



Viking

S P O R T S

PARENT PACKET

Camp Information - Health Information - Waivers - Forms



ABOUT VIKING SUMMER CAMPS

Our camps are designed to promote regular physical activity and healthy socio emotional development. Our strong team of coaches and other staff members strive to create and maintain the best possible experience and atmosphere uniquely tailored toward each new group of campers every week. At the end of the week, all participants receive a Viking Sports t-shirt and trophy or something similar.

The coaching and instruction offered at all Viking Sports camps is designed to meet the needs of players of all ages and skill levels. Equal emphasis is placed on individual skill development and how to effectively participate and communicate in teams. All camps are co-educational (co-ed), meaning our camps are not separated based on sex or gender identity unless otherwise noted. The guiding philosophy at all Viking Sports camps is based on the core values of safety, good sportsmanship, and, most importantly, fun for all!

Camp Hours

Viking Camps typically run from 9am-3pm. This time window varies from town to town. We also offer early drop off (8am-9am) and extended day (3pm-6pm) options for most of our camps. Our multi-sports camps range in age from 4 – 13 (grades Pre-K through 8th). Our sports specific camps' age range vary from town to town and from sport to sport. All Viking camps are one week long.

Rain and Extreme Heat

Every Viking Camp has an indoor alternative in case of rain or excessive heat. Indoor spaces may or may not be air conditioned, but kids will be out of the rain or the sun.

Questions and Concerns

Please do not hesitate to email (info@vikingcamps.com) or call (508-358-5066) us at any time if you have any questions or concerns.

Other Changes

Throughout this document we explain any new changes being implemented at our camp this year to ensure that Viking Sports provides a safe camp environment. As the weeks of camp play out, some protocols and rules may change. If those changes occur, the Viking Sports Leadership Team will communicate them with parents and guardians as soon as possible.

VIKING SUMMER CAMP DETAILS

The coaching and instruction offered at all Viking Sports Camps is intended to meet the needs of players of all ages and skill levels. Children will not only work on individual skill development, but on how to effectively participate on teams. All camps are co-ed. The philosophy at all Viking camps is safety, good sportsmanship, and fun.

VIKING SPORTS CAMP COACHES

All Viking Sports coaches are carefully selected based on characteristics like enthusiasm, professionalism, and experience. The pool of highly qualified coaches is comprised of current and former athletes, teachers, and professional coaches, along with some undergraduate college and graduate school students. Each Viking Sports coach must demonstrate dedication to helping children play sports and games in an inclusive and supportive learning environment. Coaches serve as role models for campers. The positive relationships formed between coaches and campers help to build confidence and self-esteem in developing children.

Our coaches & CITs (coaches-in-training) serve as role models for campers. Positive relationships between coaches and campers will build confidence and self-esteem. The coach-to-camper ratio will comply with, and often exceed, the MA DPH guidelines and will be as follows: one (1) coach per five (5) campers for children ages six (6) and under, and one (1) coach per ten (10) campers for children ages seven (7) and older.



TYPICAL DAILY SCHEDULE

TIME	EVENT
8:00am	Campers enrolled in Early Drop-Off arrive and check-in* Extended Day campers arrive
8:55am	Campers arrive and check-in
9:00am	Campers go to their groups and begin morning stretches
9:20am	Instruction and games begin
10:30am	Snack
11:00am	Instruction and games resume
12:30pm	Lunch period (time to relax)
1:25pm	Instruction and games resume
3:00pm	Campers check-out and depart*
6:00pm	Extended Day concludes

*Early Drop-Off, Extended Day, and Camp Check-Out time vary for each location
Note: Every group takes multiple water, shade, and sunscreen breaks throughout the day



WHAT TO BRING TO CAMP

All players should bring appropriate clothing for that day's weather and to be able to easily participate in a fun day of sports (i.e. t-shirt, gym shorts, and sneakers). Additionally, all campers should bring:

- A snack
- A water bottle or plenty of drinks
- A peanut-free lunch (NO food is able to be provided by Viking Sports.), and
- Extra sneakers, in case camp is moved indoors (Cleats are encouraged for our sport-specific camp, but please bring sneakers in case we move inside if you do pack cleats)

Although water will be provided, campers must bring their own water bottles. All players must apply sunscreen at home before coming to camp and should bring a bottle of sunscreen to camp. Coaches will remind campers to reapply in the afternoon. Per DPH guidelines, Viking is no longer allowed to provide back-up sunscreen for campers.

Sports equipment to be provided by parent/guardian:

- **Multi-sports camp:** sneakers
- **Baseball camp:** a baseball glove (required), cleats (recommended), and sneakers (should always be packed, even if a player opts to wear cleats, in the event that camp moves indoor)
- **Basketball camp:** a basketball and sneakers (both required)
- **Soccer camp:** a soccer ball and cleats (both required), and sneakers (to be used in the event that camp moves indoor)
- **Flag-football camp:** football, gloves, and cleats (all required), and sneakers (to be used in the event that camp moves indoor)



ELECTRONIC DEVICE POLICY

Campers cannot use screens during camp, which include iPads, tablets, smartphones, and kindles. In place of e-book readers, we ask your child to bring in a physical book. Fitness trackers, however, are encouraged. We may also utilize "game film" for sport-specific camps and use video media devices for other indoor camp activities; this will be provided by the coaches only.

THEME DAYS

Each week, our camps feature a theme day. Participation is optional but highly encouraged. The day is always a lot of fun! We document the day and share the images with you in a password-protected photo journal at the end of the week. From there, you can download and share pictures that capture those special camp memories.



Here are a few of our Theme Days:

Jersey Day: GO PATRIOTS! Show your team pride by wearing your favorite sports jersey or dressing as your favorite sports pro!

Character Day: What a wild cast of characters you'll meet on this day with everyone dressed as their favorite TV, book, video game, or movie character.

Super Thursday: Is it a bird? Is it a plane? No, it's Viking campers dressed as their favorite superhero or super villain. Some you may recognize and some may be new ones imagined by the camper themselves. Just remember with great power comes great responsibility.

FORMS

Required paperwork for camp includes:

- Immunization record
- Physical record (recent within eighteen (18) months of the last day of camp)
- Liability release waiver
- Sunscreen waiver
- Bug repellent waiver
- Hand Sanitizer waiver
- Authorization to administer medication forms (if your child is bringing medicine to camp like an [EpiPen](#) or [inhaler](#))
- Authorized Pick-Up Person Form

How to Send in Forms

Online document storage will be available for physicals and immunization records at camps where Viking handles the registration process. After registration parents/guardians will be emailed instructions on how to create an account and upload camper paperwork through the ePact system.

Email: forms@vikingcamps.com

Fax: 617-608-1109

Mail: 143 Cypress Street, Brookline, MA, 02445

ALLERGIES, MEDICATION, ASTHMA

If your child needs to take medication while at camp you must let us know as soon as possible so that we may inform you of the laws pertaining to this and get you the forms that must be completed at least 3 days before your child may attend camp. The forms can be filled out digitally or can be downloaded from our website: vikingcamps.com/pages/forms.

DROP OFF & PICK UP PROCEDURES

Pick Up .190 (B)

Campers will only be released with adults that have been listed on the camper's authorized pick up form. To assure the safety of your child, A PHOTO ID WILL BE REQUIRED AT PICK UP. If a camper stays longer than twenty (20) minutes after the conclusion of camp, the parent(s) or guardian(s) are subject to the full cost of the extended day program, prorated to the daily rate of \$45.00 for each day in which this occurs.

.159(B)(2) Mildly Ill Camper

Parents have the right to review our discipline policies as well as background reviews of our staff, health care policies and grievance procedures. Please note the following regarding Viking Sports Camp's Health Care Policy:

If your child is mildly ill while at camp the camp health supervisor will help your child, consult with the camp health care consultant and attempt to contact parents/guardians

In the event of a medical emergency every effort will be made to contact parents/guardians/emergency contacts. In the event that no one can be contacted we will go ahead and contact our health care consultant and secure proper treatment.

Medications

All participant prescription medications will be administered by the staff nurse or authorized designee. In these cases the coach who is responsible for that child will be able to retrieve the prescription medication in an emergency. With parental written permission, participants who are capable of self-medicating with their prescription(s) will be permitted to do so in the presence of the health supervisor.

Administration of Medication

Medication prescribed for participants 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, and if capsules or tablets, the number in the container. All over the counter medications for participants shall be kept in the original containers containing the original label, which shall include directions for use. All medication shall be kept in a locked storage cabinet used exclusively for medication, which is anchored securely to a solid surface or in the controlled possession of the individual responsible for administering them. Medication requiring refrigeration shall be stored at temperatures of 36 - 46 degrees Fahrenheit and kept in a secure manner (e.g., locked storage or in the controlled possession of the individual responsible for administering them, according to American Camp Association Standard HW 19).

Medication shall be administered only by the health supervisor. 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 supervisor shall have received proper training in administering oral/topical medications, inhalers, epi-pens, and insulin. Medications shall only be administered if it is from its original container, there is written permission from the parent/guardian and the health care consultant approves in writing the administration of the medication. When no longer needed medications shall be returned to a parent or guardian. If medication cannot be returned it shall be destroyed (see 105CMR 430.160:D1 and 2). If administered, this medication is logged by the Camp Health Supervisor and/or Director.

At time of registration families may request copies of the background check policy, health care policy, and discipline policy as well as procedures for filing grievances .109 (D)

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

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. Symptoms of meningococcal disease can include fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, 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 most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

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?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

That depends. Meningococcal conjugate vaccine (Menactra and Menveo) is routinely recommended at age 11-12 years with a booster at age 16. In addition, this vaccine may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is not recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high

risk conditions may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and 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 or adolescent 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; 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.
4. contact their healthcare provider immediately if they have symptoms of meningitis.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

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 on the MDPH website at www.mass.gov/dph.



Required Immunizations

Grades Kindergarten – 6

In ungraded classrooms, Kindergarten requirements apply to all students ≥ 5 years.

DTaP	5 doses; 4 doses are acceptable if the 4 th dose is given on or after the 4 th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP.
Polio	4 doses; 4 th dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a 5 th dose is required. 3 doses are acceptable if the 3 rd dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and 2 nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Grades 7 – 12

In ungraded classrooms, Grade 7 requirements apply to all students ≥ 12 years.

Tdap	1 dose; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been ≥ 10 years since Tdap.
Polio	4 doses; 4 th dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a 5 th dose is required. 3 doses are acceptable if the 3 rd dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable.
MMR	2 doses; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and 2 nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

Day Camp Health Form and Waiver Packet



Completion Checklist:

- ☐ Completed Health Packet
- ☐ Physical and Immunization Record
- ☐ Allergy, Asthma or Diabetes Plan

Immunizations and Physicals must meet the requirements of the MA Dept. of Public Health.

A physical exam is requested within the 18 months prior to camp and is required for programs with 3 or more overnights. If your camper does not have health insurance or if you need and immunization/physical exam waiver due to your family's religious beliefs, please contact your camp director.

To ensure a successful camp experience please include any pertinent information regarding special needs (IEP's, Behavior Plans, medical history) in the form below. We can accommodate on a case-by-case basis in order to establish the best strategy for a great summer camp experience!

Please contact your Camp Director for more information.

Camper Information

Name: _____ Sex: _____

Birth Date: _____ Grade Entering in the Fall: _____

Address: _____

Summer Address (if different): _____

List guardians/emergency contacts (they will be included in the Release/Pick-up list):

Parent #1/Guardian	Parent #2/Emergency Contact	Emergency Contact
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Phone: _____	Phone: _____	Phone: _____
Phone: _____	Phone: _____	Phone: _____
E-mail: _____	E-mail: _____	E-mail: _____

Address of Guardian if different: _____

Restrictions: Camp activities are similar to those described in the camp brochure or camp website.

- ☐ No activity restrictions.
- ☐ Yes, please describe: _____

Health Care Provider: _____ Phone: _____

Name of Practice: _____

Address: _____

Insurance Carrier/Plan Name: _____ Policy Number: _____

Subscriber Name: _____ Relationship to Camper: _____

Health History:

Gender Identity: _____ Height in Feet: _____ Inches: _____ Weight (lbs.): _____

Race/Ethnicity (Not required): _____

Medical History: (Explain "Yes" answers in the space below.)

- | | | | |
|--|--|---|--|
| 1. Have asthma? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Have motion sickness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have seizures or seizure disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Ever been stung by a bee? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Other recurrent/chronic illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Been hospitalized/had surgery in past 2 yrs.? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have stomach or intestinal issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Ever had a head injury or concussion? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. If female, problems with menstruation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have severe or frequent headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have problems falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. History of bedwetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Traveled outside the U.S. in the past year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have frequent bloody nose? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Mental, Emotional and Social History: (Explain "Yes" answers in the space below.)

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have a phobia? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Ever been treated for emotional/behavioral difficulties, self-harm, or an eating disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Ever have a need for an aide at school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. During the past year, seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Used an individualized education plan (IEP) during the previous school year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Speak a primary language other than English? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had a significant life event that continues to affect the camper's life? (Recent Divorce, foster care, trauma etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Additional Information (other behavior or physical, mental, emotional, and social health information, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Allergies:

- ☐ No Allergies.
- ☐ Yes, Food Allergies. Describe:
- ☐ Risk of Anaphylaxis? (Please attach emergency allergy plan.)
- ☐ Yes, Drug Allergies. Describe:
- ☐ Risk of Anaphylaxis? (Please attach emergency allergy plan.)
- ☐ Yes, Environmental Allergies. Describe:
- ☐ Risk of Anaphylaxis? (Please attach emergency allergy plan.)

Diet and Nutrition: ☐ No diet restrictions. ☐ Vegetarian ☐ Vegan ☐ Gluten-free Diet
☐ Other:

Medications

Please list all medication needed during the camp hours. Include emergency medications and over-the-counter medications. All medications must be unexpired and in original containers. Prescription medications must include the pharmacy label.

List medication regularly taken **only at home**: _____

Medications at Camp

- ☐ No, this camper will not be taking any medication at camp. (Skip to page 4.)
☐ Yes, this camper will bring medication to camp.
-

Asthma Emergency Medications:

- ☐ No, this camper does not have emergency asthma medication.
☐ No, this camper needs asthma medication only for respiratory illness and will not be bringing it to camp.
☐ Yes, this camper has asthma medication that they will be bringing to camp.
☐ Camper can self-administer medication ☐ Camper needs assistance with medication

Asthma Medication:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Camper will also bring: ☐ spacer and/or a ☐ nebulizer

Allergy Emergency Medications

- ☐ No, this camper does not have emergency allergy medications.
☐ Yes, this camper will be bringing EpiPens to camp. **EpiPens must have a pharmacy label.**
☐ EpiPen (0.3 mg/0.3mL injection) ☐ EpiPen Jr. (0.15 mg/0.3mL injection)
☐ Camper can self-administer medication ☐ Camper needs assistance with medication

Other Allergy Medication:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Medications Needed During Camp Hours:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

Medication:	Dose:
Strength:	Form? (Drops, etc.):
<input type="checkbox"/> As Needed or Time(s) Given:	Reason for:

If you need more space to add other medications, please add another page.

Release/Pick-Up

My camper may be released to the following adults (include first and last names):

1. Name: _____	Relationship: _____
Phone: _____	Phone: _____
2. Name: _____	Relationship: _____
Phone: _____	Phone: _____
3. Name: _____	Relationship: _____
Phone: _____	Phone: _____
4. Name: _____	Relationship: _____
Phone: _____	Phone: _____

6. Other means of dismissal permitted (walking, bicycling, etc.): _____

The parent/guardian may send a signed note to make changes to this list. People picking up campers must bring a photo ID. If a person not listed above arrives to pick up a camper, the camper will remain with camp staff until the parent/guardian has been contacted and has given permission for the release. If there are specific people to whom the camper may not be released, please inform the camp in writing.

Medical Waiver and Authorization (agreement is required for participation):

Parent(s) or legal guardian must sign below before player is accepted to participate in any Viking Sports Camp, Clinic, League, Open-Play, Party, Lesson, Class and/or Activity:

As parent/legal guardian of the child/children named herein, I hereby represent that the child/children has been examined by a pediatrician and is physically fit to participate in the Viking Sports Camp, Clinic, League, Open-Play, Party, Lesson, Class and/or Activity. I understand there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child/children as a result of his/her participation at the Viking Sports Camps. I further agree to indemnify and hold harmless The Viking Soccer Camp, Inc., its agents, servants, employees and/or representatives from any and all liability, damage, cost or expense arising out of my child's participation, of every kind and nature, at all Viking Sports Camps, Clinics, Leagues, Open-Plays, Parties, Lessons, Classes and Activities. Consent is given for using photos/audio/video of the camper by The Viking Soccer Camp, Inc. for promotional purposes, including use by professional camping associations

In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified The Viking Soccer Camp, Inc. staff member, emergency medical technician, physician/staff of a hospital, or any other qualified individual to provide any medical treatment deemed necessary for my child/children.

Insurance: I certify that the named camper is covered by health and accident insurance or Medicaid and that the policy information given is correct.

Off-Site Trips: I give permission for my camper to participate in and be transported to any off-site trips as scheduled, and

Release/Pick-up: I understand the release policy as described and authorize Mass Audubon to release my child to the people/methods listed on this form.

I, the parent/legal guardian of the named camper, have read, understood, and agree to the above.

Signature of Custodial Parent/Guardian: _____ **Date:** _____

Print Name: _____ **Relationship to Camper:** _____



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Sunscreen, Insect Repellent Application, & Hand Sanitizer Permission

Parental consent is required in order for staff members to apply sunscreen or insect repellent to the campers. However, we do not need a doctor's authorization nor does Viking Sports need to log these applications. Because of potential allergic or adverse reactions to topical medications, Viking Sports also requires parents to send their child(ren) to camp with the preferred brand that they would like staff to use for their child(ren).

Sunscreen:

While the Viking Sports staff ensures that there is ample shade for campers, there are times when your child(ren) will be in direct sunlight. In addition to providing children with protective clothing such as hats and lightweight long-sleeve shirts, Viking Sports recommends parents apply sunscreen to their child(ren) before the start of camp each day. Viking Sports staff members can also reapply mid-day to maintain continued protection with parents' permission.

I give permission to the staff at Viking Sports to apply the **SUNSCREEN** that I have provided for my child(ren),

This permission is good for 1 year from the date below.

Parent/Guardian Signature: _____ Date: _____

_____ I do not give permission to the Viking Sports staff to apply **SUNSCREEN** to my child(ren).

Insect Repellent:

Mosquitoes, ticks, and other biting insects are a part of the natural environment at camp. The Viking Sports staff does its best to reduce your child(ren)'s exposure to these but are not able to eliminate them completely. Viking Sports recommends parents apply bug repellent on their child(ren) before coming to camp each day. Viking Sports staff members can also reapply mid-day to maintain continued protection with parents' permission.

I give permission to the staff from Viking Sports to apply the **INSECT REPELLENT** I have provided for my child(ren),

_____. This permission stands for one (1) year from the date of my signature.

Parent/Guardian Signature: _____ Date: _____

_____ I do not give permission to Viking Sports staff to apply **INSECT REPELLENT** on my child(ren).

Hand Sanitizer:

Although each program encourages proper hand washing procedures throughout the day- there may be occasions when supervised use of hand sanitizer will be used (with children 5 yrs. and older) to help stop the spread of germs.

I give my permission to use, with supervision, use of hand sanitizer for my child(ren),

_____. This permission stands for one (1) year from the date of my signature.

Parent/Guardian Signature: _____ Date: _____

_____ I do not give permission to Viking Sports staff to use **HAND SANITIZER** on my child(ren).



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COVID RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

(Participant 1) Full Name: _____ Date of Birth: ____/____/____

(Participant 2) Full Name: _____ Date of Birth: ____/____/____

(Participant 3) Full Name: _____ Date of Birth: ____/____/____

(Participant 4) Full Name: _____ Date of Birth: ____/____/____

Parent/Legal Guardian: _____

Address: _____ City/State/Zip: _____

Mobile Phone: _____ Work Phone: _____ Home Phone: _____

In consideration of being permitted to participate in the _____, (hereinafter "Program") I, the undersigned, on behalf of the participant listed above (hereinafter "Participant(s)"), and for myself, my heirs, personal and/or legal representatives, next of kin, and assigns (hereinafter collectively referred to as "I" or "ME"), hereby:

1. RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE Viking Soccer Camp Inc dba Viking Sports, its agents, servants, employees, officials, volunteers, contractors, representatives (hereinafter the "Town") from any and all liability, claims, demands, actions, suits, loss and causes of action whatsoever arising out of or related to any loss, damage, or injury, including, but not limited to, death, illness, injury and/or disease, and including any death, illness, injury and/or disease in any way related to or arising out of the novel coronavirus (COVID-19), that may be sustained by the Participant(s) and/or arising out of or related to the Participant's or each Participants participation in the Program, regardless of whether they arise in tort, contract, strict liability, or other legal theory.
2. INDEMNIFY, SAVE and HOLD HARMLESS the Town from any and all liability, claims, demands, actions, suits, loss, and causes of action and any cost it may incur, including court costs and attorneys' fees, arising out of or related to the Participant's or each Participants participation in the Program, regardless of whether they arise in tort, contract, strict liability, or other legal theory.
3. ACKNOWLEDGE that the Participant's or each Participants participation in the Program may be dangerous and may involve the risk of serious injury and/or illness, including COVID-19, and/or death and CONSENT to the Participant's voluntary participation and ASSUME full responsibility for any risk of loss, death, illness, injury and/or disease which I and/or the Participant or each Participant may sustain arising out of or related to the Program whether known or unknown and whether caused by the negligence of the Town or otherwise.
4. AGREE that this Release and Waiver of Liability and Indemnity Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts and that, in the event any portion of this document is deemed unlawful or unenforceable, said portion shall be severable and the balance of the terms shall continue in full legal force and effect.
5. AGREE that I, the undersigned, am the parent or legal guardian of the Participant(s). I hereby execute this Release and Waiver of Liability and Indemnity Agreement on the Participant's and/or each Participants

behalf. I understand that by executing this agreement on behalf of the Participant(s), I am

binding the Participant(s) and ME to the terms of this Release and Waiver of Liability and Indemnity Agreement.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHTS AND THE RIGHTS OF THE PARTICIPANT(S) BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent/Legal Guardian Signature: _____ Date: ____/ ____/ ____

Parent/Legal Guardian Printed Name: _____

Participant 1 Printed Name: _____

Participant 2 Printed Name: _____

Participant 3 Printed Name: _____

Participant 4 Printed Name: _____