



**Gymnastic Academy of Boston**  
**128 Smith Pl. Cambridge, MA. 02138**  
**P: 617 441-9700 F: 617 441-9799**  
**[www.gymnasticacademyofboston.com](http://www.gymnasticacademyofboston.com)**

**Welcome to the Gymnastic Academy of Boston's**  
**Summer Camp 2009**

The Gymnastic Academy of Boston has been a leader in teaching children and young adult's gymnastics for the past thirteen years. Our summer camp offers a wide variety of activities throughout the course of the day. We have a fun filled morning of gymnastics, arts and crafts, games and other activities. In the afternoon, we enjoy swimming at the MDC pool and more gymnastics when we return. Whether you are an expert gymnast or a beginner, the Gymnastic Academy of Boston has something for you!!

At the Gymnastic Academy of Boston, our goal is to teach the children new skills in the gym and encourage them to incorporate these new skills in sports, everyday lives and other various activities. The children will be eager and excited to show these new skills to parents, family, friends and staff.

Our camp program is designed to stimulate learning in a fun environment, while developing a positive attitude towards fitness.

In closing we would like to thank you for choosing the Gymnastic Academy of Boston for your summer camp needs! As always, if you have any questions please feel free to give us a call. We will be happy to assist you.

Gymnastic Academy Of Boston



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**Below** you will find a list of all necessary documentation needed before your child's first day of camp as well as a copy of all other important documentation you may need. We have also included a helpful list of items your child will need if they are either ½ day or full day campers.

**Camper's Health Records Needed:**

1. An updated (valid one year from physical date) Physical Exam signed by Physician
2. Certificate of Immunizations

**Camper Information**

1. Camper/Parental Information Form and Emergency Contact
2. Medication Authorization Release
3. Authorization for Emergency Care

**Pick Up/Release Form**

**Late Fee Policy**

**Evacuation Plan**

**Procedure for Reporting Sexual/Physical Abuse per MGL C119 Sec 51A**

**Meningococcal Disease Information**

**Camp Schedule of Activities**

**What to bring to Camp?**

- Half Day campers will need a snack, drink and water bottle.
- Full Day campers will need 2 snacks with 2 drinks, lunch with an additional drink, water bottle, bathing suit, towel and sunscreen.

**\*\*\*Please have your child dressed in comfortable clothing that allows for movement but not excessively loose. All children with long hair must have it tied back prior to arriving at camp.**



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**Camper and Parental Contact Information**

Camper's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent1/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Parent2/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**IN CASE OF EMERGENCY AND NEITHER PARENT CAN BE REACHED, PLEASE  
LIST NAME AND PHONE NUMBER OF A  
RELATIVE OR FRIEND WE MAY CONTACT.**

Emergency Name1 \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Name2 \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Name3 \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

By signing below, I Give the Gymnastic Academy of Boston permission to contact the above listed individuals  
in the event neither parent can be reached.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Parent/Guardian Medication Authorization Release Form**

Camper's Name \_\_\_\_\_

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

Home Phone number: \_\_\_\_\_

Work Phone number: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

Please give my son/daughter the following medication at camp: \_\_\_\_\_

(Name of Medication)                      (Dosage)                      (Time to Administer)

My son/daughter is also currently taking the following medications (to be completed if not in violation of confidentiality):

\_\_\_\_\_

My son/daughter has the following drug allergies:

\_\_\_\_\_

I consent to have the camp director or personnel delegated by the camp director to administer the medication prescribed by:

\_\_\_\_\_ to \_\_\_\_\_  
(Licensed Prescriber)    (Camper's Name)

I give permission to the Camp Director to share information relevant to the prescribed medication administration to other staff members as she determines appropriate for my son/daughter's health and safety.

I understand I may retrieve the medication from the Gym at any time; however, the medication will be destroyed if it not picked up within one week following the termination of the order or one week beyond the close of camp.

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



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**Camper Pick Up Release Form**

I give the Gymnastic Academy of Boston permission to release my child(ren)  
\_\_\_\_\_ to \_\_\_\_\_  
(Names) (Name of Substitute)

As a substitute for parental pick up on \_\_\_\_\_  
(Days/Dates)

Substitute's Phone # \_\_\_\_\_

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

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Phone

**Camper Pick Up Release Form**

I give the Gymnastic Academy of Boston permission to release my child(ren)  
\_\_\_\_\_ to \_\_\_\_\_  
(Names) (Name of Substitute)

As a substitute for parental pick up on \_\_\_\_\_  
(Days/Dates)

Substitute's Phone # \_\_\_\_\_

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

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Phone #



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**Authorization for Emergency Care**

I, \_\_\_\_\_  
Parent/Guardian of \_\_\_\_\_,

do hereby give the Gymnastic Academy of Boston permission to secure and authorize such emergency medical treatment as the above named might require while under the supervision of the Gymnastic Academy of Boston. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to contact the parents/guardian in case of emergency.

In the event of an emergency it would be necessary to have the following information:

Physician's Name \_\_\_\_\_

Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

\*\* Emergency Personnel make the final decision in which hospital to transport

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

Date \_\_\_\_\_



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**Late Fee Policy**

Any camper who is not picked up at their designated pick up time and not scheduled for extended day will incur a \$1.00 a minute late fee charge. This fee must be paid at the time of pick up. After three late pick ups, the late fee charge will be increased to \$5.00 per minute.

Our late fee policy is not intended to be used as extended day. Any camper, who is picked up late more than three times, will subject to additional fees at the discretion of the Camp Director.

If you have any questions regarding this late fee policy, please feel free to contact the Camp Director.

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

Date\_\_\_\_\_



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**Evacuation Plan**

Fire Drill Plan

Gymnastic Academy of Boston Fire Drill Plan

Camp Director will be responsible for making sure all children exit the building safely. The camp director will be the last person to leave the building. The camp director will do a final survey of the area checking all rooms before they leave to make sure no one is left behind.

All staff will be responsible for getting the children into a single file line to leave the building. A head count will be taken before the children are in line, after the children have lined up, and after the children have exited the building.

There will be one staff member at the beginning of the line and one at the end of the line. The rest of the staff will be positioned in the middle of the line to make sure all children are covered thoroughly.

We will exit the back door and then walk down Faucet Street, in front of Iggy's Restaurant. The children will wait in a single file line until clearance is granted to go back to the building. A head count will be taken before returning and then walking back to the area, and upon entering the gym.

Emergency Location Information for 911 Responder

Gymnastic Academy of Boston

128 Smith Place

Cambridge, MA 02138

Cambridge Fire Department 617-349-4990

Procedure for exiting gym (any area)

1. Form single file line in middle of the floor
2. Head count
3. Exit to the right out the back door
4. Walk single file line down Faucet Street



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Procedure for exiting waiting area of gym

1. Form single file line near the front door
2. Head Count
3. Exit right out front door and then turn left walk down Smith Place
4. Take left at end of Smith Place and then walk down Faucet Street.

Procedure for exiting second waiting area of gym

1. Form single file line to left of the bathrooms
2. Head Count
3. Exit right out front door and walk down Smith Place
4. Take left at end of Smith Place and then walk down Faucet Street.

Procedure for exiting the mezzanine of the gym (upstairs)

1. Form single file line to the right side of the gate.
2. Head Count.
3. Single File line down the right side of stairs
4. Exit right out back door.

After all children have left building with staff the camp director will then check every room of the gym making sure all children are out of the premises. All windows and doors will then be shut and the camp director will then meet the children down at Iggy's on Faucet Street for a role call. All personal belonging will be left inside the gym.



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### **Child Abuse and Neglect Procedure**

- Under the Massachusetts mandatory reporting law, MGL C119 Sec 51A, any staff member, who has reasonable cause to believe that a minor child under the age of eighteen years is suffering physical or emotional injury from abuse inflicted upon him/her which causes harm or substantial risk of harm to the child's health and welfare, including sexual abuse or from neglect, including malnutrition, must immediately report it to the camp director.
- The camp director will immediately report any suspected child abuse or neglect to the Massachusetts Department of Social Services ("DSS"). The camp director will also notify the Cambridge Inspectional Services Department if a report is filed with DSS alleging child abuse or neglect while a child is in the care of the camp.
- If a staff member is accused of abuse or neglect and is subject of an oral or written report to DSS, that staff member will not be permitted to work with any campers until DSS has completed its investigation.
- Any oral or written report to DSS, and any information related to the report, will be kept confidential except to those individuals on a strict need-to-know basis and to the extent required to comply with the camp's legal obligations.
- All staff members must fully cooperate with any DSS investigation.

# Meningococcal Disease and Camp Attendees: Commonly Asked Questions

April 2008

## ***What is meningococcal disease?***

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become deaf, have problems with their nervous system, become mentally retarded, or have seizures or strokes.

## ***How is meningococcal disease spread?***

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

## ***Who is at most risk for getting meningococcal disease?***

People who travel to certain parts of the world where the disease is very common are at risk for meningococcal disease. Children and adults with damaged or removed spleens or an inherited immune disorder (called "terminal complement component deficiency") are also at risk. People who live in settings such as college dormitories are also at greater risk of disease.

## ***Are camp attendees at increased risk for meningococcal disease?***

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

## ***Is there a vaccine against meningococcal disease?***

There are currently 2 vaccines available in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Protection with the meningococcal polysaccharide vaccine lasts about 3 to 5 years. A meningococcal vaccine (conjugate vaccine), which was licensed in January 2005, is expected to help decrease disease transmission and to provide more long-term protection.

## ***Should my child receive meningococcal vaccine?***

Meningococcal vaccine is **not** recommended for attendance at camps. However, this vaccine is recommended for certain age groups; contact your child's health care provider. In addition, parents of children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

## ***How can I protect my child from getting meningococcal disease?***

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 883-6800 or toll-free at (888) 658-2850 or on the MDPH website at <http://www.mass.gov/dph>.