

**SAND TRAP SCHOOL CLUB**  
**REGISTRATION FORMS PACKAGE**

**SUMMER DAY CAMP**

Requested Program #: 5 Program Name: Summer Day Camp

Camp #2 – 7/15/06 -- 8/15/06 (4 weeks) (Monday through Friday)

NOTE: Camp #2 begins (Monday) 7/17/06 and ends on 8/15/06 or 8/18/06 for your convenience

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requested Admission Date: \_\_\_\_\_ Age At Admission \_\_\_\_\_

Tuition = \$495.00 per child (4 weeks)- must be paid in full on or before 7/7/06.  
-\$125.00 non refundable deposit (date paid \_\_\_\_\_ Check# \_\_\_\_\_)

=\$370.00 balance due on or before 7/7/06 (date paid \_\_\_\_\_ Check# \_\_\_\_\_)

**SCHOOL CLUB FORMS TO BE SUBMITTED:**

- \_\_\_\_\_ Club Member Enrollment Form
- \_\_\_\_\_ Club Member Application/Tuition Agreement
- \_\_\_\_\_ Authorized Transportation Plan
- \_\_\_\_\_ Emergency Safeguard Information
- \_\_\_\_\_ Administration of Non-Prescription Medications
- \_\_\_\_\_ Prescription Medication Form

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\*Parents may pick up Parent Handbook and Policy Manual at Sand Trap School Club\*  
(before start of program)

**ACCOMPANYING DOCUMENTS:**

- \_\_\_\_\_ Copy of Child's Birth Certificate  
(available from town where mother resided at the time of child's birth)
- \_\_\_\_\_ Copy of Child's Social Security Card  
(available from any Social Security Administration office)
- \_\_\_\_\_ Copy of Health Insurance Card  
(available from health insurance provider covering child)

Please Note: In most cases all of the forms that make up the entire Registration Forms Package can be filled out in less than 30 minutes (i.e. many of the questions will be "N/A" or Not Applicable and should be so indicated where appropriate). Please call the School Club Program Director at 413-789-3143 (dial "0") if you have a question or need help.

Thank You For Your Cooperation,

**SAND TRAP SCHOOL CLUB**  
**MEMBER ENROLLMENT FORM**

**SUMMER DAY CAMP**

**CHILD MEMBER GENERAL INFORMATION**

Program#: \_\_\_\_\_ ProgramName: \_\_\_\_\_  
Admission Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Tel#: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age At Admission: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Other Languages: \_\_\_\_\_  
Gender: M / F Height: \_\_\_\_\_  
Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_

OPTIONAL:  
(Space to attach recent  
photograph of child).

Name & Address of School Child Regularly Attends: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

✓ Parent / Guardian Names: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business Name/Address: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

Notes: \_\_\_\_\_

✓ Are Parents married/separated/divorced/deceased? \_\_\_\_\_  
✓ If one or either Parent is separated, divorced or deceased with which Parent / Guardian  
does child primarily reside? \_\_\_\_\_

*(Please note that if there is an ongoing custody dispute involving child, documentation must be on file with Sand Trap School Club LLC verifying custody).*

As parent / guardian I have verified on behalf of above named child that documentation of physical examination, immunizations and lead poisoning screening in accordance with school / public health requirements are on file at my child's school.

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Signature of Parent / Guardian

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Printed Name of Parent / Guardian

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Date

**RE: PROGRAM #5 SUMMER DAY CAMP**

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Sand Trap School Club LLC, 1399 Suffield St., P.O. Box 577, Agawam, MA 01001

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**CLUB MEMBER APPLICATION / TUITION AGREEMENT:**

- a.) The CLUB MEMBER APPLICATION / TUITION AGREEMENT may be referred to hereinafter as "Agreement". In consideration of the promises exchanged herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I (Parent's Name) \_\_\_\_\_, hereinafter referred to as "Client", of (Address) \_\_\_\_\_, hereinafter referred to as "Client", of (Address) \_\_\_\_\_ hereby apply on behalf of (Name of Child) \_\_\_\_\_, hereinafter referred to as "Member", residing at (Address) \_\_\_\_\_, for admission as a Club Member, per the terms of this Agreement, in the Sand Trap School Club program(s) designated (hereinafter referred to as "School Club") that are more completely described in the Sand Trap School Club Parent Handbook & Policy Manual.
- b.) Program 5.) Summer Day Camp #2 (4 weeks) 7/15/06 – 8/15/06  
Monday – Friday  
7:30 AM – 9:00AM drop off  
5:30PM pickup (late pickup until 6:00PM)  
Notes: Camp #2 begins (Monday) 7/17/06 and ends on 8/15/06 or 8/18/06 for your convenience
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- Unless otherwise advised, School Club Staff will assume child will be in attendance each day program is open.
- c.) School Club requires a one (1) week advance written notice of a schedule change to Regular Schedule of Member that is currently on file with School Club and is subject to the approval of Program Administrator.
- d.) Tuition payment for Camp #2 (4 weeks) is \$495.00. A non refundable deposit of \$125.00 is required with the submission of this Agreement which will be applied to the total tuition cost of \$495.00. The balance of \$370.00 is due on or before 7/7/06 or 1 week before the program starts.
- e.) Client hereby confirms he/she has received, read and understands provisions contained in School Club Parent Handbook & Policy Manual including section entitled "Payment Plans & Policies". School Club Parent Handbook & Policy Manual shall be considered as an attachment to this Agreement for the purposes of administering same.
- f.) School Club Program Administrator shall have final discretionary authority to interpret any and all provisions of School Club Parent Handbook & Policy Manual as it pertains to the administration of this Agreement.
- g.) Tuition payments may be made by credit card or by check ("Sand Trap School Club LLC").
- h.) Payments later than one (1) week past due date constitute sufficient grounds for termination of this Agreement by School Club Program Administrator and suspension of Member.
- i.) Tuition payment of \$495 for the program is non refundable regardless of Member absenteeism, illness, vacation, early pick up, early withdrawal, or scheduled holiday closings of School Club and/or non scheduled closings due to inclement weather. No tuition refunds will be given.
- j.) There will be a \$15.00 charge for any client check that is returned due to insufficient funds along with any Charges incurred by bank used by School Club.
- k.) A late pick up fee of \$15.00 for any portion of every 15 increment past 6:00 PM for any day when a Member is picked up late.

- l.) Should it become necessary at the discretion of Program Administrator for School Club to pursue legal action including court for non-payment of tuition and/or fees owed to School Club by Client on behalf of Member, Client agrees to pay the costs of any such legal action including attorney's fees of Sand Trap School Club LLC.
  
- m.) Client and/or Member, as applicable, voluntarily elects to participate in School Club and its Program(s) on a discretionary basis and at his/her own risk including any and all activities of same and hereby holds Sand Trap School Club LLC and/or its staff members harmless for any and all accidents, and/or health problems and/or complications thereof experienced by client and/or Member as a direct or indirect result of participation in School Club Program(s).
  
- n.) School Club, at the discretion of School Club Administrator, may utilize a video surveillance System for program monitoring and quality assurance purposes as well as the services of private security staff. Video records shall remain the property of Sand Trap School Club LLC.

Lettered paragraphs contained in this Agreement are used as a matter of convenience and for reference purposes only. It is agreed that if any of the provisions of this agreement shall be determined to be void by any court of competent jurisdiction than such determination shall not affect any of the other provisions of this Agreement.

Client in signing below on behalf of Member Applicant acknowledges, understands and accepts the terms and conditions of this Agreement and represents that the information provided herein is accurate.

\_\_\_\_\_ (Parent / Guardian Signature)                      \_\_\_\_\_ (Date)

\_\_\_\_\_ Printed Name of Parent / Guardian

Driver's License # of Parent / Guardian \_\_\_\_\_

For Sand Trap School Club Internal Use: _____ _____ _____ _____
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**SAND TRAP SCHOOL CLUB  
AUTHORIZED TRANSPORTATION PLAN**

**SUMMER DAY CAMP**

Member Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

The Member child listed above will arrive / depart to and from the respective School Club program he/she is enrolled in by the means designated on this form or will be transported (as applicable) by one of the authorized persons listed on the reverse side of this form (see "Authorized Persons Transportation List"). Any transportation arrangements that differ from the information on either side of this form must be stated in writing, signed for by parent / guardian and filed with School Club beforehand, **or School Club will not release the child.**

\*Please check off the following means of transportation your child will be using to arrive and depart the School Club Premises.

<u>ARRIVAL</u>		<u>DEPARTURE</u>
_____	<b>Program Bus / Van</b>	_____
_____	<b>Parent Transport</b>	_____
_____	<b>Supervised Walk</b>	_____

Notations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization is valid for one (1) year.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent / Guardian



**EMERGENCY SAFEGUARD INFORMATION:**

Member Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Address: \_\_\_\_\_

**PRIORITY EMERGENCY CONTACT PERSONS:**

(Parent / Guardian should list in priority order two (2) Emergency Contact Persons):

- 1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_
- 2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_

**PRIORITY MEDICAL TREATMENT REFERENCES:**

**Child's Pediatrician, Family Physician, Clinic or Source of Health Care:**

(Parent / Guardian should list in Priority Emergency Contact Order)

- 1.) Dr. Name: \_\_\_\_\_ Type of Doctor: \_\_\_\_\_  
 Tel #(s): \_\_\_\_\_  
 Address: \_\_\_\_\_
- 2.) Dr. Name: \_\_\_\_\_ Type of Doctor: \_\_\_\_\_  
 Tel #(s): \_\_\_\_\_  
 Address: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION:**

Health Ins. Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Tel #: \_\_\_\_\_  
 Participating Hospital(s): \_\_\_\_\_  
 Other Nearest Participating Treatment Facilities: \_\_\_\_\_

I hereby authorize Sand Trap School Club LLC staff to release my child to emergency contact persons listed and/or to administer first aid and/or CPR to my child in the event of a medical emergency and/or to transport my child to the following specific hospital \_\_\_\_\_ or the nearest hospital or medical facility as deemed appropriate by the Sand Trap School Club staff in order to secure medical treatment when, in the opinion of Sand Trap School Club staff, this course of action is deemed necessary and when a delay could be dangerous to my child's health. Sand Trap School Club staff will make every effort to telephone, as soon as possible, the child's parents and first available persons listed on the "Priority Emergency Contact Persons" list supplied heretofore on this form in the event of a medical emergency involving my child. I further agree that any and all ambulance and/or emergency treatment related costs and/or medical, doctor, hospital, facility fees and charges of any kind are the responsibility of the parent / guardian regardless of the insurance coverage status of child at the time of treatment and/or whether or not insurance coverage is in effect and/or whether or not insurance coverage pays or does not pay for some or all of the costs, fees and charges associated with treatment of my child. I understand and accept that when appropriate and applicable to the emergency situation involved, as determined by Sand Trap School Club staff, treatment for my child will be pursued within the in-network or participating hospital / treatment facilities listed in "Health Insurance Information" section of this form. I hereby accept that it is my sole and continuous responsibility as Parent / Guardian to submit a newly dated and signed "Emergency Safeguard Information" form in order to keep information on said form updated at all times in the file of Sand Trap School Club including any and all changes to "Priority Emergency Contact Persons" list, "Priority Medical Treatment References" list, "Child Medical Information" data as well as "Health Insurance Information" including participating hospital and treatment facilities list.

Signature of Parent / Guardian

Printed Name of Parent / Guardian

Date

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

**CHILD MEDICAL INFORMATION**

Allergies: \_\_\_\_\_

Allergic to Medication (explain): \_\_\_\_\_

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

Special Diets/ Limitations/ Health Issues: \_\_\_\_\_

**CHRONIC HEALTH INFORMATION**

√ Circle any health problem, condition or ailment of child that is chronic(i.e potential recurring health problem/ condition/ ailment) and explain:

\_\_\_ Allergies \_\_\_ Anemia \_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Epilepsy/ Seizures \_\_\_

\_\_\_ Heart Problems \_\_\_ Kidney Problems \_\_\_ Sickle Cell Disease \_\_\_

\_\_\_ Other (please explain) \_\_\_\_\_

√ Circle any potential Sand Trap School Club activity that would need to be altered to accommodate child's chronic health problem as applicable and explain:

\_\_\_ Diet or Feeding \_\_\_ Activity Type \_\_\_ Activity Duration \_\_\_ Activity Sequence

\_\_\_ Toilet Use \_\_\_ Naptime Routine \_\_\_ Other (please explain) \_\_\_\_\_

1.) Does child have any other health problems, concerns, conditions, medication requirements Sand Trap School Club should be made aware of? \_\_\_\_\_

2.) Please attach separate sheet of paper or attach documentation as necessary in order to completely describe any health related situation of child that Sand Trap School Club staff should be made aware of, or to further explain any health related condition of child.

This is to confirm that in the event my child has an asthma condition, he/she has permission to carry and use an inhaler as needed without the direct supervision of a Sand Trap School Club staff member and that I have disclosed to the best of my ability all relevant information regarding my child's health problems, including condition(s)/ medication(s)/ treatment(s)/ procedure(s) to be followed should a specific health problem/ condition/ episode occur while on the Sand Trap School Club premises, and that I have reviewed the program and activities that my child will be participating in at Sand Trap School Club with my child's physician. Furthermore, I have reviewed the Sand Trap School Club facility and qualifications of staff and hereby grant permission for my child to participate in the Sand Trap School Club program requested for my child despite the existence of health problem(s)/ condition(s) noted on this form

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

\_\_\_\_\_  
Printed Name of Parent/ Guardian

\_\_\_\_\_  
Date

**SAND TRAP SCHOOL CLUB LLC**  
**ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS**

Member Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Please check the following non-prescription medications and products Sand Trap School Club Staff is authorized to administer to your child:

- \*Yes \_\_\_ No \_\_\_ - Acetaminophen (Tylenol) **Requires physician's signature below**
- \*Yes \_\_\_ No \_\_\_ - Antihistamine (Benadryl) **Requires physician's signature below**
- Yes \_\_\_ No \_\_\_ - Antibiotic Ointment (Neosporin)
- Yes \_\_\_ No \_\_\_ - Band Aids (Band Aids)
- Yes \_\_\_ No \_\_\_ - Hydrogen Peroxide
- Yes \_\_\_ No \_\_\_ - Sun Screen (Coppertone)

\*Please note (below) any criterion for administration if the above non-prescription medications or products need specific dosages or directions by your child's physician.

**PHYSICIAN'S AUTHORIZATION INSTRUCTIONS AS APPLICABLE:**

<b>PRODUCT</b>	<b>DOSAGE</b>	<b>CRITERION FOR ADMINISTRATION / FREQUENCY / HOW ADMINISTERED</b>

\_\_\_\_\_  
**(Physician Signature)**

Printed Name / Tel # / Address of Physician \_\_\_\_\_  
 \_\_\_\_\_

I hereby authorize Sand Trap School Club LLC staff to administer to my child the non-prescription products and medications listed on this form.

\_\_\_\_\_  
 (Parent / Guardian Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Printed Name of Parent/Guardian)

**SAND TRAP SCHOOL CLUB**  
**PRESCRIPTION MEDICATION PERMISSION FORM**

Member Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

**ADMINISTRATION OF PRESCRIPTION MEDICATIONS:**

The Sand Trap School Club staff should be aware that my child takes the prescription medication(s) listed:

(Please Print Legibly)

1. Medication Name: \_\_\_\_\_
  - a. Directions for Storage: \_\_\_\_\_
  - b. Reason for Medication: \_\_\_\_\_
  - c. Date(s) Medication to be Administered: \_\_\_\_\_
  - d. Time(s) Medication to be Administered: \_\_\_\_\_
  - e. Dosage to be Administered & How Administered: \_\_\_\_\_
  - f. Possible Side Effects: \_\_\_\_\_
  - g. Could Medication conflict or potentially cause child to have an adverse reaction to any other medication child takes (if yes please explain): \_\_\_\_\_

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  - h. Name / Phone # of Prescribing Physician: \_\_\_\_\_
  - i. Signature of Physician \_\_\_\_\_
  
2. Medication Name: \_\_\_\_\_
  - a. Directions for Storage: \_\_\_\_\_
  - b. Reason for Medication: \_\_\_\_\_
  - c. Date(s) Medication to be Administered: \_\_\_\_\_
  - d. Time(s) Medication to be Administered: \_\_\_\_\_
  - e. Dosage to be Administered & How Administered: \_\_\_\_\_
  - f. Possible Side Effects: \_\_\_\_\_
  - g. Could Medication conflict or potentially cause child to have an adverse reaction to any other medication child takes (if yes please explain): \_\_\_\_\_

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  - h. Name / Phone # of Prescribing Physician: \_\_\_\_\_
  - i. Signature of Physician \_\_\_\_\_

\*Please describe on reverse side of this form, **any additional prescription medications** (i.e. follow a-i format above) needed for child, along with signature of physician.

After consultation with each of my child's prescribing physician(s), as applicable, for the medication(s) listed above, I hereby grant permission to Sand Trap School Club staff to administer the medications listed on this form to my child according to the directions provided and that I as parent / guardian have verified with the prescribing physician of each medication that directions listed on this form for the administration of each medication are identical to the written prescription directions of each prescription given by the corresponding prescribing physician and that the directions for each medication are accurately worded on the label of each prescription container.

\_\_\_\_\_/\_\_\_\_\_  
(Signature of Parent / Guardian) (Date)



