

This Camp must comply with regulations of the Massachusetts Department of Public Health and licensed by the local board of health



**TOWN OF MILFORD, MASSACHUSETTS**

**MILFORD YOUTH CENTER**

MILFORD YOUTH COMMISSION

24 Pearl St., Milford, MA 01757

(508) 473-1756



**SUMMER CAMP 2019**

**DROP OFF: 8AM - PICK UP: 4pm / AGES: 8-14**

**\$160.00 PER WEEK MILFORD RESIDENTS or \$60 PER DAY**

**\$50 PER WEEK-DEPOSIT TO SECURE SPOT.**

**\$175.00 PER WEEK FOR NON-MILFORD RESIDENTS**

**Extended Day Option 4-5 PM: \$15/day**

Please make check payable to "The Town of Milford -Milford Youth Center"

All final payments are due the Monday of the camp week attending

**PLEASE CHECK OFF REQUESTED WEEKS AND/OR DAYS AND  
WRITE "EXT" FOR DAYS NEEDING EXTENDED DAY CARE UNTIL 5PM:**

**CAMP T-SHIRT SIZE**

Week:	Monday	Tuesday	Wednesday	Thursday	Friday
7/8 – 7/12					
7/15 – 7/19					
7/22 – 7/26					
7/29- 8/2					
8/5 – 8/9					
8/12 – 8/16					

CIRCLE SIZE
Youth L
Adult S
Adult M
Adult L
Adult XL
Adult XXL

Participant's Name \_\_\_\_\_ Gender: Male Female

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State MA Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

PHONE #'S - (H) \_\_\_\_\_ (W) \_\_\_\_\_ (other) \_\_\_\_\_

Email: \_\_\_\_\_

PHOTO RELEASE

I understand that my child's name and photo may be used in photographs, videos, literature, web pages, and news releases in local papers and other media outlets. I, \_\_\_\_\_ give permission of my son/daughter \_\_\_\_\_ to be photographed and named for summer camp activities for the Milord Youth Center.

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

MEDICAL RELEASE

Knowing that the physical condition of my child is satisfactory to participate at the Milford Youth Center and activities, I hereby give permission for him/her to participate. I further accept responsibility for my child in case of injury. I hereby release the Milford Youth Center and its Employees, the towns and their agents, and such other officers and/or volunteers from any liability that may occur to my child, as a result of an accident. I/We the parent(s)/guardian(s) of \_\_\_\_\_ hereby give my/our approval to his/her participation in any and all Milford Youth Center activities during the current summer camp program. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Milford Youth Center, the town of Milford, the organizers, supervisors, sponsors, participants, and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child to the extend covered by accident or liability insurance. On rare occasions, an emergency requiring hospitalization and/or surgery develops. As a general rule, anesthesia may not be administered to or operations performed upon a minor without written permission by his/her parent/guardian. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parent or legal guardian, the parent/guardian is asked to sign the release form below. In the event of injury or illness to me/my son/daughter \_\_\_\_\_, born on, \_\_\_\_\_, I hereby authorize Milford Youth Center representative(s) to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery. We do hereby release and discharge the Milford Youth Center, officers, employees, and agents, from any and all actions or claims for damages suffered by me/us or my/our child, as a result of the permission for any medical care for my/our child during his/her participation in any Milford Youth Center activity, event or trip.

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

1. Known allergies to food, drugs, insect stings or bites, etc. (PLEASE PROVIDE DOCTOR NOTE AND INSTRUCTIONS):

2. Special medical concerns or conditions that event supervisors should know about, including epilepsy, asthma, diabetes, previous injuries to bones/joints, etc:

3. Medications currently being taken (Dose and Frequency):

4. Please list any chronic illnesses (Mental Health, Behavioral, etc.)

MEDICAL INFORMATION

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**\*\*\*Please provide most recent physical with registration\*\*\***

Milford Youth Center does not purchase insurance for youth participants. Please provide participant insurance information below.

Hospitalization Insurance Company: \_\_\_\_\_

Hospitalization Insurance Policy Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

Area Code and Telephone Number: \_\_\_\_\_

I/we acknowledge that I/we have carefully read the foregoing medical authorization and know the contents thereof.

Parent Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**\*\*Important Camper Information\*\***

1. Please list name(s) and phone number(s) of who can pick-up your camper (please remind individual to bring identification):

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2. Camper's should bring sunscreen every day, in the case they do not have any, is it ok to use another camper's sunscreen:

Check one:

YES, my camper can use another camper's sunscreen \_\_\_\_\_

NO, my camper has allergies and/or they CANNOT use another camper's sunscreen \_\_\_\_\_

3. Is your camper allowed to walk home at 4pm? Check one

YES, my camper can sign themselves out at 4pm and walk home \_\_\_\_\_

NO, my camper is to stay in camp until someone picks them up \_\_\_\_\_

\*\*There is not a nurse on site during the camp hours but we will have a nurse consultant. All the meals, provided by the Milford Summer Food Service Program are nut free. Our sun butter sandwiches are made from sunflower seeds. Like last summer, kids will be able to choose which type of lunch they want. If there is a specific allergy, we will check with program about the snacks to make sure they are not made in a factory with nuts.\*\*

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

Date\_\_\_\_\_

FYI: If any of this information changes during the program, parent and/or guardian must provide a written and signed note!

## DISCIPLINARY POLICY

### Basic Rules:

- Respect all summer camp members!
- Respect all summer camp staff!
- Respect the building and everything in it!

### MYC Code of Conduct:

#### **The Milford Youth Center Code of Conduct prohibits the following activities:**

- Possession and/or use of alcoholic beverages, tobacco and illegal substances;
- Sexual misconduct and/or harassment;
- Possession of weapons or firearms;
- Use of foul language or profanity (including on clothing/belongings);
- Behavior that violates state, local laws, school or facility rules and regulations

#### **The Milford Youth Center Code of Conduct requires and considers mandatory the following activities:**

- Observance of all facility rules and regulations;
- Completed and signed conduct and medical forms;
- Check in and check by seeing camp staff;
- Reporting of conduct violations by all participants, and Whereas, the Milford Youth Center Code of Conduct requires that all members respect the property and personal boundaries (ex. No bullying of either a physical or verbal nature) of others and the staff members in which any Milford Youth Center sponsored activity is held.

**For more details on our Code of Conduct, please visit our website at [www.milfordyouthcenter.net](http://www.milfordyouthcenter.net)**

#### **If these rules are broken, the Milford Youth Center adheres to the three-strike policy:**

- First offense: MYC member is expelled from the Center for one day and parent/guardian is notified.
- Second offense: MYC member is expelled for one week. Parent/guardian is notified and must meet with Youth Center staff before being accepted back into the Center.
- Third offense: MYC member is expelled indefinitely or time is set at the discretion of Youth Center staff. Parent/guardian is notified and must meet with Youth Center staff if he/she will be allowed back into the Center.