\_\_\_

**DAY TREKKERS (Ages 10-11)**  
 \_\_\_\_\_ Session I 6/29 - 7/10 \$925  
 \_\_\_\_\_ Session II 7/13 - 7/24 \$925  
 \_\_\_\_\_ Session III 7/27 - 8/7 \$925  
 \_\_\_\_\_ Session IV 8/10 - 8/21 \$925

**VOYAGERS (Ages 12-13)**  
 \_\_\_\_\_ Session I 6/29 - 7/10 \$1025  
 \_\_\_\_\_ Session II 7/13 - 7/24 \$1025  
 \_\_\_\_\_ Session III 7/27 - 8/7 \$1025  
 \_\_\_\_\_ Session IV 8/10 - 8/21 \$1025

**EXPLORERS (Ages 13-15)**  
 \_\_\_\_\_ Session I 6/29 - 7/10 \$1135  
 \_\_\_\_\_ Session II 7/13- 7/24 \$1135  
 \_\_\_\_\_ Session III 7/27 - 8/7 \$1135  
 \_\_\_\_\_ Session IV 8/10- 8/21 \$1135

**TRAILBLAZERS (Ages 15-16)**  
 \_\_\_X\_\_\_ Session I 6/29 - 7/10 Not offered  
 \_\_\_X\_\_\_ Session II 7/13- 7/24 Not offered  
 \_\_\_X\_\_\_ Session III 7/27 - 8/7 Not Offered  
 \_\_\_\_\_ Session IV 8/10- 8/21 \$1345

**Transportation:** \_\_\_\_\_ By bus (Arlington, Belmont, Cambridge, Lexington, Winchester)  
 \_\_\_\_\_ By parent \_\_\_\_\_ Please give my name to other carpooling parents.

**Extended Day:**  
 8:00-9:00 A.M. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri.  
 4:00-5:30 P.M. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri.

**Fees:** Tuition: See above. **Registration fee:** \$75 ; **Transportation:** \$45 per week for bus. **Extended Day Program:** \$5 for each morning; \$10 for each afternoon; \$13 for morning and afternoon. **Sibling Discount:** \$40 per week tuition discount and \$10 per week transportation discount.

**Deposits and refunds:** A deposit of \$200 for each session is required plus a one time \$75 registration fee. The \$200 deposit for each session can only be applied to the tuition of other sessions or refunded if cancellation of a session occurs before February 15<sup>th</sup>. If any session is cancelled after February 15<sup>th</sup>, the \$200 cannot be applied to another session or refunded. **Only sign up for sessions that you know you will use.** Call for availability if you want more sessions. Payment in full is due **March 1st**. No refunds for cancellations after **February 15th**. The \$75 registration fee is non-refundable under any circumstance.

**To Enroll:** Your deposit along with a completed health form and signed immunization form from your pediatrician must accompany each application. **Make checks payable to: Running Brook Day Camp**

**Signature Required on Reverse Side/Next Page**

**PLEASE READ CAREFULLY AND SIGN BELOW**

- I have thoroughly discussed the program(s) for which I have enrolled my daughter/son and we all understand that the Aspen program requires its participants to be in reasonably good physical condition, have the basic skills to safely participate in all the activities of the session, have the social and emotional maturity to be a positive group member, be an eager participant, and have the ability to spend nights away from home camping.
- I understand that the Director of the Camp reserves the right to dismiss any camper, without a refund, who in the Director's judgment violates the camp's rules. These rules will be sent out in the confirmation packet after your application has been processed.
- I understand the **refund policy** as described on the reverse side of this application.
- I understand the camp does not refund money for any camper who withdraws for any reason, including but not limited to: illness, injury, missed days, violation of camp rules, or change of family plans.
- If my child needs any extra assistance at camp, has any special needs, or in anyway may be unable to fully participate in all activities, I have shared all relevant information with the camp director prior to sending in this application.
- I give the camp permission to publish photos of my child (no names mentioned) in brochures and public relations presentations.
- I authorize the staff of the Aspen Outdoor Adventure Program to deal with any emergency that may arise during any camp activity. In the event that I cannot be reached in an emergency, I hereby authorize the physician selected by the camp director to hospitalize and/or secure treatment for my child.
- I give permission to the camp to release my child's name, address and phone number to other camp families.
- Running Brook Day Camp, Inc. is the sponsor and coordinator of all camp activities. The Chapel Hill-Chauncy Hall School is not involved in camp activities or supervision.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**GENERAL RELEASE AND ASSUMPTION OF RISK**

I understand that the activities my daughter/son will engage in involve risk to her/him including the possibility of injury or death. I have read the program description and fully understand these activities and the risks associated them including the risks and dangers of van transportation. I certify that she/he is physically fit and represent that she/he is in sound medical condition capable of participating in this program without risk to others or her/himself. In consideration of my child's participation in these activities, I agree to release, defend and hold harmless Running Brook Day Camp Inc. (DBA Aspen Outdoor Adventure Program), its officers, directors, and employees, from liabilities on account of injury to my child's body, health, well-being or property, or for any other loss, claim or damage without limitation.

Signed \_\_\_\_\_

Date \_\_\_\_\_

The camp complies with regulations of the Massachusetts Department of Public Health (105 CMR 430) and is licensed by the Waltham Board of Health. Information on these regulations can be obtained at 617-983-6761.

# Running Brook Day Camp Health Form

(Filled out by Parent and returned with application)

Camper's name \_\_\_\_\_ Birth date \_\_\_\_\_ Age (as of June 1) \_\_\_\_\_ Sex \_\_\_\_\_

Circle each week your child is attending camp : 1 2 3 4 5 6 7 8

Circle program camper attending: Regular Camp Leadership Training

Parent or Guardian (or Spouse) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_  
Street & Number City State Zip Code

Second parent or guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Work phone (\_\_\_\_) \_\_\_\_\_

Additional emergency contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name Relationship

## Health History:

(check each item) Yes No  
Frequent ear aches < > < >  
Convulsions < > < >  
Diabetes < > < >  
Bleeding/clotting disorders < > < >  
Hypertension < > < >  
Mononucleosis < > < >

## Diseases:

Yes No  
Chicken pox < > < >  
Measles < > < >  
German measles < > < >  
Mumps < > < >

## Allergies:

Yes No  
Hay fever < > < >  
Poison ivy (etc.) < > < >  
Insect stings < > < >  
Penicillin < > < >  
Asthma < > < >  
Other drugs < > < >  
Peanut < > < >  
Tree nuts < > < >

Details of allergic reaction \_\_\_\_\_

Will you be providing your child EPI-PEN JR: Yes \_\_\_ No \_\_\_ (EPI-PEN JR. will be given automatically to prevent anaphylactic shock.)

Operations or serious injuries (dates) \_\_\_\_\_

Disability, chronic or recurring illness \_\_\_\_\_

Any specific activities to be limited by physician's advice \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Current medication \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Name of dentist\orthodontist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Do you carry medical/hospital insurance? \_\_\_\_\_

if so, please indicate: Carrier \_\_\_\_\_ Policy\Group Number \_\_\_\_\_

Continued on Reverse Side

Suggestions or health-related information for camp personnel \_\_\_\_\_

**Asthma:**

Last episode: \_\_\_\_\_ How often? \_\_\_\_\_

Triggers: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Treatment: \_\_\_\_\_

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**All parents should complete this section**

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Do you give Running Brook Day Camp permission to administer the following:

Yes No

\_\_\_ \_\_\_ Sunscreen (PABA free)

\_\_\_ \_\_\_ Insect repellent (spray or lotion)

\_\_\_ \_\_\_ Tylenol or equivalent (for headache or fever greater than 101.5 degrees F.)

\_\_\_ \_\_\_ Benadryl or equivalent (if stung or for unusual bee sting reaction)

\_\_\_ \_\_\_ Benadryl or equivalent (if hives develop) Administration of this medication will be followed by phone notification by Health Supervisor to parent.

I hereby certify that the above named camper is in good health and fully able to participate in all activities except those stated above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of Running Brook Day Camp to hospitalize and/or secure treatment for my child.

Date \_\_\_\_\_ Signature \_\_\_\_\_ If for religious reasons you cannot sign this, the camp should be contacted for a legal waiver which must be signed prior to enrollment.

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**To be completed by parents who are bringing medication to camp for their child**

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I hereby give permission to the Health Staff of Running Brook Day Camp to administer the following medications to my child:

**First Medication:**

Name of medication: \_\_\_\_\_

When to be given: \_\_\_\_\_

As prescribed by Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Any further instructions of medications will be sent in writing to the Health Staff of Running Brook Day Camp.

Signature of Parent: \_\_\_\_\_

**Second Medication:**

Name of medication: \_\_\_\_\_

When to be given: \_\_\_\_\_

As prescribed by Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Any further instructions of medications will be sent in writing to the Health Staff of Running Brook Day Camp.

Signature of parent: \_\_\_\_\_