



CHICOPEE PARKS AND RECREATION DEPARTMENT OPEE SUMMER ADVENTURES REGISTRATION FORM



Please complete this form and return it (along with all other forms) to Dan Woodill at dwoodill@chicopeema.gov or to the Chicopee Parks and Recreation Department at 687 Front Street, Chicopee, MA 01013.
This information is for OPEE Staff only, and is kept confidential.

Staff ONLY:
Sessions: _____

Child Information

Child's Name: _____ D.O.B. _____
Home Address: _____ Age: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Gender: _____

Special Limitations or Concerns (please check which apply and explain if needed) *Please do not leave blank*

	Yes	No	
Dietary Restrictions:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special Needs:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chronic Health Conditions:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Behavioral Issues:	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any other important information: (Please include ANY pertinent information not listed above)

Requests to be in same group of another child. Must be of the same age. These are only requests and there are no guarantees. Changes can not be made once groups are formed in mid-June. Please write in full name of request (s) below:

Parent/Guardian Information:

Parent/Guardian Name: _____

Email Address: _____ Relationship to Child: _____

Home Telephone: _____ Cell Phone: _____

Work Phone: _____ Place of Employment _____

Parent/Guardian Name: _____

Email Address: _____ Relationship to Child: _____

Home Telephone: _____ Cell Phone: _____

Work Phone: _____ Place of Employment _____

Child Pick-Up/Emergency Contact Information - Must be someone other than parent

Name: _____

Email Address: _____ Relationship to Child: _____

Home Telephone: _____ Cell Phone: _____

Work Phone: _____

Name: _____

Email Address: _____ Relationship to Child: _____

Home Telephone: _____ Cell Phone: _____

Work Phone: _____

Children will only be released to those listed above on this list. If there is a special situation that no one listed above is picking up a child, the director of the program must be notified and a note must be provided.

PLEASE READ THE FOLLOWING CAREFULLY:

MEDIA RELEASE: I hereby give permission without restriction to the City of Chicopee and its assignees to photograph or videotape my child during participation in Chicopee Parks & Recreation Department programs/activities for promotional purposes on the City of Chicopee/other web-sites or in printed materials. _____ Initial _____ Yes _____ No

SUNSCREEN CONSENT: I hereby give permission without restriction to the City of Chicopee and its assignees to assist my child, if necessary, to reapply sunscreen during participation in Chicopee Parks & Recreation Department programs/activities. _____ Initial _____ Yes _____ No

WAIVER: I, the undersigned parent and/or guardian of _____, a minor, on the date of _____, do hereby consent to my child's participation in voluntary recreational programs of the City of Chicopee. As a participant or parent and/or guardian of a participant, in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any and all injuries, including death, damages or loss for which I or my minor/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I do hereby fully release, discharge and agree to identify and hold harmless and defend the City of Chicopee, the Chicopee Parks and Recreation Department, its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss sustained by me or my minor child/ward may sustain, arising out of, connected with as a result of participating in this activity or program.

I HAVE READ AND FULLY UNDERSTAND THE PROGRAM DETAILS AND WAIVER RELEASE OF ALL CLAIMS

I HAVE ACQUIRED, READ AND FULLY UNDERSTAND THE INFORMATION IN THE PARENT MANUAL

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

ELECTRONICS POLICY FOR ALL CHILDREN AT OPEE

Our Electronics Policy is designed to:

- Encourage your children to spend more time in the outdoors
- Promote socialization between children
- Reduce the stress associated with the damage to and theft of electronics
- Give your child a much needed break from the world of technology
- Ensure that your children cannot post photos from OPEE to the internet
- Ensure that at all times your children are listening to direction given by staff

CELL PHONES- NO

It is our policy that children are **NOT PERMITTED** to have cell phones at OPEE.

LAPTOPS/IPADS- NO

None of these, or similar electronic devices, will be allowed at OPEE.

GAMEBOYS/PLAYSTATIONS/NINTENDOS- NO

No electronic hand-held game devices will be allowed at OPEE. We have a large assortment of board games, cards, Legos etc. available for the children.

IPOD/MP3 PLAYERS- NO

None of these, or similar electronic devices, will be allowed at OPEE.

DIGITAL CAMERAS- NO

No cameras will be allowed at OPEE. Cameras with access to internet allow instant uploads of pictures to social media sites.

We need your support and help so please do not allow your child to break the rules:

- We have a zero tolerance policy, so if any of these items are seen, they will be given to the director of OPEE. He will store them in his office for the day.
- All staff have access to cell phones for emergency purposes. If something comes up, they will let your child use their phone. Parents/guardians can also contact the Parks Department at 594-3481 for a relay of a message to staff.
- We have an exciting summer planned! There is little down time and want the children to enjoy the healthy benefits that we offer.

**Please save this sheet, it does not
have to be turned in with paperwork.**

Chicopee Parks Department
687 Front St. Chicopee, MA 01013
413-594-3481



MEDICAL EXAMINATION FORM

To be filled out and signed by a Licensed Physician. This exam is to have been performed within 12 months of arrival to **OPEE Summer Adventures.**

This, or a similar medical form, **MUST** be submitted to the Parks Department prior to a child attending the summer program.

Participants Name: _____

Ht. _____ Wt. _____ BP _____ Hct/Hgb Test _____

Urinalysis _____

Ears _____ Eyes _____ Heart _____ Genitalia _____ Spine _____ Nose _____

Glasses _____ Lungs _____ Hernia _____ Posture _____ Throat _____

General Appraisal: _____

Allergy/Allergies: _____

Special Diet Instructions/Restrictions: _____

Current Medications: _____

Will Medications be sent to the program with the child? _____

Any activity restrictions (swimming, running, etc.) _____

Does participant wear ear plugs while swimming? _____

Immunization History:

Measles _____	Tetanus Booster _____
Tuberculin Test _____	Mumps _____
Rubella _____	DPT Series _____
Polio/OPV Series _____	DPT Booster _____
Polio Booster _____	MMR _____
Mantoux Test (All Personnel) _____	

OVER

Health History:

Age/Date

Age/Date

Asthma	Yes	No	Concussion	Yes	No
Hay Fever	Yes	No	Neck Injury	Yes	No
Diabetes	Yes	No	Shoulder Surgery	Yes	No
Epilepsy	Yes	No	Elbow Injury	Yes	No
Mononucleosis	Yes	No	Hand Injury	Yes	No
Eating Disorder	Yes	No	Finger Injury	Yes	No
Anemia	Yes	No	Low Back Pain	Yes	No
Heart Murmur	Yes	No	Abnormal Back Curves	Yes	No
Ulcer	Yes	No	Hip Injury	Yes	No
Heart Illness	Yes	No	Knee Injury	Yes	No
Transplant	Yes	No	Ankle Injury	Yes	No
Cancer	Yes	No	Foot Injury	Yes	No
Weight Loss/Gain	Yes	No	High Arches	Yes	No
Fractured Bone (s)	Yes	No	Flat Feet	Yes	No
Pulled/Torn Muscle	Yes	No	Shin Splints	Yes	No
Stretched/Torn Ligament	Yes	No	Hearing Troubles	Yes	No
Chicken Pox	Yes	No	Stomach Troubles	Yes	No
Frequent Ear Infections	Yes	No	Sinusitis	Yes	No
Vision Problems	Yes	No	Head Lice	Yes	No

Operations:

Details of above or any additional information:

Females Only:

Has participant menstruated? Yes/No

If no, has she been explained about it? Yes/No

If yes, is menstrual history normal? Yes/No

Special Circumstances? _____

The above information contained in the Immunization and Health History is correct to the best of my knowledge. The person herein described is in good physical health and has my permission to engage in all prescribed program activities expect as noted above.

Physician's Signature: _____ Date: _____

Phone: _____ Address: _____

City: _____ State: _____ ZIP: _____