



## REGISTRATION PACKET: 2016 NIKE SPORTS CAMP AT CURRY COLLEGE



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### INTRODUCTION

Dear Parents and Campers: Thank you for registering for the 2016 Nike Sports Camp at Curry College directed by Mehdi Belhassan, owner of MB Sports.

The information in this packet is VERY IMPORTANT, so please read it thoroughly, complete the mandatory camp forms enclosed, and feel free to call us with any questions at our toll free number: 1-800-NIKE-CAMP (1-800-645-3226) Mon. - Fri., 7:00 a.m. - 5:00 p.m. Pacific Time.

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### CAMP LOCATION AND CONTACTS

Curry College  
1071 Blue Hill Avenue, Milton, MA 02186.

#### Camp Director: Mehdi Belhassan – MB Sports

Camp Office Phone: 855-962-7767

Camp Administrator: Dee Mateo

[Dilcia@mbnikesportscamps.com](mailto:Dilcia@mbnikesportscamps.com)

With changes to camp schedule/add early or late arrivals/departures and other general camp questions: 1-800-645-3226 or email [info@ussportscamps.com](mailto:info@ussportscamps.com)

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### CAMP CHECK-IN

Check in for volleyball, basketball, baseball, football, lacrosse, soccer, softball, tennis is on Sunday, the first date of your camp.

Overnight Campers check-in from 12-2pm.

Day and Extended Campers 1:30-2pm.

- Nike Sport evaluation occurs on Sunday afternoon at 3pm.

The first meal is dinner, followed by camp meeting.

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### CAMP CHECK-OUT

Camp check out for basketball, volleyball, baseball, football, golf, soccer, softball, tennis is on Friday afternoon – between 4-6pm.

Camp check out for lacrosse is on Thursday afternoon.

- Lax campers have the option to add an Extra Night to make a 5 night, 6 day camp program for an additional \$150.

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### HEALTH & RELEASE FORMS

You must BRING the completed health & release forms with you to camp on the first day. A Massachusetts State Health Form, USSC Liability Release form as well as various other permission forms are enclosed in this package. All forms will be collected at camp.

**CAMPERS WILL NOT BE ADMITTED TO CAMP WITHOUT COMPLETED AND SIGNED FORMS.**

Note, The Massachusetts health form must be signed by a doctor.

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### HEALTH AND WELLNESS

Health services include a doctor on call at all times and a certified athletic trainer onsite.

The MB Sports Camps at Curry College complies with all Massachusetts General Program Requirements for youth camps (105 CMR 430) and is licensed by the Town of Milton.

Drugs, alcoholic beverages and cigarettes are strictly forbidden and constitute, along with general misconduct, grounds for immediate dismissal from camp without refund or Voucher.

PICTURES Taken at Camp: MB Sports Camps staff & directors take pictures throughout the camp seasons. Often the pictures are placed on our website, in our brochures, or in other promotional material. Pictures are strictly used for promotion of our sports camps, and campers' names are not placed on any portion of marketing material.

*\*All Rights reserved. Nike and the Swoosh design are registered trademarks of Nike, Inc. and its affiliates, and are used under license. Nike is the title sponsor of the camps and has no control over the operation of the camps or the acts or omissions of US Sports Camps.*

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## DAY AND EXTENDED DAY CAMPER SCHEDULES

Day/Extended Day Campers must check-in daily with our counselor staff.

Day/Extended Campers must be **dropped off between 8:15-8:30am at Dorm 886**. Day Camper **departure time is between 4:45-5:00pm at Dorm 886**. A designated counselor is there for check in and check out. Please make sure you check in and check out your child each day.

Extended Day Campers are allowed to stay until 9pm, or until the activity they are participating in ends. Each day parents are told an estimated time of return from our nightly activity. Extended Day Campers eat dinner and shower at camp.

Campers may not be picked up at the courts, fields, or any other areas.

On rainy days, please bring an extra set of clothing. Campers play in the rain (depending on their sport) unless the weather is too severe.

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## OVERNIGHT CAMPERS

Campers stay two per room and are assigned by age and roommate requests. If you have a **roommate request**, and have not already given it to us, please do so **no later than 14 days before the start of camp**. After that, the request can't be guaranteed. If you don't have a roommate request, you will be placed in a room with someone near your age. Coaches and staff live in the dorms while they are at camp, offering supervision on each floor.

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## KEY DEPOSIT

All overnight campers must bring a check made out to **US Sports** for the \$100 key deposit. We collect this at check in. The check is returned at departure when the key is returned. Curry College charges \$100 to replace a lost key. Also, if a child locks their key in their room, the College charges \$5 to open the doors after the first offense. Each time a camper has a lock-out, he/she must pay \$5 after the 1st time.

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## ACTIVITIES

Supervised evening activities are planned each night at camp. Campers have the option to enjoy a variety of activities in and around the Boston area designed to give campers a chance to experience Boston tours, fun arcades, restaurants and local sporting events. Please see the attached activity calendar. If you are interested in activities, please sign up at <https://www.amilia.com/store/en/mb-sports-camps-mb-sc/shop/programs>.

**You can add or make changes to your program once at camp. Please note, adding or changing activities requires an additional fee. Some activities have limited capacity and do sell-out.**

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## ACTIVITIES CONTINUED

### **ADDITIONAL ACTIVITY DOCUMENTS:**

Please read below to see if any of the documents pertain to your child's stay. Paintball Waiver: Please complete this document if you have signed up your child for the Paintball Field Trip. (Ages 13 and up only) Battleground Z: Please complete this document if you have signed up your child for the Battleground Z Field Trip.

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## SPENDING MONEY

We **recommend overnight campers bring \$100 (in cash) per week** for spending money.

### **CAMP BANK:**

The bank is available to the campers to withdraw/deposit money and valuables at scheduled times and prior to any off-campus trip or event. At check in, you are able to "deposit" your money into the camp bank. Any deposits or withdrawals must be signed by the camper and by the staff member handling the transaction. Any leftover money is returned to the parents at check out.

### **ADVANCED DEPOSIT to CAMP BANK:**

It is possible to put money into your child's camp bank account prior to arrival to camp. This is beneficial so the child does not have to travel with large amounts of cash. We accomplish this by charging the parent's credit card and putting cash into the child's camp bank account. Please keep in mind that because we are giving your child cash, we will have to charge you the fee of the credit card companies, which is 5%. This means, if you want your child to have \$200 in their camp bank account - we will charge \$210 and put the \$200 in their account.

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## COMMUNICATION

We encourage communication with home. Campers are permitted to call their family and friends during their breaks and after hours. We do not allow the use of cell phones during training sessions. If you need to reach your child for an urgent matter, please call the camp office number, 855-962-7767 provided in this packet. If the camper is playing sports or attending an activity, a message will be placed on his/her door to come to the office and call parents back.

If campers have any concerns such as sport grouping, homesickness, illness or injury, etc., please ask them to talk to their coach or camp director first. Then feel free to call the camp phone number and speak to a member of our staff. We are committed to making this a great experience for your child and want to deal with all issues immediately.

**To send mail to a camper:** Camper's Name, c/o MB Sports Camps Sports Camps, Curry College, 1071 Blue Hill Ave., Milton, MA 02186

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## LAUNDRY

Campers have access to the laundry machines, which are located in each building. We provide the laundry detergent for FREE. However, the college's laundry machines require them to pay \$1.25 for the washer and \$1.25 for the dryer. If campers need help washing their clothes, the counselors are always available to help them. This is a great experience for the campers to learn how to wash their own clothing!

Money for the Machines: The campers are able to get change from their camp bank account.

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## CHECKLIST OF THINGS TO BRING

Below is a suggested list of clothes, equipment and personal items. US Sports Camps is NOT responsible for lost or stolen articles or money. Camper bags may be inspected upon check in or at any time during camp to ensure no drugs, alcohol or other improper substances are brought to camp

Items:

- 6-7 T-shirts - shorts
- 1-2 pairs of pants and shirts (casual)
- 8-10 pairs of socks
- Running shoes/day to day non-sport shoes (sandals etc.)
- Sport specific shoes: Basketball shoes (2 pairs), Tennis Shoes (2 pairs), Soccer Cleats/shin guards, Golf shoes, knee pads
- Pajamas and bathrobe
- Laundry bag
- Underwear
- Toiletries/personal items/soap
- Alarm clock
- Sunscreen/lip balm
- Tennis Racket (Tennis players only)
- Golf clubs (Golfers only)
- Water bottle
- Snacks
- Swim Suit/Towel
- Appropriate spending money
- Completed and Signed Health & Release Forms
- Linens (pillow, pillow cover, sheets,extra blanket, or sleeping bag**

Golf Club Rentals: If you need to rent golf clubs, please contact Dilcia (Dee) Mateo at (855-9MB-SPORT) OR (855-962-7767) as soon as possible. However, we recommend that all campers bring their own clubs. (Rental fee is approximately \$30/week)

\*\*\*Don't forget to label every article of clothing, equipment and other items that you bring to camp.

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## DIRECTIONS

Please input the following address into GPS: **1071 Blue Hill Avenue, Milton, MA 02186**. LOST? Call us at (855-9MB-SPORT) OR (855-962-7767)

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## PARKING

Limited parking for camper drop-off is located next to Dorm 886

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## CAMP CODE OF CONDUCT

Our primary objective is to create positive change in the campers who attend our camps. Moreover, we want to ensure the safety of our campers at all times and provide a healthy, learning atmosphere. To achieve these objectives, we ask that campers conduct themselves in a positive and responsible manner. With that in mind, we created a Positive Code of Conduct and ask that all campers do their best to adhere to it:

- To think positive and act positive throughout your stay with us.
- To behave with proper etiquette at the facility at all times.
- To behave like ladies or gentlemen at all camp functions.
- To treat fellow campers and coaches with the respect, consideration and kindness they deserve.
- To be on time for all camp functions.
- To report any personal problems or concerns to a staff member immediately.
- To report any sign of illness or injury to a staff member immediately.
- To stay with assigned staff member (i.e. chaperone or coach) at all times.
- To stay in assigned groups at all camp functions.
- To stay within the camp residence at all times unless given permission by a staff member.
- To observe all curfew rules as outlined by the camp staff.
- To respect fellow campers and camp staff by limiting cell phone use during camp functions. No phone calls are allowed after the evening Lights Out and before the morning Wake-Up Call.

Any serious violation of camp regulations, such as willful damage to the facility or lodging property and/or behavior deemed unsuitable and detrimental to the best interest of the camp, will result in immediate dismissal from camp. Drugs, alcohol and smoking are strictly forbidden. No refund will be available should a camper be asked to leave under these circumstances.

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## **PAYMENTS**

**Full payment** of camp fees must be received in our office no later than **May 1<sup>st</sup>** for June campers and no later than **June 1<sup>st</sup>** for July campers.

Your confirmation shows your balance due. **You will receive a reminder invoice from us two weeks prior to the balance due date.**

If you have paid your deposit by credit card, we will **not automatically charge** the balance due, unless previously authorized to do so.\* Please send a check or pay your remaining balance online.

\*Any camp fees that are still **outstanding** on the start date of your camp, or any damages and/or expenses incurred by the student during their stay at camp, will be charged to the credit card on file.

You acknowledge and agree to assume and be fully **responsible** for any and all property or other damage caused by camper to the room or any other facility used at camp.

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## **CANCELLATIONS**

Hopefully, you will not have to cancel, but if you must, please do so early so that those on the waiting list can be notified.

For those who **have Cancellation Protection**:

- Cancellation Protection entitles you to a full refund of camp fees (deposit or full payment) if you cancel for any reason before **May 1<sup>st</sup>/June 1<sup>st</sup> 2016**. Please note: \$50 Cancellation Protection fee and registration fee is non-refundable.
- If you cancel after **May 1<sup>st</sup>/June 1<sup>st</sup> 2016**, we will issue you a camp voucher for all camp fees paid, valid through **2017**. Your camp voucher is transferable to family and may be used for any Nike Sports Camp, for the sport with which you've registered.

For those who **do not have Cancellation Protection**:

- If you have to cancel, for any reason, we will issue you a camp voucher for all camp fees paid, valid through **2017**. Your camp voucher is transferable to a family member and may be used for any Nike Sports Camp, for the sport with which you've registered. Cash refunds will be given only with the purchase of Cancellation Protection and who cancel on time.

### **Cancellation by Nike Sports Camps**

In the unlikely event Nike Sports Camps cancels your camp session, we will refund only your camp registration fees. Camper waives any and all damages that may otherwise arise out of any camp cancellation and agrees to accept as liquidated damages said registration fees.

**US SPORTS CAMPS and MB Sports Camps - HEALTH & RELEASE FORM**

**\*BRING THIS FORM WITH YOU TO CAMP\***

**(You will not be admitted to camp without this form, completed and signed on both pages.)**

**CAMPER'S NAME** \_\_\_\_\_

**SPORT** \_\_\_\_\_ **CAMP LOCATION** \_\_\_\_\_ **CAMP DATES** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** (\_\_\_\_\_) \_\_\_\_\_ **Work Phone** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_\_) \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**My Phone Number while named camper is at camp (if different from above)** (\_\_\_\_\_) \_\_\_\_\_

**Person to contact in the event I cannot be reached** \_\_\_\_\_

**Phone number of emergency contact person** (\_\_\_\_\_) \_\_\_\_\_

**HEALTH & GENERAL HISTORY**

**If the camper should be restricted from any activity please note:** \_\_\_\_\_

**If the camper will be taking medication during camp, please indicate name of drug and dosage:** \_\_\_\_\_

**Please identify any medical condition or medical history that would require special attention:** \_\_\_\_\_

**I hereby certify that the named camper is in good health and fully able to participate in all activities of the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please circle those illnesses or conditions that the camper has had:**

German Measles   Measles   Mumps   Asthma   Chicken Pox   Pneumonia   Diabetes   High Blood Pressure

IMMUNIZATIONS		ALLEGRIES		DRUG REACTIONS	
TYPE	DATE	TYPE	YES/NO	TYPE	YES/NO
Tetanus Toxoid		Hay Fever		Sulpha	
Polio Vaccine		Asthma		Penicillin	
Measles		Eczema		Antibiotics (Type)	
Rubella		Insect Stings		Aspirin	
Mumps		Nuts		Other	
		Other		Other	

**Physician's Name:** \_\_\_\_\_ **Telephone** (\_\_\_\_\_) \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

**Carrier Name:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Policy Holder Name:** \_\_\_\_\_ **Policy Holder Date of Birth:** \_\_\_\_\_

**I, the parent (guardian) of \_\_\_\_\_, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that good faith attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further agree that my child can receive over the counter remedies. (Tylenol, Sudafed, etc.)**

**Please initial this box if you DO NOT want your child to receive over the counter medications.**

**I HAVE READ THE REGISTRATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF US SPORTS CAMPS, INC., AND MB & RB INC., AND HERBY AGREE TO ACT IN ACCORDANCE.** For good and adequate consideration, which I acknowledge I have received, I hereby grant, release, and quit claim to USSC royalty free the right and authority to use, reproduce, and distribute, quoted material, my child's photograph, likeness, recorded voice or videotaped filmed appearances (the "Materials") for promotional and advertising purposes as USSC in its sole discretion will deem appropriate. I also grant US Sports Camps, Inc. permission to give Nike, Inc. camper's name, address, date of birth, gender, phone, electronic mail address and sports interests for direct marketing purposes.

The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of my minor child/ward \_\_\_\_\_ (“my child”) being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport (s); and there are also risk of injury from such outside camper activities to which you may consent, and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and
3. I willingly agree to comply with the program’s stated and customary terms and conditions for my child’s participation. If, however, I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CAMP, THE ENTITY OPERATING THE CAMP, MB&RB INC., US SPORTS CAMPS, INC., (USSC), NIKE, INC., AND THEIR OFFICERS, DIRECTORS, OFFICIALS, AGENTS, OWNERS AND/OR EMPLOYEES, AND ALL SUBSIDIARIES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED FOR ACTIVITY (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law.

I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Dated: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

**Agreement to Arbitrate Disputes**

IN THE EVENT OF ANY DISPUTE PERTAINING TO ANY PROVISION OF THIS AGREEMENT, OR PERTAINING TO THE SERVICES RENDERED PURSUANT TO THIS AGREEMENT, OR IN ANY WAY RELATED TO ATTENDANCE AT THIS CAMP, INCLUDING ANY CLAIM FOR PERSONAL INJURY OR OTHER LOSS, INCLUDING ANY CLAIM AGAINST THE CAMP MB & RB INC., USSC, NIKE, INC., THE ENTITY OPERATING THE CAMP AND THEIR DIRECTORS, OFFICERS, OFFICIALS, AGENTS OR EMPLOYEES AND ALL SUBSIDIARIES, OWNERS, PARTNERS, JOINT VENTURERS, OFFICIALS, EMPLOYEES, OR AGENTS OF THE CAMP OR OF ANY FOREGOING ENTITY, EACH PARTY HERETO AGREES TO SUBMIT TO BINDING ARBITRATION TO RESOLVE SUCH DISPUTES, BY CLAIM FILED, BEFORE JAMS IN SAN FRANCISCO, CALIFORNIA, TO BE ARBITRATED HERE OR SUCH OTHER VENUE AS DEEMED APPROPRIATE BY THE JAMS ARBITRATOR, SUCH ARBITRATION TO PROCEED UNDER THE JAMS RULES. In the event either party to this agreement incurs any expense as a result of the other party’s failure to comply with any provision of this agreement, the non-complying party shall be liable for reimbursement of any and all such expenses or attorney fees directly or indirectly related to failure to comply. In the event any legal action or proceeding occurs which is in any manner related to or pertaining to this agreement, attempting to challenge in a non-arbitral forum such as a court of law the validity or application of this agreement, the party who substantially prevails in that court or non-arbitral proceeding shall be entitled to receive reasonable costs of such action or proceeding including attorney’s fees. In the arbitration itself, each party shall bear its own attorneys’ fees. The following disclosures are intended to help you thoroughly understand the significance of agreeing to arbitrate any controversy, or claim, or issue in any controversy or claim which may arise between the undersigned client and the attorney:

- A) ARBITRATION SHALL BE FINAL AND BINDING ON THE PARTIES. B) THE PARTIES HERETO ARE WAIVING THEIR RIGHT TO SEEK REMEDIES IN COURT, INCLUDING THE RIGHT TO JURY TRIAL.
- C) PRE-ARBITRATION DISCOVERY IS GENERALLY MORE LIMITED THAN AND DIFFERENT FROM COURT PROCEEDINGS. D) THE ARBITRATOR’S (S) AWARD IS NOT REQUIRED TO INCLUDE FACTUAL FINDINGS OR LEGAL REASONING AND ANY PARTY’S RIGHT TO APPEAL OR TO SEEK MODIFICATION OF RULINGS BY THE ARBITRATOR (S) IS STRICTLY LIMITED. E) THE ARBITRATOR OR PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE AN ATTORNEY OR JUDGE, ACTIVE OR RETIRED.

BY SIGNING BELOW, YOU ARE SIGNIFYING UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT.

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of the Camp. By signing below, I am stating that I am also aware of and accept the risk inherent in the program activity. By signing below, I agree as well to hold harmless and indemnify US Sports Camps, Inc., MB&RB Inc., NIKE, Inc., their officers, directors, owners, officials, agents and employees, and all subsidiaries from any and all liability, loss, damages, costs, refunds or expenses which are sustained, incurred or required out of the actions of my dependent in the course of the camp.

Dated: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

**MB&RB Inc./ US SPORTS CAMPS HEALTH & RELEASE FORM: State of MA (PAGE 1)**

Dear Parents,

This Medical Form is 2 pages. **Incomplete forms WILL NOT be accepted.** Campers without medical forms are not allowed to participate in summer camps per the MA Board of Health Laws. Fill out forms entirely. **If you have a standard form from your doctor, you may use this and write "see attached" in any section that requires a doctors signature or information.** If you write "see attached," MAKE SURE ATTACHED FORM INCLUDES ALL THE INFORMATION WE ARE ASKING FOR BELOW!"

**CAMPER'S NAME:** \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN NAME(S):** \_\_\_\_\_

**SPORT(S):** \_\_\_\_\_ **CAMP DATES:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_\_)\_\_\_\_\_

**Work Phone:** (\_\_\_\_\_)\_\_\_\_\_ **Parent E-Mail:** \_\_\_\_\_

**Person to contact in the event I cannot be reached:** \_\_\_\_\_

**Phone number of emergency contact person:** \_\_\_\_\_

**HEALTH & GENERAL HISTORY** If the camper should be restricted from any activity please note:

\_\_\_\_\_

If the camper will be taking medication during camp, please indicate name of drug & dosage (also complete the attached Prescription Medication Form:

\_\_\_\_\_

Please identify any medical condition or medical history that would require special attention:

\_\_\_\_\_

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

**Signed(Physician):**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical form continued on next page. INCOMPLETE FORMS WILL NOT BE ACCEPTED AT CAMP**



MB&RB Inc./ US SPORTS CAMPS HEALTH & RELEASE FORM: State of MA (PAGE 2)

CAMPER NAME: \_\_\_\_\_

**Please circle those illnesses or conditions that the camper has had:**

German Measles    Measles    Mumps    Asthma    Eczema    Hay Fever    Chicken Pox  
Pneumonia    Diabetes    High Blood Pressure

**Please circle any drug allergies that camper has:**

Penicillin    Aspirin    Antibiotics (type?) \_\_\_\_\_    Sulfa    Insect Stings

**IMMUNIZATIONS** (write "see attached" if you have a standard form from your doctor. Make sure attached form has ALL immunization dates listed or camper cannot attend camp) - **INTERNATIONALS** (Even if you have the "vaccination booklet" photocopied, you will still need to complete ALL THE DATES of each vaccination onto this form).

*DTP (4 doses)*    \_\_\_\_\_  
*Polio (3 doses)*    \_\_\_\_\_  
*Hepatitis B(3 doses)* \_\_\_\_\_  
*M.M.R. (2 doses)*    \_\_\_\_\_  
*TD Booster (1 dose while in grade 7 -12)*    \_\_\_\_\_  
*Varicella Vaccine or Proof of Disease*    \_\_\_\_\_  
*Tdap*    \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone (\_\_\_\_\_)\_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

I, the parent (guardian) of \_\_\_\_\_, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I HAVE READ THE REGISTRATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF US SPORTS CAMPS, INC., AND HERBY AGREE TO ACT IN ACCORDANCE. For good and adequate consideration, which I acknowledge I have received, I hereby grant, release, and quit claim to USSC royalty free the right and authority to use, reproduce, and distribute, quoted material, my child's photograph, likeness, recorded voice or videotaped filmed appearances (the "Materials") for promotional and advertising purposes as USSC in its sole discretion will deem appropriate.

The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Recreation Camps for Children –  
Prescription Medication Record Form**

**(A separate form must be completed for each medication)**

Camper's Name		Parent/Guardian	
Emergency Contact Numbers:			
Camp Name:	MB SPORTS CAMPS (Tennis, Golf, Soccer, Lacrosse, Softball, Basketball, Volleyball, Baseball and Football) @ Curry College		
Attendance Dates:			
Medication:		Expiration Date:	
Individual Dosage:		Time(s) Given:	
Comments/ Directions/ Special Instructions:			

**I hereby give permission for authorized camp officials to administer the above medication to my child.**

\_\_\_\_\_  
**Signature of Parent or Guardian /**

\_\_\_\_\_  
**Date Signed**

(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.

(B) All medication prescribed for campers shall be kept in a locked storage cabinet used exclusively for medication, which is kept locked except when opened to obtain medication. The cabinet shall be substantially constructed and anchored securely to a solid surface. Medications requiring refrigeration shall be stored at temperatures of 38° to 42°F in a locked box, used exclusively for medications, and physically affixed to the refrigerator.

(C) Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. 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. 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.

(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 as follows:

- (1) Destruction of prescription medication shall be accomplished by the health care consultant, witnessed by a second person and recorded in a log maintained by the camp for this purpose. Said log shall include the name of the camper, the name of the medication, the quantity of the medication destroyed, and the date and method of destruction. The health care consultant and the witness shall sign each entry in the medication destruction log.
- (2) The medication log shall be maintained for at least three years following the date of the last entry.

Date/Time	Camper's Signature	Authorized Staff Signature	Date/Time	Camper's Signature	Authorized Staff Signature

**To be signed by parent/ guardian at completion of camp**

My child has been given, and signed for, this medication as indicated, and that the excess, consisting of \_\_\_ doses, was returned to me at the completion of my child's camp attendance.

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

\_\_\_\_\_  
**Date Signed**



## Stay in touch this summer with online Photos, News and Camper Email



We are excited to tell you about our partnership with Bunk1.com! Bunk1's secure, easy to use, summer website services let you stay in touch with your camper all summer!

**RETURNING PARENTS:** You ***MUST*** make a new account this year, even if you had one last year. Because this is a ***new*** system your old login will no longer be active!

### GET STARTED TODAY

To set up a new account and visit our Online Community:

1. Go to our website at [www.mbsportscamps.com](http://www.mbsportscamps.com) and click on "Camp Pictures"
2. Click "Register Here"
3. Enter your Pre-Approved Registration Code: **TBD**
4. Fill out all the required information
5. Pay the registration fee and purchase Bunk Note credits (you will need a credit card)
6. View camper pictures and send an email to your camper!

\* If you cannot find this button, go to <http://www.bunk1rollcall.com/en/i/803/login> instead and continue on to the next step.

\*\* For your camper's safety, please do not share the Invitation code above.

### FREQUENTLY ASKED QUESTIONS

#### **Why do I have to pay a registration fee?**

This fee goes to pay for the photographer, server space & bandwidth, website security (required by law), and customer support. This frees us to do what we do best – be with your kids! Without this fee we would not be able to offer this service. **The registration fee is \$8.**

#### **How do I view pictures?**

Follow the instructions above except, after registering, simply sign in and click on the Photo Gallery button. Photos are kept in folders found on the left side of the page below the words "Image Folders". Click on any folder to see the pictures within that folder. You can even purchase prints or other photo gifts (e.g., t-shirts, mugs) of your favorite pictures!

#### **How do I send a Bunk Note (one-way email) to my camper?**

Follow the instructions above except, after registering, simply sign in and click on the Bunk Notes button. Enter your camper's name, select the correct cabin, type your message, and hit the "Send" button.

#### **Why do I have to pay to send Bunk Notes (one-way email)?**

Each morning, the Bunk Notes system bundles and sorts the messages for us to print out and distribute to campers. It also protects us from computer viruses and allows us to easily manage these emails. Your payment helps us cover the cost of the system, paper, ink, and labor and, more importantly, frees us to do what we do best – be with your kids! Bunk Note credits cost \$1 each and are purchased in packs of various sizes.

#### **Can other relatives use these services?**

Certainly. Once you have set up your account, you will be able to invite other people to access these services.

#### **What do I do if I lost my username and password?**

You can get it online by going to [www.Bunk1.com](http://www.Bunk1.com) and clicking on the link "Lost Your Password?" (to the left of the page below the sign in button). You will receive an email with your username and password within a few minutes.

## **Meningococcal Disease and Camp Attendees: Commonly Asked Questions (for Parents information/ READ ONLY)**

### ***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 2,600 people get meningococcal disease each year and 10-15% dies despite receiving antibiotic treatment. Of those who survive, about 10-15% may lose limbs, become deaf, have seizures or strokes, or have other problems with their nervous system.

### ***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 hand washing, 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;
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) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at <http://www.mass.gov/dph>.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219.  
Massachusetts Department of Public Health  
305 South Street, Jamaica Plain, MA 02130

**BATTLEGROUNDZ.net**  
**466 Washington Street, Attleboro, MA 02703**  
**RELEASE AND WAIVER OF LIABILITY AGREEMENT**  
PLEASE PRINT CLEARLY  
**2014**

I, \_\_\_\_\_ (participant's printed first & last name), acknowledge that I have voluntarily applied to participate in Paintball, Airsoft, Nerf-style dart games, Shooting Gallery and/or Laser Tag at BattlegroundZ.net.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER AND EXPOSURE TO CUTS AND BRUISES AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

As consideration for being permitted by Battlegroundz.net (the "Company") to participate in these activities and use the Company premises and facilities, I forever release the Company and any affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasee") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release. I also give BattlegroundZ.net and their photographers and staff the absolute right and permission to publish, copyright, and use pictures (including moving pictures) of me in which I may be included in whole or in part, composite or retouched in character or form: If person photographed is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the forgoing on his or her behalf. \*ANY person under the influence of drugs and/or alcohol **MAY NOT** participate in these activities. THIS IS STRICTLY ENFORCED!\*

(BattlegroundZ reserves the right to use a breathalyzer to any person we suspect to be under the influence of drugs and/or alcohol)

I HAVE READ THE ABOVE ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY. I UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY. (Participant and guardian sign immediately below this statement)

I (participant) verify this statement is true by placing my signature on the line below:

X \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Section A. Participants Please PRINT Clearly**

Participant's Name (First & Last): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Floor# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Call Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth of Participant: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medical Conditions and/or Allergies \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

In case of Emergency, Contact \_\_\_\_\_ Ph (\_\_\_\_) \_\_\_\_\_ relation \_\_\_\_\_

**\*\*\* PARTICIPANTS UNDER THE AGE OF 18 MUST HAVE SECTION B COMPLETED \*\*\***

**Section B. PARENT OR GUARDIAN OR PARTY PARENT (if participant is under 18)**

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Parent/Guardian's Cell #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Parent/Guardian's Home #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I verify that the Participant named above is at least 10 years of age, and I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them and the undersigned parent or guardian hereby gives permission to the "company" to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in any of the activities available at the "company". I verify that I give permission for the participant NAMED ABOVE to participate in above activities.

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



## KEEP UP WITH CAMP ALL SUMMER LONG!

See what's happening this summer with the **MB Sports Camps - Boston (Curry College)** private photo gallery, then send messages using Bunk Notes. Your note will be delivered to the camp within 24 hours. No need to wait for snail mail: Bunk1 makes it easy to communicate with your child. Follow Bunk1 on [Facebook](#) and [Twitter](#) for the latest updates and deals!

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### GET STARTED TODAY!

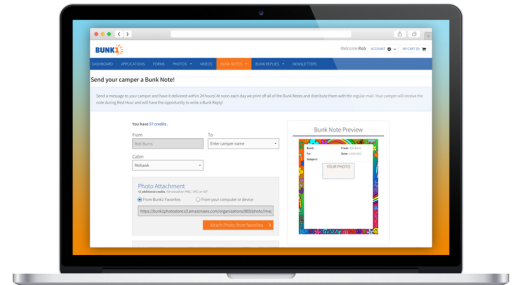
- Go to [www.Bunk1.com](http://www.Bunk1.com)
  - **RETURNING PARENTS** will login using their email address and password.
  - **NEW PARENTS** will click "[Need an account or have an invitation code?](#)" and complete the basic form. The Invitation Code for **MB Sports Camps - Boston (Curry College)** is: **MBSCBCC**
- You will be prompted to select a bundle for access to your Parent Portal. Bundles include credits for you to send Bunk Notes and enhance your notes with borders, photos, sports scores, and puzzles.

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### SENDING BUNK NOTES

**Send Bunk Notes** day or night! Your camp receives a pdf at **7am EST** each day containing all Bunk Notes received in the last 24 hours.

**On the go?** Purchase **Bunk Notes Express** and receive a unique email address for your camper. Simply send your camper an email and have it delivered as a Bunk Note.



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### SECURE SUMMER PHOTO GALLERY

**Save Favorite Photos** for easy access to pictures of your camper all year-round.

**Share Photos** to social media or email a photo to family & friends.

**Customize Unique Photo Gifts** such as photo books, mugs, calendars, phone cases and more.

**Order** high resolution digital downloads or prints.



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### FREQUENTLY ASKED QUESTIONS:

**Can other relatives use these services?** Absolutely! In your **Quick Links** you'll select **Invite Family Members**, enter their details and they will be sent an email. **PLEASE NOTE** this will prompt them to set up their own account. It does not provide them access to your account OR your Bunk Note Credits.

**Questions or Problems?** The Bunk1 team is available to support you 7 days a week during peak season. They guarantee a response within 24 hours and it's usually much quicker than that. Please call Bunk1 at 1-888-465-2267 or email [support@bunk1.com](mailto:support@bunk1.com).

**Google Chrome is the preferred web browser** for using Bunk1. Download Chrome for free by visiting: [www.google.com/intl/en/chrome/browser/](http://www.google.com/intl/en/chrome/browser/).

