

# GYMNASTIC ACADEMY OF BOSTON—ACTON

## SUMMER CAMP PACKET 2020

12 Keefe Rd. Acton, MA 01720 • Phone: 978-369-9034 • E-mail: [acton@gymnasticsacademyofboston.com](mailto:acton@gymnasticsacademyofboston.com)  
[GymnasticAcademyofBoston.com/Acton](http://GymnasticAcademyofBoston.com/Acton)

Welcome to GAB Summer Camp, we have a lot of fun and excitement planned this year! Enclosed in this packet you will find:

- Sample Daily Schedule, What To Bring, Food Allergy Policy
- Camp Policies & Procedures
- Camp Liability Waiver
- Medical History Form & Medication Form
- **IMPORTANT**, updated Physical & Immunization Forms are needed for each camper from your Primary Physician's office.

The forms in this packet must be filled out and returned to our office before your child attends camp. GAB is a Board of Health licensed summer camp, and this is a Board of Health requirement that this camp must comply with. The Parent/Legal Guardian is responsible for all the forms and information within this packet.

### Daily SAMPLE Camp Schedule

#### **Morning Session**

9:00am-10:00am—Warm-up/ Fitness Activities/ Gymnastics Lesson  
10:00-10:15 am—Snack Time  
10:15-11:00am—Arts'n Crafts/ Team Building Games  
11:00-12:00pm—Gymnastics Lesson

#### **Full Day Campers ONLY**

12:00-12:30pm—Free Swim at Teamworks, for Full Day Campers  
12:30-1:30pm—Return to GAB, Lunch time for Full Day Campers

#### **Afternoon Session**

12:30-1:30pm—Warm-up/ Fitness Activities/ Gymnastics Lesson  
1:30-2:00pm—Team Building Games  
2:00-2:45pm—Fitness Activities/ Gymnastics Lesson  
2:45-3:00 pm—Snack Time  
3:00-3:30 pm—Open Gym Time

### Food Allergy Policy

- Gymnastic Academy of Boston (GAB) recognizes that food allergies, in some instances, may be severe and even occasionally life-threatening. The foods most likely to cause allergic reactions are peanuts, tree nuts, dairy products, eggs, soy, wheat, fish, and shell-fish. Although most food allergies produce symptoms that are uncomfortable, persons with allergies to the above-listed foods can suffer more serious consequences.
- GAB would like to support you in your endeavors to make the world a safer place for our children and has created this policy to reduce the likelihood of severe allergic reactions of students with known food allergies while in our care.
- GAB would like to ask all of our members and non-members to help GAB become a facility that is a Food Allergy Aware Zone. Please, be aware that as of today we are not a Food Allergy Free Zone, but we are hoping that with your support we will bring a high level of awareness to this matter and make our facility safer to your children.
- Parents of students with life-threatening allergies must provide GAB with emergency medications and a written medical treatment protocol for their student for addressing allergy-related events. GAB will keep medication and epinephrine (EpiPen) provided by student's guardian in a secure location where the Health Administrator can access it when necessary.
- Information pertaining to a student's allergies will be shared with GAB staff that have contact with the student, but otherwise will be kept as confidential as possible.
- Peanut allergies are among the most common. Accordingly, GAB will educate all member and non-member costumers about the awareness of food allergies and encourage all students and families to provide lunch and snacks that are free of nuts to ensure the student's safety.
- GAB will work with all member and non-member costumers to reduce the likelihood that peanuts, tree nuts, or nut oil products are brought in to our facility during classes, birthday parties and/or camps.
- GAB requires that all staff and students wash their hands before and immediately after eating.
- Though GAB is committed to student safety, we cannot guarantee that a student will never experience an allergy-related event while in our care, and therefore has created this policy to reduce the risk that children with allergies will have an allergy-related event.

### What to Bring

#### AM CAMPERS (9am-12pm):

- Gymnastic/Fitness clothes
- **Snack & Drink**

#### PM CAMPERS (12:30-3:30pm):

- Gymnastic/Fitness clothes
- **Snack & Drink**

#### FULL DAY CAMPERS (9am-3:30pm):

- Gymnastic clothes
  - **2 Snacks, 1 Lunch, and Drinks**
  - **Swimsuit, Sunscreen\*, Towel**
- \* Spray On sunscreen is highly recommended*



**Please do not drop off campers without shoes/sandals! A set of extra clothes is always a good idea! Please label all your child's belongings to prevent loss!**

# **Policies & Procedures GAB-Acton SUMMER CAMP 2020**

**This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the Board of Health.**

## **Registration Policies**

- Our camp has open registration throughout the summer; spaces are limited!
- Ages 3-6 may register for single days of camp; ages 7+ must enroll for the full week (please call the office to discuss exceptions).

## **Payment & Refund Policy**

- There are NO REFUNDS given once you have turned in the Registration Form with your payment.
- Registrations will not be processed without full payment for your 1st week of camp. Additional weeks must be paid in full by June 27, 2020.
- You may change the week your camper is enrolled on a space available basis only.
- Payment may be made with Check, Credit Card or Cash.

## **Sign In/ Sign Out**

- All campers must be signed-in and signed-out when they are dropped-off and picked-up.
- **If a camper is dropped off before 8:45 am, or picked up after 3:30 pm, there will be a \$20 extra charge for extended day.**
- Campers are NOT allowed to sign themselves in or out, regardless of age.
- A camper will not be released to someone who is not their parent/guardian, unless the person is listed on the *Camper Release Form*.

## **Camper Requirements**

- GAB reserves the right to remove a camper if that camper poses a safety threat to staff members or other campers.
- All campers must be age 3+, and must be fully potty-trained.
- **All campers must be paid in full and must have all forms returned to the office by their first day of camp.**
- Campers must abide by all GAB Summer Camp rules.

## **Staff Requirements**

- All staff must have CORI/SORI background checks before working at our Summer Camp.
- All staff will go through training, and full-time staff are CPR and First Aid Certified.
- Staff must be up to date on their immunizations.

## **Extended Day**

- Extended day is offered on a weekly basis only.
- Extended day is located in the upstairs room of GAB. We do not use the gym or engage in any gymnastics during this time.
- **A fee of \$8 per 15 min. will be charged for any child picked up after 5:30 PM.**

## **Swimming & Sunscreen**

- Free swim time at Teamworks-Acton is supervised by both GAB Staff, and by Teamworks lifeguards.
- All campers must pass a swim test before being able to go in the medium-deep or deep sections of the pool.
- A full Teamworks Pool Policy & Procedure Packet can be found at <https://www.teamworksacton.com/>
- Campers will walk to and from the pool under the supervision of GAB Staff. Footwear must be worn.
- All campers must have sunscreen\* applied before going outside. Staff will help campers apply sunscreen\* if needed.  
\* *Spray On sunscreen is highly recommended as it aids in a much more efficient changing time*

## **Emergency Policy**

- Once a week, a mock fire drill will be performed so all campers are familiar with procedure and exit strategies.
- In the event of an emergency, the Camp Director will blow a whistle signaling to Staff to evacuate their campers from the building.
- Staff will bring all campers to designated safe areas outside the building while the problem is resolved.

## **Sick Camper Policy**

- Mildly sick campers can lie down in a designated quiet area in our facility.
- The Camp Director will determine if a camper is too sick to stay at camp, and will call the parents/guardians to come pick up their sick camper if needed.
- In the event of a serious illness or injury, if the parent/guardian cannot be reached in time, the camper may be transported to Emerson Hospital for immediate care and treatment.

## **Other Policies**

- All snack and lunch times are monitored by Staff members. Campers are not allowed to share food or drink.
- Staff are to make sure that enough water breaks are given during hot days.
- Staff may not discipline a camper for having an accident.
- Timeouts will be given if a camper breaks a camp rule. Parents may be called if there is an ongoing issue, and the camper may be removed from camp if necessary.

**AUTHORIZATION, WAIVER & RELEASE FORM**  
**GAB-Acton SUMMER CAMP 2020**

To be completed by parent or legal guardian.

CAMPER NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_ AGE \_\_\_\_  
Last First

2ND CAMPER: \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_ AGE \_\_\_\_  
Last First

PARENT/GUARDIAN NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

**EMERGENCY INFORMATION**

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

1. NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

**GAB-Acton Acknowledgment of Risk and Waiver of Liability:**

As the parent or legal guardian of child(ren) listed above, I hereby give permission for my child(ren) to participate in programs at Gymnastic Academy of Boston-Acton, LLC. I recognize that gymnastics, tumbling, parkour and swimming are sports that involve inflatables, height and rotation of the body and there are inherent risks involved. There are also inherent risks to my being on the premises during such activities. On behalf of myself and my child(ren), I agree to waive all claims (including for negligence) against and agree not to sue Gymnastic Academy of Boston-Acton, LLC, or its owners, directors, officers, employees, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total injury, paralysis and death, which may occur to myself or any of my children while on the premises of or under the instruction, supervision, or control of Gymnastic Academy of Boston-Acton, LLC.

I hereby testify to my and my child's sound health of mind and body and I authorize Gymnastic Academy of Boston-Acton, LLC, to seek medical treatment at the nearest medical facility for myself and my child in case of emergency or injury. I also hereby authorize Emerson Hospital and its doctors, and the Gymnastic Academy of Boston-Acton, LLC's Camp Staff to act for me according to their best judgment in any emergency requiring medical attention. It is understood that in the case of serious illness or injury the parents or guardians of the student will immediately be notified by telephone. When such communication shall fail or when delay may endanger the camper, Gymnastic Academy of Boston-Acton, LLC, camp or anyone appointed by the camp shall have the authority to permit hospitalization, any emergency or surgical procedure and the use of anesthesia. I hereby waive and release Gymnastic Academy of Boston-Acton, LLC, camp and staff, Emerson Hospital and its doctors and staff from any and all liability from any injuries, illnesses or medical attention incurred or received going to camp, while at camp or returning from camp.

**FULL DAY CAMPERS ONLY:** \_\_\_\_\_ has my permission to be transported to Teamworks, Acton, for swimming activities as part of the GAB camp program.  
(camper's name)

*I have read and understand the above terms and agree to the Risk & Waiver of Liability.*

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

**DROP-OFF / PICK-UP FORM**

I hereby authorize the following person(s) to drop off and/or pick up my child(ren) from GAB Summer Camp:

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

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

\_\_\_\_\_  
Date

**SUNSCREEN FORM**

*Spray On sunscreen is Highly Recommended*

I hereby authorize the Gymnastic Academy of Boston to apply

\_\_\_\_\_ to my child(ren)  
type of sunscreen

\_\_\_\_\_ if needed.

camper name(s)

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

\_\_\_\_\_  
Date

**CAMPER MEDICAL HISTORY & HAND SANITIZER PERMISSION FORM**  
**GAB-Acton SUMMER CAMP 2020**

This form must be filled out by the parent/guardian.

**In addition to this document, each camper must have a form from their physician of immunizations and a physical exam within the past year.**

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

Parent/Guardian Name: \_\_\_\_\_

Last exam date: \_\_\_/\_\_\_/\_\_\_ Examined by: \_\_\_\_\_ (Signature not required)

Family Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Town: \_\_\_\_\_

Please list previous and current health conditions, including Nervous System/Mental Disorders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all previous surgeries and dates: \_\_\_\_\_

\_\_\_\_\_

List all allergies: \_\_\_\_\_

\_\_\_\_\_

**Prescription Drugs:** This includes inhalers and EpiPens.

\*All prescriptions must be in their original containers with information regarding the prescriber, the patient, and general dosage.\*

\_\_\_\_\_

\_\_\_\_\_

My child is healthy enough to participate in any and all activities at the Gymnastic Academy of Boston-Acton's Summer Camp.

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

\_\_\_\_\_  
Date

-----  
**HAND SANITIZER PERMISSION FORM**

My child has permission to use alcohol based (60% or greater) hand sanitizer, in accordance with the State Board of Health requirements, during all activities at the Gymnastic Academy of Boston-Acton's Summer Camp.

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

\_\_\_\_\_  
Date

# **AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER** **GAB-Acton SUMMER CAMP 2020**

This form must be filled out by the parent/guardian.

Name of Camper \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Food/Drug Allergies: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Diagnosis (at parent's discretion): \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name of Licensed Prescriber: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name of Medication: \_\_\_\_\_ Dose given at camp: \_\_\_\_\_ Route of Administration \_\_\_\_\_  
Frequency: \_\_\_\_\_ Date ordered: \_\_\_\_\_ Duration of Order: \_\_\_\_\_ Quantity received: \_\_\_\_\_  
Expiration Date of Medications Received: \_\_\_\_\_ Special Storage Requirements: \_\_\_\_\_  
Specific Directions (e.g., on empty stomach/with water): \_\_\_\_\_  
Specific Precautions: \_\_\_\_\_  
Possible Side Effects/Adverse Reactions: \_\_\_\_\_  
Other medications (at parent's discretion): \_\_\_\_\_  
Location where medication administration will occur: \_\_\_\_\_

I hereby authorize The Gymnastic Academy of Boston to administer, to my child \_\_\_\_\_, (camper's name)  
the medication(s) listed above, in accordance with 105 CMR 430.160.

**105 CMR 430.160(A)**

*Medication prescribed for campers shall be kept in original containers bearing pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.*

**105 CMR 430.160 (C)**

*Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.*

**105 CMR 430.160 (D)**

*When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.*

\*Health Supervisor—A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

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