



Please be sure you have completed the online application before submitting these forms.

TO COMPLETE YOUR CHILD'S APPLICATION FOR SUMMER 2021:

1. Please read the Camp Pembroke Policies.
2. Read, complete, sign and upload to your MyCampPembroke account:
 - a. Camp Pembroke Camper Contract (to be signed by Camper & Parent)
 - b. Parent Authorization form (to be signed by Parent)
 - c. Memorandum of Understanding for Campers and Parents Due to COVID-19 Pandemic
 - d. Permission to Treat form (to be signed by Parent with copy of Health Insurance Card and Prescription Card [if separate])

Returning completed camp forms

To scan forms:

- **With a scanner:** Scan document and save as a PDF document on your computer
- **With an iPhone:** Open Notes app on your phone, create a new note, click on camera icon and select Scan Documents, capture each page (selecting keep scan when page appears legible), select save when each page has been captured, click on share icon to send to your email and access PDF on your computer to save.
- **With any smartphone:** Download a free scanning app, open App and follow instructions for creating a PDF by taking a picture (when you export the photo to email select the PDF format), email yourself the PDF and save on your computer.

To upload forms to your MyCampPembroke Account:

- Log into your MyCampPembroke account on your computer
- Locate and click on the UPLOAD button of the desired form on your "Forms Dashboard"
- Choose the saved PDF file to upload to your account (please make sure to include your insurance cards when uploading your Permission to Treat form)

WE CANNOT ACCEPT FORMS BY EMAIL or FAX. Please call or email our office with any questions
781.489.2070 or info@camppembroke.org

3. If Tuition Deposit was not paid online, mail deposit check to our Wellesley office:

Camp Pembroke, 888 Worcester Street, Suite 350, Wellesley, MA 02482.

Please include your child's or children's name(s) on the check and make check payable to Camp Pembroke. *Note: Your deposit is refundable until December 1, 2020.*



CAMP PEMBROKE POLICIES

TUITION POLICIES

The Camp Pembroke tuition includes room, board, staff supervision, laundry, and the complete program including special programs, out of camp trips, camp yearbook and medical coverage (see below). In addition,

- (1) Past due amounts from previous summers must be paid in full before campers can be enrolled for the current summer.
- (2) Unless other arrangements are made with our office, spaces at camp will be held for those families who have paid 50% of the tuition by February 1, 2021. Tuition must be paid in full by April 1, 2021, unless prior arrangements have been made. The camp reserves the right to release reserved spaces to campers on the wait list after these dates.
- (3) Enrollments received after April 1, 2021 must be accompanied by full payment.
- (4) After your child has been accepted to camp, any change to a shorter length session will result in a \$200 surcharge.
- (5) Additional purchases (i.e. prescription medication or any item purchased in canteen) will be payable at the close of camp.

ROLLED-OVER TUITION POLICIES

- (1) All excess funds rolled-over from Summer 2020, above current summer tuition and fees owed, will be refunded within 45 days of enrollment for 2021.
- (2) Any tuition rolled-over from Summer 2020 is refundable until December 1, 2020 if your child is not enrolled for Summer 2021 by that date.

REFUND AND CANCELLATION POLICIES

- (1) The deposit amount to reserve a place at camp is refundable until Dec. 1, 2020, if you choose to withdraw your child's application by that date. After that date the deposit becomes non-refundable. All deposits after Dec. 1, 2020 will be non-refundable once a place in camp has been reserved for your child.
- (2) All cancellations must be received in writing via email.
- (3) There will be no refunds, reductions or return of fees for campers sent home for disciplinary problems or for late arrivals and/or early departures. It is the responsibility of the campers' family to pay for all costs incurred due to late arrival and/or early departure regardless of the reason, unless otherwise agreed to in writing.
- (4) No refund is available for discontinuation of the camp season, in whole or in part, due to, including but not limited to, COVID-related causes, acts of God, natural disaster, acts of war, terrorism, or pandemics/epidemics.
- (5) Refunds, when issued for documented medical reasons during camp, will be refunded at a rate of \$130 per day.

COVID-19 FEE

A COVID-19 fee is due with the deposit: \$200 for single session, or \$350 for full-summer. This fee is refundable until December 1, 2020, if your child's application is withdrawn. After that date, the fee is non-refundable and required for enrollment. This fee covers the anticipated additional costs associated with, including, but not limited to, providing testing, employing extra medical staff, enhanced PPE, and increased cleaning and disinfecting costs.

MEMORANDUM OF UNDERSTANDING FOR CAMPERS/PARENTS DUE TO COVID-19 PANDEMIC

Please be familiar with the “Memorandum of Understanding for Campers/Parents (“Camper/Parent MOU”) for summer 2021. This document explains some of the operational considerations we will implement in order to mitigate potential infection or spread of the COVID-19 virus.

THE CAMP PEMBROKE CAMPER CONTRACT

Please be familiar with the guidelines described in the Camp Pembroke Camper Contract, which you and your child must agree to observe during their stay with us.

The Camp Director reserves the right to send home any camper whose influence or actions are deemed harmful or disruptive to the camp or other campers, or who do not follow the rules, regulations and policies of the camp, including but not limited to those listed in The Camp Pembroke Camper Contract. Although also listed on the Camper Contract, we cannot emphasize enough that being in the presence, the use, or possession of alcohol, tobacco, marijuana, illegal, illicit or controlled substances (including drugs) is specifically prohibited at all times at camp and on camp trips, and is grounds for the camper to be sent home at your expense.

Please make sure that you clearly describe and discuss these policies with your child before their departure for camp. It is not our wish to send any camper home for disciplinary reasons. We also reserve the right to withdraw any camper who arrives at camp with pre-existing injuries, or medical or mental health issues, which have not been documented prior to arrival if those conditions cannot be reasonably accommodated without disruption of normal camp operations.

MEDICAL INSURANCE

While at camp, campers will be covered by his/her parents’ or guardians’ health insurance. A camper health form and medical insurance card must be on file in our Health Center before a camper arrives at camp. Every camper must be covered by some medical insurance during their time at camp. Families who send their children from outside the US must have valid medical insurance for their child while at camp.

Families are responsible for co-payments on doctor visits, prescriptions, etc. for all other medical needs. To consolidate your billing, these fees will be charged to your canteen account and will be payable at the end of camp. Non-camp related medical expenses will either be billed directly to you from the medical care provider or will be added to your camper’s canteen account. Any dental, orthodontic or optical work will be billed to the parent or guardian.

Camp Pembroke carries Excess Camper Accident Insurance to reimburse families for costs not covered by parents’ or guardians’ insurance if a child gets injured at camp. Parents or guardians must pay their insurance company before submitting uncovered costs to the camp’s insurance.

NOTE: Parent(s) or Guardian(s) must sign a Permission to Treat authorization.

IMMUNIZATION POLICY

All children attending Camp Pembroke are required to show proof of up-to-date, age-appropriate immunizations; unless a valid health reason prohibits it. Campers will be unable to attend without them. Camp safety and public health are important to the Cohen Camps. The vaccination of all members of the camp community ranks as a key component in maintaining a safe environment and decreases the risk of transmission of preventable diseases. The complete list of required immunizations and exemptions can be found on the Health History Form.

Camper's Name: (First) _____ (Last) _____

MEMORANDUM OF UNDERSTANDING ("MOU") FOR CAMPERS/PARENTS DUE TO COVID 19 PANDEMIC

Please read this document along with the other Camp documents you have been provided.

1. While we wish that we could control every possible risk, and while we will use our best efforts to keep everyone in our camp safe from the COVID 19 virus, we want to make clear that we cannot promise or guarantee that this or any other pathogen will not enter camp, and that by the very nature of the personal interaction that takes place in the camp environment, there is always a risk of you or someone else becoming ill with this or any other communicable disease.
2. We believe that our ability to open camp in 2021 in a manner that meets with our safety standards is contingent upon compliance with CDC and other state and local guidelines, which may include the performance of COVID 19 tests, including but not limited to saliva swabs and/or blood tests, on every camper and staff member prior to entering camp and possibly at other times during the summer. We understand that some individuals are more averse than others to certain medical procedures, but because this process is so important to achieving our goals for this summer, if there is any reason that would prevent your child from undergoing these tests, you should consider whether or not you want your child to participate in camp this summer as there will be no exceptions.
3. We have decided that for the summer camp season of 2021, no one will be permitted to have any in person contact with anyone who is not a camper or other staff member, or to leave camp at any time except for a bona fide medical or other emergency. This means that our Staff will be required to remain at all times on the grounds of the camp, even on their days and evenings off.
4. If a camper must leave camp for an emergency, prior to his/her return they may be tested for exposure to COVID 19 and/or quarantined as recommended by our medical staff and in accordance with any CDC or other guidelines in place.
5. We are instructing all staff and campers that if at any time they feel ill, they are to immediately distance from anyone else and report immediately to the Health Center and to comply with any directives. This may include quarantine or being asked to leave camp for a specified time or the balance of the summer.
6. Prior to arriving at camp, you may be required to inform us if your child has experienced any symptoms of the COVID 19 virus or if you have been in close contact with anyone who has experienced such symptoms or been diagnosed with COVID 19.
7. You understand that other obligations may arise depending upon CDC and local guidelines, as well as what the medical staff and the director believe to be in the best interests of camp.
8. We want to make clear that these additional requirements are solely for the purpose of trying to keep our camp community as a safe as possible, and that any failure to comply may endanger the health and safety of the children entrusted to our care as well as our staff, their families, and your families. If you do not believe either you or your camper can meet these standards you should reconsider your decision to attend camp this season.

PARENT SIGNATURE: _____

PARENT NAME: _____

DATE: _____

Camper's Name: (First) _____ (Last) _____

THE CAMP PEMBROKE CAMPER CONTRACT

The Camp Pembroke Camper Contract is designed to insure that Camp Pembroke is a happy, safe and productive community for everyone. Here are the conditions under which we accept your participation. Read them carefully before you sign the contract below.

I will do my best to be a productive member of camp and will make an effort to improve our camp community every day. Whether I am in or out of camp, my actions will reflect positively on Camp Pembroke, my family and me. I will respect our Jewish culture and values by treating every member of the camp community with respect and compassion, and in the same manner that I wish to be treated. I will participate in prayers and services, and respect the rules of Kashrut. I will respect other people's belongings and space and will not touch other people's things without their permission. I understand that theft will not be tolerated. I will take responsibility for my personal belongings and understand that Camp Pembroke will not be responsible for lost or damaged property kept in cabins or other camp buildings. I will contribute to keeping camp facilities properly cleaned and maintained by participating in camp and cabin chores.

As a member of the Camp Pembroke community, I will abide by the following rules and regulations:

- No hazing, bullying or any other form of violent behavior whether consensual or not will be tolerated under any circumstances.
- No intimidation, threats of violence, sexual harassment or other forms of inappropriate controlling behaviors, either verbal, physical or written.
- No profanity or disrespectful comments, including but not limited to those regarding race, gender, disability, sexual orientation or religion.
- No physical sexual behavior or contact, with or without consensual agreement.
- No possession of pornographic materials.
- No writing on the walls or furniture at camp or defacing any property in or out of camp. Graffiti and other forms of vandalism will not be tolerated and any infractions may be assessed a substantial monetary fee.
- No communication devices are allowed at camp.
- No piercing or tattooing.
- No leaving the camp property except on organized camp trips or with my parent(s) or guardian(s). To leave camp with someone else, written permission from a parent or guardian is necessary. Attendance at activities, meals and evening programs is mandatory, unless the director(s) and/or health center grant an exception.
- No leaving the cabin after lights out or before line-up except by permission of administrative staff only.
- No use, possession, or being in the presence of alcohol, tobacco, marijuana or any other illegal, illicit, or controlled substances or drugs at camp or on camp trips.
- No weapons including any object that may be used to bring harm to another person. Weapons include but are not limited to fireworks, lighters, matches and any other incendiaries.
- Appropriate clothing and footwear must be worn at all times.
- ALL MEDICATIONS (prescription or non-prescription) must be kept in the health center at all times. Exceptions include asthma inhalers, epi-pens, acne skin creams and Lactaid pills.
- 9th and 10th graders will be required to help "wait" tables for lunch and dinner.

I HAVE READ THE CAMPER CONTRACT IN FULL, AND I PROMISE TO ABIDE BY THE RULES AND REGULATIONS FOR CAMPER PARTICIPATION. I WILL READ THE RULES AND GUIDELINES DESCRIBED IN THE CAMP'S FAMILY HANDBOOK, AND WILL ABIDE BY THEM. I WILL ADVOCATE FOR MYSELF IN ORDER TO GET THE MOST OUT OF MY ACTIVITIES, AND I WILL NOT ENGAGE IN ANY ACTIVITY THAT PUTS MY OWN OR OTHER PEOPLE'S HEALTH OR SAFETY AT RISK. I UNDERSTAND THAT, SHOULD I BREAK THIS AGREEMENT, I MAY BE SENT HOME WITHOUT REFUND AT MY PARENTS' EXPENSE.

CAMPER SIGNATURE _____ DATE _____

I HAVE READ THE CAMP PEMBROKE CAMPER POLICIES AND CONTRACT IN FULL, AND THE "MEMORANDUM OF UNDERSTANDING FOR CAMPERS/PARENTS." I AGREE TO BE BOUND BY THEIR TERMS AND CONDITIONS. I HAVE REVIEWED AND EXPLAINED THE "CAMPER CONTRACT", AS WELL AS THE RULES AND REGULATIONS OF CAMP, TO MY CHILD. I WILL ALSO READ THE RULES AND GUIDELINES OF THE CAMP'S FAMILY HANDBOOK WITH MY CHILD, WHO WILL ABIDE BY THEM. I FURTHER UNDERSTAND AND AGREE THAT SHOULD MY CHILD FAIL TO FOLLOW THE RULES AND REGULATIONS DESCRIBED ABOVE, THAT HE/SHE MAY BE SENT HOME AT MY EXPENSE. BY SIGNING THIS FORM I AGREE TO BE RESPONSIBLE FOR PAYMENT OF THE AMOUNTS DUE UNLESS OTHER ARRANGEMENTS ARE MADE. I UNDERSTAND AND AGREE THAT THIS DOCUMENT MAY BE MAINTAINED IN ELECTRONIC FORM ONLY.

PARENT SIGNATURE _____ DATE _____

Camper's Name: (First) _____ (Last) _____

PARENT'S AUTHORIZATION

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, as well as the Camper/Parent Memorandum of Understanding Due to COVID-19, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

My child has permission to engage in all prescribed camp activities except as noted by my physician or me in writing. I have reviewed and signed the Permission to Treat form for my child.

It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Massachusetts, and shall be construed in accordance with the laws of the Commonwealth of Massachusetts.

I hereby release the use of photographic and video images and work product of the above registered camper for the purpose of camp promotion, marketing and display to the general public.

I HAVE READ THE POLICIES WRITTEN ON EACH PAGE OF THIS REGISTRATION FORM INCLUDING THE "CAMPER CONTRACT" AND THE "CAMPER/PARENT MEMORANDUM OF UNDERSTANDING DUE TO COVID-19 PANDEMIC" AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS SET FORTH.

I FURTHER AGREE THAT I HAVE REVIEWED AND EXPLAINED THE "CAMPER CONTRACT" AS WELL AS THE RULES AND REGULATIONS OF CAMP TO MY CHILD SO THAT THE CAMP EXPERIENCE IS A POSITIVE ONE FOR MY CHILD AS WELL AS OTHERS.

BY SIGNING THIS FORM I AGREE TO BE RESPONSIBLE FOR PAYMENT OF THE AMOUNTS DUE UNLESS OTHER ARRANGEMENTS ARE MADE.

I UNDERSTAND AND AGREE THAT THIS AUTHORIZATION MAY BE MAINTAINED IN ELECTRONIC FORM ONLY.

PARENT'S/GUARDIAN'S SIGNATURE

PRINT PARENT'S/GUARDIAN'S NAME

DATE

Camper Name

Birth Date

Male Female

PERMISSION TO TREAT



Place your Medical Insurance Card here
FACE UP

and

Photocopy

Place your Prescription Card here
FACE UP

and

Photocopy

Place your Medical Insurance Card here
FACE DOWN

and

Photocopy

Place your Prescription Card here
FACE DOWN

and

Photocopy

Please read the following statement carefully before signing.

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I understand that part of the Camp experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the Camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I hereby give permission to the camp to provide, seek, and consent to routine health care, including but not limited to pandemic care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I understand and agree that this authorization may be maintained in electronic form only.

SIGNATURE	DATE
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Please complete and upload to your MyPembroke Dashboard.

Or mail to: Camp Pembroke ♦ 888 Worcester St., Suite 350 ♦ Wellesley, MA 02482