



ASPEN OUTDOOR ADVENTURE PROGRAM 2010
 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 _____
 1st Parent's name _____ 2nd Parent's name _____
 1st Parent's home phone _____ 2nd Parent's home phone _____
 1st Parent's work phone _____ 2nd Parent's work phone _____
 1st Parent's cell phone _____ 2nd Parent's cell phone _____
 1st Parent's e-mail address _____ 2nd Parent's e-mail address _____

** Please put an asterisk next to the best number to reach each parent during the camp day **

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	6/28 - 7/9	\$975
_____ Session II	7/12 - 7/23	\$975
_____ Session III	7/26 - 8/6	\$975
_____ Session IV	8/9 - 8/20	\$975

VOYAGERS (Ages 12-13)

_____ Session I	6/28 - 7/9	\$1075
_____ Session II	7/12 - 7/23	\$1075
_____ Session III	7/26 - 8/6	\$1125
_____ Session IV	8/9 - 8/20	\$1075

EXPLORERS (Ages 13-15)

_____ Session I	6/28 - 7/9	\$1225
_____ Session II	7/12 - 7/23	\$1225
_____ Session III	7/26 - 8/6	\$1185
_____ Session IV	8/9 - 8/20	\$1185

TRAILBLAZERS (Ages 15-16)

__X__ Session I	6/28 - 7/9	Not offered
_____ Session II	7/12 - 7/23	\$1395
__X__ Session III	7/26 - 8/6	Not Offered
__X__ Session IV	8/9 - 8/20	Not Offered

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

Extended Day:
 7:30-9:00 A.M. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.
 4:00-6:00 P.M. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

Fees: **Tuition:** See above. **Registration fee:** \$75 ; **Transportation:** \$45 per week for bus. **Extended Day Program:** \$8 for each morning; \$15 for each afternoon; \$20 for morning and afternoon (drop-in rate: \$10 per morning, \$20 per afternoon, if you sign-up later than noon on Friday of the prior week) **Sibling Discount:** \$40 per week tuition discount and \$10 per week transportation discount, \$2 per day for morning ext. day, \$3 per day for afternoon ext. day (\$5 for both) for each additional child.

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 15th. If any session is cancelled after February 15th, 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.** We do not accept MasterCard or Visa.

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.
- Campers who require an Epi-pen for severe allergic reactions must also provide an "Emergency Health Care Plan" written by their physician. If one is on file at the child's school, a copy will be acceptable.
- 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.

Mail Application, Payment, Health Form, Immunization Record & Bus Sign Up (if applicable) to:

Running Brook Day Camp

P.O. Box 540484 Waltham, MA 02454-0484

Aspen and Running Brook accept registrations on a rolling basis, and will e-mail registration confirmation

ASPEN OUTDOOR ADVENTURE PROGRAM Health Form

(Filled out by Parent and returned with application)

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

Circle each sessions your child is attending camp : 1 2 3 4

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: _____

All parents should complete this section

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.

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

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: _____