

APPLICATION INSTRUCTIONS

We are excited that your child is applying to Camp Shriver at UMass Boston this summer. The information in this application form is necessary for your child to attend Camp Shriver and will be treated **in a confidential manner**.

The forms must be completed and returned to UMass Boston by **FRIDAY, MAY 9th**. **Only complete applications will be accepted.** *Please note that sending in an application does not guarantee enrollment in Camp Shriver, as space is limited. All applicants who meet selection criteria will be considered. Campers who are accepted must pay a \$25 registration fee to reserve his/her space.*

The Camp Shriver Application asks for many different types of information. Once you have completed the application, review the following list to make sure you have included all the necessary information.

Yes, I have completed:

- Personal Information and Family & Emergency Contact Information**
- Consent to Treat Minor Patient**
- Health History (INCLUDING HEALTH CARE PROVIDER'S SIGNATURE)**
- Release Forms**
 - General Release
 - Release to Participate in Camp Shriver Activities
 - Media Release
- This application will need to be **COMPLETELY** filled out and returned to the Camp Shriver office by the deadline, **FRIDAY, MAY 9th**. Only applications that are filled out **COMPLETELY** will be accepted. Please be sure to print neatly. Also be sure to provide accurate, up-to-date information.
- When the entire application packet is complete, you can mail, fax, or bring it to the Center for Social Development & Education at UMass Boston. (Directions are on the last page of this packet.)

If you have any questions regarding these forms,
please call Karen at 617-287-7276 for assistance.

PERSONAL INFORMATION

PLEASE PRINT NEATLY

Name of Child (First & Last) _____

Address _____
and Street Apt. # City State Zip

Home Phone Number _____

Parent Cell Phone Number _____

Child's Date of Birth: _____

Gender: ___ Male ___ Female

Name of School: _____

Grade: _____

Language Spoken at Home _____

Height _____

Hair Color _____

Weight _____

Eye Color _____

Can your child swim? ___ YES ___ NO

What did your child do last summer? _____

Did your child apply to Camp Shriver last summer (2007)? ___ YES ___ NO

Has anyone in your family attended Camp Shriver? ___ YES ___ NO

If "YES," please list his/her name: _____

Does your child receive special education services (IEP)? ___ YES ___ NO

I give permission for my child's health records, free and reduced lunch eligibility, Individualized Education Plan (IEP), and other pertinent records to be released to Camp Shriver at UMass Boston.

(Signature)

(Date)

FAMILY & EMERGENCY CONTACT INFORMATION

1. Parent/Guardian Name _____

Address _____

Best Daytime Phone Number _____ Alternate Phone Number _____

Relationship to Child _____

2. Parent/Guardian Name _____

Address _____

Best Daytime Phone Number _____ Alternate Phone Number _____

Relationship to Child _____

Other Emergency Contacts: (who will be available 7:30 AM -3:30 PM, Monday through Friday)

| Name | Relationship to child (relative, friend, neighbor, etc.) | Daytime Phone Number |
|------|---|----------------------|
|------|---|----------------------|

| Name | Relationship to child (relative, friend, neighbor, etc.) | Daytime Phone Number |
|------|---|----------------------|
|------|---|----------------------|

CONSENT TO TREAT MINOR PATIENT



UNIVERSITY
Health Services

Consent to Treat Minor Patient

Your daughter/son is attending Camp Shriver at the University of Massachusetts Boston, the University Health Services offers free first aid to minors who participate in UMB programs on campus. Massachusetts law requires consent of a parent/legal guardian for medical care of minors including first aid. Please complete the following consent form to allow University Health Services to provide first aid to your child.

I, _____ (print name here), am the parent/legal guardian of _____ (print name of child), currently a minor, whose date of birth is ____/____/____.

I authorize the University of Massachusetts University Health Services to provide first aid to my child.

I understand that, should my minor child need more extensive medical care I will be notified by a healthcare provider at University Health Services. I also understand that if the injury/illness is determined to be life threatening, that an ambulance will be called to take my child to the hospital and that the provider will make every effort to contact me.

By signing this, I acknowledge that I have read and that I understand this consent, and that any questions that I have prior to signing could be answered by calling University Health Services at 617.287.5660.

Signature

Date

Health Information:

Past medical history includes: _____

Allergies (medications or other): _____

Medications my child is currently taking include: _____

Emergency Phone Numbers:

(____) _____
Home

(____) _____
Work

(____) _____
Cell

Other Contact

HEALTHCARE PROVIDER'S SIGNATURE

Note: If you are unable to have a healthcare provider (doctor, nurse practitioner, physician assistant) sign this form, you may submit a copy of a school physical form signed by a healthcare provider instead. The physical must have occurred after August 1, 2007.

IF YOU CANNOT GET THIS FORM SIGNED BY MAY 9th, PLEASE CONTACT US.

TO BE COMPLETED BY A HEALTHCARE PROVIDER:

_____ is physically able to participate in a four-week general sports camp designed
(NAME OF CHILD) for children with and without disabilities and his/her immunizations are up to
date.

Comments/Limitations: _____

(Date)

(Signature)

RELEASE FORMS

PLEASE READ THE FOLLOWING RELEASES CAREFULLY AND SIGN. These forms are valid for the duration of Camp Shriver (July 7 – August 1, 2008).

GENERAL RELEASE

I, _____, as parent or legal guardian of _____
(NAME OF PARENT/GUARDIAN) (NAME OF CHILD)
hereby on behalf of myself and my heirs, assignees, etc., release any and all claims against and hold harmless the University of Massachusetts Boston for any and all personal injury, property damage or any other claims of whatever nature and however incurred arising from the transportation to and from any participation by us in the activities of Camp Shriver.

Date

Signature of Parent/Guardian

RELEASE TO PARTICIPATE IN CAMP SHRIVER ACTIVITIES

I hereby give my permission for my son/daughter to participate in all the activities of Camp Shriver, including transportation, at the University of Massachusetts at Boston from the date of his/her acceptance throughout his/her involvement with the program, and I hereby certify that the statements on this form are true to the best of my knowledge and belief. We further agree to support the administrative rules of Camp Shriver and to cooperate with the staff to our fullest extent.

Date

Signature of Parent/Guardian

MEDIA RELEASE

I hereby give permission for my child's name, photograph, videotape, and comments to be used in connection with the activities of Camp Shriver at the University of Massachusetts Boston and to be used by it or its agencies in newspaper and magazine articles, the program's Web page, or on television and other presentations concerning the camp.

Date

Signature of Parent/Guardian

Please return the completed and signed application to:

Center for Social Development & Education
Attn: Camp Shriver
UNIVERSITY OF MASSACHUSETTS BOSTON
100 MORRISSEY BLVD.
BOSTON, MA 02125-3393
TELEPHONE (617) 287-7250
FAX (617) 287-7249