



2024 Bay State Movement Academy Summer Camp

360 Faunce Corner Road North Dartmouth, MA 02747 * Phone (774) 328-9026 * www.baystatemovementacademy.com



BSMA Mission

“Our Mission at Bay State Movement Academy is to teach, coach, encourage, and support physical, emotional, and all-around growth for all students in a clean, well equipped, and safe environment. Furthermore, we strive to offer unmatched customer service and an overall exceptional experience for families.

Our certified staff takes pride in teaching athletes of all ages and ability levels life-long skills through the instruction of gymnastics in a fun and safe environment. We at BSMA promise to create an atmosphere where your child can develop a strong body, a healthy self-image and a love of fitness that will last a lifetime.

BSMA is an officially licensed camp in the state of Massachusetts by the local Dartmouth Board of Health and must comply with regulations of the Massachusetts Department of Public Health. In order to enroll each camper is required by the Local Dartmouth Board of Health to have the following forms submitted, which are included in this packet;

- Emergency Information & Medical Consent Form
- Immunization Form
- Authorization to Administer Medication Form (*if applicable*).
- *Copies of background checks, healthcare and discipline policies, and grievance procedures are available upon request.*

For Summer 2024, the fun will begin Monday, June 17th!

The camp day will include obstacle courses, games, ninja races, and more!

Send your camper in a athletic clothing, and with plenty of water



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Summer Camp Registration Form

*Detach pages 3-6 of this packet and return it to the BSMA office in order to enroll in Summer Camp. *Each camper needs a packet to enroll.* **If multiple campers within one family enroll, make copies of this page (3) only for each child and the rest of the packet is sufficient for the family.

Student: _____ **Date of Birth:** ____ / ____ / ____ **Gender:** _____

Parent/Guardian Name: _____

Home Address: _____
Number/Street City State Zip Code

Home: _____ **Cell:** _____ **Email:** _____

EMERGENCY CONTACT (Other than a parent or guardian)

Name: _____ **Relationship to Student:** _____ **Phone #:** _____

MEDICAL INFORMATION

Physician: _____ **Date of Last Physical:** _____ **Current**

Medications: _____ **Will Your Child Take Medication At Camp:** ___ Yes ___ No

Allergies: _____ **Past Injuries:** _____

STUDENT NOTES: (Please inform us of any information that would help make your child's camp experience a positive one. Example:

Anxiety, extreme shyness, grouping requests, etc.) _____

RELEASE FORM: I hereby, for my child, heirs, executors and administrators, waive and release any and all rights and claims that I may have against Bay State Movement Academy for any and all injuries that my child or myself may suffer in connection with this program of use of these facilities.

Parent/Guardian Signature: _____ **Date:** _____

Circle what days your child will attend!

June	17	18	19	July	22	23	24
June	24	25	26	July	29	30	31
July	8	9	10	August	5	6	7
July	15	16	17	August	12	13	14

Summer Camp Policies
*One Form Required Per Families

Gym Safety & Rules

- Unsupervised children are not allowed in the gym, or on the equipment at any time. Parents are not permitted to be on the equipment at any time.
- Parents, **DO NOT** drop off your child(ren) before the start of their camp and leave them here unattended.
- For the safety of your children, please escort them into the building for drop off and come inside the building for pickup at the end of camp. No child will be allowed to wait outside.
- Please let us know who will be picking up your child from camp if it is someone other than a parent.

BSMA SUMMER CAMP MINOR ILLNESS POLICY

Please do not send your child to BSMA Summer Camp if they display any of the following symptoms/conditions. If any of the below mentioned are apparent throughout the camp day, we will have to send your child home:

- Temperature of 100 degrees or more
- Conjunctivitis or Pink Eye. The eye is red and itchy with yellow drainage.
- Contagious diseases including Measles, Chicken Pox, Mumps, Roseola, Hand-Foot-and-Mouth, and Fifth Disease. Parents will notify the Day Camp Director if their child contracts a communicable disease as soon as diagnosed. When a serious communicable disease occurs, the Director will notify the parents of the guidelines by which the child will be readmitted to the facility.
- Severe cold symptoms, excessive drainage and/or coughing.
- Rashes that cannot be identified and have not been diagnosed by a physician.
- Throat infections: child may return to care after 24 hours on an antibiotic.
- Excessive vomiting and/or diarrhea.
- Impetigo or ringworm until treated for 24 hours.
- Pain reported in the stomach or head.

WHAT TO PACK

- Pack comfortable clothes, & drinks.
- **Drop Off & Pick Up:** Drop off is 8:45am-9:00am and pickup is 12:00pm. No late pick up available.
- All campers must be signed in upon drop off and signed out with a valid photo ID at pick up.
- * All allergies should be brought to our attention at the time of signup. Any necessary medications for allergic reactions such as an epi-pen or inhaler should be labeled with the child's name on it and should be given to the front desk no later than the child's first day of camp.

PAYMENT INFORMATION

- **Full payment is due at the time of sign-up.**
- **Refunds/Credits – all refunds are given in the form of account credits. Credits are only given with advanced notice of two-weeks prior to the start of camp or with a valid Doctor's note excusing the child's absence from camp in the event of an illness or injury.**

CHILD #1: _____ CHILD #2 _____ CHILD #3 _____

CAMP: _____ CAMP: _____ CAMP: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Infectious Disease/Contagious Illness Procedure

In the case where a known contagious illness is a concern for our area towns/cities, the following procedures should be followed.
Examples include: COVID, Influenza and MRSA

As a precautionary measure for COVID, Influenza, H1N1 or MRSA, Microban and Odoban* Disinfectant should be sprayed on all surfaces in the gym by the gym manager every other day. All students will be encouraged to use hand sanitizer from the dispensers both before and after every class. Staff members will be required to regularly wash or sanitize their hands both before and after every class that they instruct. **(This precautionary measure should be taken when an outbreak occurs in our area towns/cities)**
***Germ X is a colorless and odorless antimicrobial disinfectant. Odoban kills MRSA and VRE and is a disinfectant, fungicide and virucide. It is recommended for use in schools, day cares, athletic facilities, etc...**

Procedure to follow when a confirmed case of the above mentioned or other infectious/contagious illness is reported at Bay State Movement Academy.

If a student or a staff member of BSMA contracts a serious contagious illness:

- Bay State Movement Academy would be closed for all classes and activities until the threat of contagion no longer exists. ● A cleaning would be performed by a post-disaster professional cleaning company (Servpro) in order to completely disinfect the facility.
- All students who miss class during the closure of the facility would follow the same procedure as when inclement weather occurs. This procedure states that all students will be provided a makeup class either scheduled by BSMA or to be scheduled by the student's parents during another class time within one's age/ability level.
- Our students would be alerted of the facility closure via email and telephone. The website would also have the closure posted on the News/Events page.

Bay State Movement Academy Management

Policy Updated: February 2, 2024.

Thank you for all your cooperation and support!

We ask that you please sign below to indicate that you have read and understand all of the policies above and will abide by them. In order to ensure the best possible experience for your child, we need EVERY family member (parents, students, & siblings) to follow these policies.

CHILD #1: _____ CHILD #2: _____ CHILD #3: _____

CAMP: _____ CAMP: _____ CAMP: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** ____/____/____



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PICK UP & DROP OFF PROCEDURES

Very Important! When signing your child in or out the authorized adult will need a photo ID ready. Campers will only be released to individuals listed on this form provided by the camper's parent or legal guardian. Please list all individuals who are authorized to pick your child up from camp this summer! *Additional forms available if needed.

Parent/Guardian Name: _____

Child(ren's) Name(s):

AUTHORIZED PICKUP	RELATION	PHONE
DO NOT RELEASE MY CHILD TO THE FOLLOWING:		

EMERGENCY INFORMATION and CONSENT FOR MEDICAL TREATMENT

Parent/Guardian Name _____

Home Phone: _____ **Cell Phone:** _____ **Work:** _____

Parent/Guardian Name _____

Home Phone: _____ **Cell Phone:** _____ **Work:** _____

Alternate Emergency Contacts when Parent/Guardian(s) cannot be reach:

- 1. _____ Relationship _____ Phone _____
- 2. _____ Relationship _____ Phone _____
- 3. _____ Relationship _____ Phone _____

Student's Physician _____ Office # _____

Student's Dentist _____ Office # _____

CONSENT for PROGRAM PARTICIPATION & EMERGENCY MEDICAL TREATMENT

All health information provided is correct to the best of my/our knowledge, and the person herein described has permission to engage in all BSMA Camp activities except if noted. In an emergency, involving my child, I understand that every effort will be made to contact the parents, the physician, or other listed individuals. I/we hereby give permission to the health supervisor or other medical personnel selected by the BSMA Camp General Manager to: 1) Use their best judgment and discretion in handling the emergency; 2) Activate EMS to treat and transport my child to the nearest hospital as necessary; 3) Photocopy this form, which is considered the same as the original, and send it with the student. I authorize hospital medical personnel to initiate emergency treatment as needed. I agree to be responsible for the payment of any medical treatments administered to my child, in connection with injury, accident or illness that may occur while my child participates in any BSMA Camp activities. I agree to hold BSMA Camp harmless in such events except in the case of negligence. I/we also understand and agree that the student shall abide by any restrictions placed on his/her BSMA Camp Activities.

Parent/Guardian Name: _____ Signature _____ Date _____

Parent/Guardian Name: _____ Signature _____ Date _____

Authorization to Administer Medication to a Camper (completed by parent/guardian)

Camper and Parent/Guardian Information

Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	

Licensed Prescriber Information

Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:

Medication Information 1

Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	

Medication Information 2

Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	

I hereby authorize the health care consultant or properly trained health care supervisor at _____ to administer, to my child, _____ the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D) [see below].

If above listed medication includes epinephrine injection system:

I hereby authorize my child to self-administer, with approval of the health care consultant Yes No Not Applicable

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer

Yes No Not Applicable

If above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer, with approval of the health care consultant Yes No Not Applicable

Signature of Parent/Guardian: _____ Date: _____

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**** Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

105 CMR 430.160(A): Medication prescribed for campers shall be kept in original containers bearing the 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. **(M.G.L. c. 94C § 21).**

105 CMR 430.160(C): Medication shall only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications. If the health care 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. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. 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): A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

1. List individuals at the camp authorized by scope of practice (such as licensed nurses) to administer medications; and/or other individuals qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.
2. Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.
3. Document the circumstances in which a camper, Health Care Supervisor, or Other Employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may:
 - a. Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:
 1. the camper is capable of self-administration; and
 2. the health care consultant and camper's parent/guardian have given written approval
 - a. Receive an epinephrine auto-injection by someone other than the Health Care Consultant or person who may give injections within their scope of practice if:
 1. the health care consultant and camper's parent/guardian have given written approval; and
 2. the health care supervisor or employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160.

(4) Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar be monitored, or requires insulin injections, and the parent or guardian and the camp health care consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc. and self-injection must take place in the presence of the properly trained health care supervisor who may support the child's process of self-administration. **105 CMR 430.160(F):** The camp shall dispose of any hypodermic needles and syringes or any other medical waste in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste.

105 CMR 430.160(I): When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be disposed of as follows:

1. Prescription medication shall be properly disposed of in accordance with state and federal laws and such disposal shall be documented in writing in a medication disposal log.
2. The medication disposal log shall be maintained for at least three years following the date of the last entry.