



Welcome to Energy's Summer Camp 2011! Thank you for your interest in signing your child up for our program. It's going to be a great summer!

Enclosed, please find:

- Camp Registration Form (two-sided)
- Liability Waiver
- Medical History Form
- Immunization Form (for physician to fill out)
- Pricing Sheet
- Camper Release Form
- Photo Permission Refusal Form
- Summer Camp Policy & Procedures Information
- What to Bring to Camp
- Typical Daily Schedule

In order to complete your child's enrollment in our summer camp, we will need the following items from you:

- Completed Registration Form
- Signed Liability Waiver
- Completed Medical History Form
- Completed Immunization Form or other printed documentation from your child's physician indicating proof of immunization and physical exam within the last 12 months. (Please pay special attention to the note attached to the Immunization Form, outlining required immunizations in order for your child to participate in our summer camp.)
- Completed Camper Release form
- Signed Photo Permission Refusal form, if applicable
- Photocopies of the front and back of your child's insurance card

Once we have all of these items in hand, we can move forward in enrolling your child. Registration can be completed either in person or over the phone by first by faxing the materials above to us at 617-795-1967. No registrations will be completed without the proper forms. We require a 50% deposit for the camp at the time of registration. The remaining balance is due on June 1<sup>st</sup>, and will be automatically billed to your credit card. If you wish to pay by check, your balance must be received by June 1<sup>st</sup> or we will bill the "medical emergency" credit card we have on file.

We look forward to receiving your registration materials! Please give us a call with any questions not addressed in this packet.

Sincerely,

*The Energy Summer Camp Team*

**70 Jaconnet Street, Newton, MA 02461**  
**617-795-7177 ph | 617-795-1967 fax | [www.energyfitnessgym.com](http://www.energyfitnessgym.com)**

Camper's Full Name \_\_\_\_\_

Camp Week	Days	Hours		Early Drop Off	Charges
<b>WK 1</b> June 27 - July 1	Monday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	Camp Fees: \$ _____  Early Drop Off: \$ _____
	Tuesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Wednesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Thursday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Friday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
<b>WK 2</b> July 11 - July 15	Monday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	Camp Fees: \$ _____  Early Drop Off: \$ _____
	Tuesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Wednesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Thursday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Friday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
<b>WK 3</b> July 18 - July 22	Monday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	Camp Fees: \$ _____  Early Drop Off: \$ _____
	Tuesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Wednesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Thursday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Friday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
<b>WK 4</b> July 25 - July 29	Monday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	Camp Fees: \$ _____  Early Drop Off: \$ _____
	Tuesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Wednesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Thursday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Friday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
<b>WK 5</b> Aug 1 - Aug 5	Monday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	Camp Fees: \$ _____  Early Drop Off: \$ _____
	Tuesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Wednesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Thursday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Friday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
<b>WK 6</b> Aug 8 - Aug 12	Monday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	Camp Fees: \$ _____  Early Drop Off: \$ _____
	Tuesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Wednesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Thursday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Friday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
<b>WK 7</b> Aug 15 - Aug 19	Monday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	Camp Fees: \$ _____  Early Drop Off: \$ _____
	Tuesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Wednesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Thursday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Friday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
<b>WK 8</b> Aug 22 - Aug 26	Monday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	Camp Fees: \$ _____  Early Drop Off: \$ _____
	Tuesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Wednesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Thursday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	
	Friday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Early Drop Off	

OFFICE USE ONLY

Date Entered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount Paid: \$ \_\_\_\_\_

CC / Cash / Check#: \_\_\_\_\_ Initials: \_\_\_\_\_

Total Camp Fees: \$ \_\_\_\_\_

Total Early Drop Fees: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

\*Full day registrants: Please be advised that Energy reserves the right to cancel the afternoon session (12 to 3pm) due to low enrollment.

# LIABILITY WAIVER (minor, under 18)

NAME: \_\_\_\_\_

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Phone ( ) \_\_\_\_ - \_\_\_\_

I/we am aware that in addition to the usual dangers and risks inherent in the sports of Gymnastics, Trampoline, Swimming, Multi-sport activities, fitness training and other Energy Camp activities, certain additional dangers and risks are present when using Energy Facilities, Gymnastics Equipment and Trampoline, including, but not limited to, the danger and risk of falling, jumping and landing. By signing this waiver, I/we freely accept and fully assume responsibility for all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting therefrom. In consideration of utilizing the Peak fitness LLC. (dba) Energy Fitness and Gymnastics Camp, Inc. Facilities, Gymnastics Equipment and Trampolines and for other good and valuable consideration, I/we hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS** for personal injury including death, illness, and/or property damage that I/we may have against Energy Camp, Peak Fitness LLC., Sports members, their shareholders, members, principals, directors, officers, affiliates, agents, employees, contractors, representatives and any volunteers in any way associated with Energy Camp, Peak Fitness LLC. all of whom are hereinafter collectively referred to as "the Releasees."
- 2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY** for any loss, damage, injury, death, medical or other expense that I/we may suffer or that any other party may suffer as a result of my use of Energy Facilities, Gymnastic Equipment and Trampoline or in my participation in the Gymnastics, Trampoline, multi-sport, swimming, fitness training and other Energy Camp activities, due to any cause whatsoever.
- 3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any property damage or personal injury to any third party, resulting from my use of Energy Facilities, Gymnastic Equipment and Trampoline or by my participation in the sports of Gymnastics, Trampoline, Swimming, Multi-sport, Fitness training and other Energy Camp activities.
- 4. THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING** upon my heirs, next of kin, executors, administrators, successors, and assigns in the event of my personal injury including death, illness, and/or property damage.
- 5. I/WE ADDITIONALLY AGREE** not to take unreasonable risks while participating in Gymnastics, Trampoline, Multi-sport, Swimming, Fitness Training and other Energy Camp activities, including but not limited to attempting skills or tricks that I am not qualified to perform safely or causing any other participants/spectators unreasonable risk of harm.
- 6. I/WE ADDITIONALLY AGREE** that I/we shall follow correct safety procedures when using the Energy Facilities, Gymnastics Equipment, Fitness equipment and Trampoline. I/we also expressly grant to the Camp, and any third party authorized by the Camp, the right to film, videotape, photograph, record my voice and make any reproductions of my physical likeness and voice, and the irrevocable right to perpetuity to use, display, and digitally enhance or alter in any manner, such likeness in any media now known or hereafter devised, including, but not limited to, the exhibition and/or online use, broadcast, theatrically or on television, cable or radio, any motion picture film, video tape, DVD, CD or any Internet service or program in which such likeness may be used or otherwise, or any published articles in which such likeness may be printed, used or incorporated, and in the advertising, exploiting and publicizing of the Camp and Camp products. **I/WE HEREBY CERTIFY THAT I/we am covered by my own Medical Insurance**, and that I/we have read and understand this Release of Liability prior to signing it, and I/we am aware that by signing this Release of Liability I/we am waiving certain legal rights which I/we or my heirs, next of kin, executors, administrators, successors, and assigns may have against the Releasees. Energy shall have the right to impose any additional conditions which, in the opinion of the Releasees, will further the intent and legal rights and waivers provided herein. This Liability Waiver was made and executed in the State of Massachusetts and shall be governed by, enforced in and construed in accordance with the laws of the State of Massachusetts. I/we acknowledge that in executing this Waiver, I/we are not relying on any inducements, promises, or representations made by the Releasees. I am acting on behalf of the camper's other parent in signing this contract and I have authority to bind such other parent to the terms and conditions of this contract on his or her behalf.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

Print Name Here : \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Energy Fitness & Gymnastics Summer Camp 2011

## Registration & Insurance Information Form

All information given is kept strictly confidential.

*Your child will not be permitted to enroll until these forms are returned to us completed and signed.*

<b>Camper's Information</b>	Last Name: _____ First Name: _____ Birthdate: ____/____/____ Age: _____ Gender: M [ ] F [ ]
<b>Camper's Legal Guardian(s)</b>	Full Name: _____ Address: _____ Town: _____ State _____ Zip: _____ Home Phone: ( ) _____ - _____ Fax Number: ( ) _____ - _____ Guardian #1 ( ) _____ - _____ Guardian #2: ( ) _____ - _____ Cell Phone #1: ( ) _____ - _____ Cell Phone #2: ( ) _____ - _____ E-mail address _____
<b>Camper's Insurance Information</b>	Insurance Carrier: _____ Insurance Carrier's Phone: ( ) _____ - _____ Effective Date: ____/____/____ Policy #: _____ Group# _____ Policy Subscriber: _____  <b>All Campers MUST be covered by their own medical insurance.</b> <b>**Please Provide a copy of both the front and back of your child's insurance card.**</b>
<b>Credit Card Information</b>	In the event of a medical emergency and we are unable to reach you, we must have a valid credit card on file to provide to the hospital so that care is not delayed. This information will be kept in strict confidence. Cardholder Name: _____ Card Number: _____ - _____ - _____ - _____ MasterCard _____ Visa _____ Expiration Date: _____
<b>Policies Confirmation</b>	<b>Please initial the following:</b> _____ I have read, understood, and accept all policies and procedures as outlined in the "Energy Fitness & Gymnastics Summer Camp 2010 Policies and Procedures" document.

Energy Fitness & Gymnastics, 70 Jaconnet St., Newton, MA 02461  
 ph: 617-795-7177 fax: 617-795-1967 www.energyfitnessgym.com

(OVER)

# MEDICAL HISTORY

NAME: \_\_\_\_\_

**ENROLLMENT REQUIREMENT:** This form must be filled out by parent. In addition to this documentation, each camper **must** provide documentation from their physician of immunizations and a physical exam within the past year.

Last exam date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Examined by: \_\_\_\_\_ (signature not required) Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

Diabetes Y N Mitral Valve Prolapse Y N Nervous/Mental Disorders Y N Ulcer/Stomach Disease Y N HIV/AIDS Y N Kidney Disease Y N Hemophilia/Bleeding Disease Y N Heart Disease Y N Respiratory Disease Y N Ear Infections Y N Epilepsy/Seizure Y N Please provide details for any "yes" replies: \_\_\_\_\_

List all **Previous Surgeries**: \_\_\_\_\_

List all **Allergies** (food and medication): \_\_\_\_\_ Do you have any allergic reactions to the following: Bee Stings [  ] Hay Fever [  ] Poison Ivy [  ] Poison Oak [  ] Poison Sumac [  ] Other [  ] \_\_\_\_\_

**Prescription Drugs:** Written physician's directions should accompany any prescription medicines sent to Camp for the staff to dispense, and should be in original container, labeled by pharmacist. These directions must include: Medication, Dosage, Frequency, Condition being treated, physician's signature and DEA Number.

Medications: \_\_\_\_\_

\_\_\_\_ **Non-prescription Drugs:** My child may be given non-prescription, over-the-counter medications if their use is clearly warranted (for example, tylenol, advil, or antihistamines). Yes [  ] No [  ]

Exceptions: \_\_\_\_\_

I understand that I will be contacted as soon as possible in the event that my child is brought to Newton Wellesley Hospital for treatment. **If I am not available, please contact:** Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

In the event that I am unavailable for purposes of providing parental consent, I hereby authorize the physician(s) and staff at Newton Wellesley to provide such care that includes diagnostic procedures and medical treatment as necessary to my minor child while said child is enrolled in the Energy Camp. I also authorize the release of all x-rays, test results, lab work or any other procedure that would be helpful in the follow-up care of my child. This medical treatment is to be given to my child without any further prior permission from the undersigned. I understand that the consent and authorization herein granted does not include major surgical procedures. A photostatic copy of this authorization shall be considered as effective and valid as the original.

I, the undersigned, authorize payment of medical benefits to Newton Wellesley for any services furnished to my child by the physician. I understand that I am financially responsible for any amount not covered by my insurance contract. I also authorize you to release to my insurance company information concerning health care, advice, treatment or supplies provided to my child while attending Energy Camp. This information will be used for the purpose of evaluating and administering the claim of benefits. This consent is valid for one year from the date indicated. A photostatic copy of this authorization shall be considered as effective and valid as the original.

In the event of an injury or illness requiring transportation to, an evaluation at, an independent medical facility such as Newton Wellesley, I authorize the release of all medical records generated at that facility to the medical staff or their representatives at Energy Camp. I understand that this will enable continuity of care upon the camper's return to the camp and provide staff members a means of informing family members of camper's medical condition. I also understand that such records will remain a confidential and protected part of the camper's general record.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Energy Fitness & Gymnastics Summer Camp 2011

## Pricing Sheet

Half-day fee/week (9 AM – 12 PM)	5 days	\$250
	4 days	\$200
	3 days	\$150
	2 days	\$100
	1 day *	\$50
Full-day fee/week (9 AM –3 PM)	5 days	\$500
	4 days	\$400
	3 days	\$300
	2 days	\$200
	1 day *	\$100
Early drop-off fee/day (8 AM –9 AM)	\$20	
Late pick-up fee**	\$20	

\* Campers can add single days to their schedule by calling the week prior to check for availability. Single days cannot be added more than 7 days in advance.

\*\* If parents are more than 15 minutes late in picking up their child, they will be charged the late pick-up fee.

# Energy Fitness & Gymnastics Summer Camp 2011

## Camper Release Form

Camper's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please provide a list of individuals (besides yourself) who have permission to pick up your child at the end of the camp day. If an individual who is *not* on this list arrives to pick up your child, we will call you to verify permission. If we are unable to reach you by phone, we will NOT release your child to this person and you will be charged a late pick-up fee.

**Please inform any individuals that will be picking up your child that the first time they arrive for pick-up, we will ask for photo identification.**

Pick-up People:

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relation \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relation \_\_\_\_\_

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relation \_\_\_\_\_

4. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relation \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Energy Fitness & Gymnastics Summer Camp 2011

## Photograph Permission Refusal

This summer, we will be creating a Camp Photo Album on our website which will be updated weekly with photographs of the campers from the previous week's camp. It will be a wonderful way to get a sneak peek at your child's camp day! If you would prefer to NOT have photographs of your child included in our online photo album, please indicate this preference by signing below and returning this form to us with your other camp registration materials.

I do **NOT** wish to have photographs of my child included in Energy's online Camp Photo Album or any other camp marketing materials:

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

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Energy Fitness & Gymnastics Summer Camp 2011

## Policies and Procedures

**Parents: Please read this document thoroughly as it contains critical information for smooth functioning of our summer camp. Please initial the line on the registration form letting us know that you have read, understood, and accept these policies.**

### Registration Policies

- All registration forms must be filled out completely. Your child cannot be enrolled until we have *all* required forms in-hand. **No exceptions.**
- The Medical History form and up-to-date immunization records must be submitted with the completed registration forms; otherwise we cannot complete the registration process and your child will not be allowed to participate in our camp. **No exceptions.**
- All students must meet the State-mandated immunization requirements in order to participate in our camp. Refunds will *not* be issued for days missed due to failure to comply with these regulations.

### Sign-In/Sign-Out

- All campers' guardians must sign in each day at the reception area prior to the start of the camp day.
- All campers' guardians must sign out before leaving the building at the end of the camp day.

### Camper Pick-up

- All campers will be under the supervision of an instructor until they are released to their designated pick-up person.
- All people other than the parents of the camper will be required to provide identification on their first pick-up day.
- Campers will only be released to their parents or people listed on the Camper Release form.
- If the pick-up person is not listed on your Camper Release form and we are unable to reach you by phone to verify permission for that person to pick up your child, we will *not* release your child to that person and you will be charged a late pick-up fee.

### Late Pick-up

- If parents are more than 15 minutes late in picking up their child, they will be charged a \$20 late pick-up fee.
- Pick-up is at 12 p.m. for half-day students and 3 p.m. for full-day students. Please plan to arrive 5 minutes early in order to sign out and gather your child's belongings.

### Schedule Changes/Cancellations

- Energy considers changes/cancellations to include reduction from full to half day registration, switching from one day to another, or from one week to another.
- Any schedule changes/cancellations made with less than 14 days notice will receive no refund or credit.
- Any schedule changes/cancellations made with 15-29 days notice will receive a credit. No refunds will be given.
- Any schedule changes/cancellations made with more than 30 days notice will receive a refund or credit.
- Energy reserves the right to cancel the afternoon session due to low enrollment. Campers will receive one week notice and will be reimbursed for any cancelled afternoon sessions.

### Attendance Policy

- Energy does not offer make-ups, rescheduling, refunds, or credits due to absences.

### Single-Day Option

- Each week we assess availability of single days for the following week's camp. Pending availability, registered campers can add single days to their camp schedule with 1 to 7 days notice. Additions must be requested in writing or completed in person on the original registration form at the front desk.
- Pending availability, non-registered campers can attend camp for single days by calling the week before they'd like their child to attend. All paperwork must be completed before the camper can register.

### Parking

- Parking is limited to the Energy parking lot only and the 15-minute spaces on the street. Parking at the front entrance is restricted to staff members only in order to limit vehicle movement at our entrance, which could be dangerous to those entering or exiting the building. Parking anywhere other than Energy's designated spaces is prohibited and violators will be towed by the City of Newton at their own expense. The 15-minute spaces are for drop-off and pick-up only.

## Swimming

- Swimming is offered at the Jewish Community Center on Tuesdays and Fridays from 12:30 p.m.–2:00 p.m. for full-day campers only. Campers will eat their lunch at the gym before leaving for the JCC pool.
- Energy transports campers to the JCC using either the Local Motion bus company or a van rented by Energy.
- The JCC provides pool lifeguards in an 8:1 ratio.
- Rosters with campers' allergies, medication information, and emergency contact numbers are printed daily and brought to the pool. Energy also brings a portable first aid kit.
- All full-day campers must go to the pool with the group but are not required to swim. There is a playground adjacent to the pool where they may play.
- All campers must pass a JCC-administered swim test before they will be permitted in the deep end of the pool. If they fail or decline to take the test, they must remain in the shallow end.

## Preschool Campers

- ALL three-year-old campers must be currently enrolled in an Energy class.
- ALL three-year-old campers must be fully potty trained.

## Medication

- ALL campers requiring medication of any kind need to supply: medication, detailed description of medication, directions on how and when to administer medication, and contact information for prescribing physician. A refrigerator is available for medication that must be kept cold. It is the parent's responsibility to make sure that medication returns home with the child.

## Illness

- In the case of a mildly ill camper, Energy has a quiet space where children can rest and be monitored by one of our staff members. If the child's condition continues to worsen the parent will be contacted and the child will need to go home.
- Out of respect for fellow campers and their families, campers who were out sick must be fever-free and/or on antibiotics for 24 hours prior to coming back to camp. Also, please refrain from sending campers with an undiagnosed rash or eye infection.
- Please keep campers with a suspected or diagnosed nit or lice infestation home until they are nit- or lice-free.

## Sunscreen

- *Please* send your child with sunscreen already applied, as well as additional sunscreen for reapplication if your child is with us for a full day. Please label your child's sunscreen bottle with their name.

## Lunch Policy

- We request that you please refrain from sending any peanut products in your child's lunch in order to limit possible exposure for children with peanut allergies.
- Lunches must be packed in thermal lunchboxes (if they need to be kept cold) and be ready-to-eat. We are unable to provide refrigerator space for lunches or to heat up any lunch items.
- Lunch-hint: We encourage people to send healthy, all-natural lunches that are low in processed sugars.

## Campers with Allergies

- We are sensitive to the fact that many children have certain food allergies. While we will do our best to help your child avoid allergenic products in our snacks or craft projects, we cannot guarantee that your child will be free from exposure. Please discuss your child's specific allergy profile with us prior to deciding whether or not to enroll in our summer camp.

## Additional Notes:

You have the right to request information about our written policies, including: discipline, background checks, health care, and grievance procedure.

Energy Fitness & Gymnastics is in compliance for summer camps with the Massachusetts Board of Health, the Newton Health Department, the Newton Fire Department, and the Newton Inspectional Services Department.

# **Energy Fitness & Gymnastics Summer Camp 2011**

## **What to Bring to Camp Every Day:**

### **All campers:**

- Change of clothes (for unforeseen accidents or if kids get wet during outside play).
- Special snacks if your child has special dietary needs. We provide popcorn, pretzels, goldfish, fruit, fruit juices, and water. We also occasionally offer ice-pops as a special treat. If these are not appropriate for your child, please be sure to supply alternate snacks and drinks for them.

### **Full-day campers only:**

- Bathing suit and towel. Please send these items every day for swimming and/or outdoor water play.
- Sunscreen, with your child's name clearly marked.
- Sunglasses and/or baseball hat (for protection during outdoor play).
- Lunch, packed in a thermal lunchbox.

# Energy Fitness & Gymnastics Summer Camp 2011

## Typical Daily Schedule

### Half-Day Campers

8:00 - 9:00	Early drop-off (must be pre-registered for this option)
9:00 - 9:05	Drop-off/foam pit play
9:05 - 9:20	Warm-up
9:25 - 9:35	1 <sup>st</sup> rotation
9:35 - 9:45	2 <sup>nd</sup> rotation
9:45 - 9:55	3 <sup>rd</sup> rotation
9:55 - 10:05	4 <sup>th</sup> rotation
10:05 - 10:20	Snack
10:25 - 10:40	Gymnastics games
10:40 - 11:20	Arts and crafts
11:25 - 11:35	5 <sup>th</sup> rotation
11:35 - 11:45	6 <sup>th</sup> rotation
11:45 - 12:00	Cooperative games
12:00	Pick-up

### Full-Day Campers

8:00 - 9:00	Early drop-off (must be pre-registered for this option)
9:00 - 9:05	Drop-off/foam pit play
9:05 - 9:20	Warm-up
9:25 - 9:45	1 <sup>st</sup> rotation
9:45 - 10:05	2 <sup>nd</sup> rotation
10:05 - 10:25	3 <sup>rd</sup> rotation
10:25 - 10:40	Snack
10:40 - 11:20	Arts and crafts
11:25 - 11:45	4 <sup>th</sup> rotation
11:45 - 12:00	Cooperative games
12:00 - 12:30	Lunch
12:30 - 1:00	Open gym/swimming
1:00 - 1:15	Warm-up/swimming
1:15 - 1:35	5 <sup>th</sup> rotation/swimming
1:35 - 1:55	6 <sup>th</sup> rotation/swimming
1:55 - 2:35	Outdoor Games/return from swimming
2:35 - 2:50	Popsicle break
2:50 - 3:00	Cooperative Games
3:00	Pick-up