

Coaches and Parents

As camp is approaching, there are a few things that I am required to get from each Coach the first day of camp. I need the following: I need each coach to give me at registration a complete Roster of each camper, with updated physicals and certificate of immunizations in the order of your Roster.

1. Every camper must provide an updated physical (within the last 12-24 months) and certificate of immunizations. If any of the campers do not have these forms by the first day of camp, they will be unable to participate and will be sent home immediately. I will definitely work with you as I know some of your tryouts are very late. The school nurse should have all physicals and immunizations on file and I am sure you can get copies from them. Coaches will not need to provide me their physicals or certificate of immunization as I just received a new ruling that volunteer coaches do not need to provide them.

2. All permission slips can be brought to registration on the first day of camp. This also includes the participant waiver form, the chaperone waiver form, as well as the college waiver form.

3. All coaches who will stay overnight are considered by the State of Massachusetts as volunteers, MUST have SORI and CORI checks, which will be done by myself, as I have just been certified as a CORI/SORI administrator. I will need everyone's full name plus the last six digits of their social security number and copy of their driver's license to be able to do these checks. I have made up two new forms, the CORI Acknowledgement Form and the Personal Information Form. Please fill these out and send them back to me through email. Please try to scan your driver's license and email it to me at andrewyosinoff@msn.com or fax it to 617-735-9885. I need this information as soon as possible as these checks take time and the Public Health Department need to see them before any of my camps begin. I understand that you have already had these checks done for your other jobs, however we must do our own checks as part of our own requirements.

4. Every parent whose child takes prescriptions, must fill out the attached forms and note which prescription their child is taking, the dose, time, etc. On the first

day of camp, our certified athletic trainer will collect all prescriptions in the original bottle and lock them up in a safe area until the camper needs to take their daily prescription.

5. Every employee, including myself, will have the CORI/SORI checks by Varsity Spirits.

I understand that this puts a greater burden on you for collecting all these forms, but unfortunately the Commonwealth of Massachusetts is requiring every camp in the state to go through a licensing process to protect every child.

Please keep me posted if your numbers have changed or if for any reason you are not coming to camp. I have attached the parents' manual, the prescription medication form, the participant release form, the coaches' participant release form, the college permission slip, as well as CORI Acknowledgement Form and the Personal Information Form.

I have also attached the state guidelines for 430.090 Employment Background Information, 430.150 Health Records, 430.151 Physical Examinations by Physician and Certificate of Immunizations and 430.152 Required Immunizations. I will also be mailing out all of these forms sometime next week.

Prescription Medication Form

I, hereby, _____ (Parent/Guardian Name) give the camp health supervisor/athletic trainer permission to hold on the prescription medication and administer as indicated by the prescription. I further acknowledge this medication was prescribed by a licensed physician and that the camp health supervisor may contact that physician with any questions or concerns.

My child's name is _____ and the medication my child will be taking is as follows:

The medication is to be given _____ time(s) per day.

Please list any other additional information regarding the prescription medication (Please indicate if there is none):

Furthermore, the medication will be kept by the healthcare supervisor/athletic trainer during each session and secured in a locked location overnight. Please be advised that only the amount of medication needed for the duration of the camp should be provided.

Parent/Guardian Signature:

Relationship to Camper:

Date:

Authorization for the Administration of Medication

Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____

Date of Birth ___/___/___ Today's Date ___/___/___

Medication Name _____

Controlled Drug Yes No

Dosage _____ Method _____

Time of Administration _____

Specific Instructions for Medication Administration

Medication Administration: Start Date ___/___/___

Stop Date: ___/___/___

Is This Medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication

Plan of Management for Side Effects

Known Food or Drug Allergies? Yes No Reactions To? Yes No

Interactions To? Yes No

If "yes" to any of the Above, Please Explain:

Prescriber's Name

Phone Number

(____) _____

Prescriber's Address

Prescriber's Signature

Parent/Guardian Authorization:

I Request that medication be administered to my child as described and directed above

I request that medication be self-administered to my child as described and directed above

Name of Camp _____ Today's Date ____/____/____

Child's Name

Address

Name of Parent/Guardian Authorizing Administration of Medication

Relationship to Child: Mother Father Guardian/ Other (explain)

Name of Camp Personnel Receiving Written Authorization and Medication

Title/Position _____ Signature (in ink) _____

Commuter Meal Ticket Order Form

Team Name: _____

Coach's Name: _____

Lunch: # of lunches x \$9 _____

Dinner: # of dinner x \$9 _____

Package of 3 lunches and 3 suppers is \$54 (Dance Camp July 10-13)

of campers _____ x \$54 = _____

Total Cost = _____

Package of 3 lunches and 3 suppers is \$54.00 (July 14-17)

of campers _____ x \$54.00 = _____

Total Cost = _____

All meal tickets will be picked up at registration

Please make checks payable to: BON APPETIT.

www.bassdjentertainment.com

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508.864.2539

New England Cheer & Dance 2016

November 12, 2016

Reggie Lewis Field & Track Center

Routine Music

We are asking all Coaches/Teams to please E-MAIL their music for each routine to: bassdj.cheer@gmail.com

When you email your music, in the subject line please include:

- Town (ex: Marshfield)
- Team Name (ex: Marshfield B)
- Division (ex: Pee Wee)
- Coach's Name (ex: Deb Arey)

Your music will be loaded and ready to go the day of competition. Your coach will simply need to press play on our audio system.

We are asking for all music to be submitted by: Wednesday, November 9, 2016

Please feel free to email any questions to this email as well.
(basdj.cheer@gmail.com)

Live Audio Critique

Each competing team will have an Audio Critique of their of routine recorded and emailed to the Coach. This is included with your registration Fee.

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