

# Digi Explorer Summer Program 2023



## APPLICATION AND REQUIRED FORMS

Please return the following:

- ❑ 2023 Summer Camp Application
- ❑ 2023 Summer Camp Payment Form
- ❑ Release of Liability Form
- ❑ Recent Physical and Immunization Form - from your child's physician

### RETURN IF NEEDED

- ❑ Authorization to Administer Medication Form
- ❑ Extended Day Form



Digi Explorer Coding School 106 Walnut Street, Natick, MA 01760 (Fisk Church Room 8)

Website <https://www.digixplorer.org> Email: [digicodingschool@gmail.com](mailto:digicodingschool@gmail.com)



# Payment Form

A deposit of a **non-refundable \$100 per week** that you register for must accompany this application. All withdrawals or cancellations must be made in writing or email. **There are no refunds or credits. See separate page for details.**

Name of Child: \_\_\_\_\_

Age (in summer): \_\_\_\_\_

Please check the weeks applied for:

**All Ages**

- |  |  |
|--|--|
| <input type="checkbox"/> Week 1 June 26 –30  | <input type="checkbox"/> Week 6 July 31 - August 4 |
| <input type="checkbox"/> Week 2 July *3 - 7  | <input type="checkbox"/> Week 7 August 7 - 11      |
| <input type="checkbox"/> Week 3 July 10 - 14 | <input type="checkbox"/> Week 8 August 14 - 18     |
| <input type="checkbox"/> Week 4 July 17 - 21 | <input type="checkbox"/> Week 9 August 21 - 25     |
| <input type="checkbox"/> Week 5 July 24 - 28 |  |

**Summer Program tuition \$550**

Monday – Friday 9 am – 4 pm

\$550.00 per week \$440 for Week 2 only

\*No camp Monday, Tuesday July 4 \$440

Please charge the amount of \$\_\_\_\_\_ to my credit card.

Credit card #\_\_\_\_\_ Expiration Date\_\_\_\_\_

Cardholder's name\_\_\_\_\_ Signature\_\_\_\_\_

I have read the above and understand the camp's policy concerning tuition and **non-refundable fees**. I understand that my child cannot attend camp if the balance of the tuition, and/or the Physical and Immunization and Release of Liability forms have not been received.

Signature: \_\_\_\_\_

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



# 2023 Application Required Form

106 Walnut Street, Natick, MA 01760  
(Fisk Church Room 8)

Address: <https://www.digiexplorer.org/>  
Email: [digicodingschool@gmail.com](mailto:digicodingschool@gmail.com)

Last name: -	First name: -	Gender:
Date of birth: -	Age: -	Grade in fall '23: -

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home phone: \_\_\_\_\_

Parents' Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

E-mail \_\_\_\_\_

Parent Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**We need 2 Emergency Contacts (other than parent): (people must know they are emergency contacts) and may pick up your child: If you wish, you may write "No one".**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_

Health insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Telephone: \_\_\_\_\_

Please give us any information about your child that we may need to know such as health issues, behavioral issues, accommodations needed, activity or diet restrictions or allergies.

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Will your child need to take medication at our program? \_\_\_\_\_

**If YES, please complete the 'Authorization to Administer Medication' Form.**

Signature of parent/guardian \_\_\_\_\_

*Digi Explorer Coding School prohibits discrimination on the basis of race, color, national or ethnic origin, ancestry, religion, sex, sexual orientation, age, physical or mental disability, and veteran or other protected status. The policy extends to all rights, privileges, programs, and activities including admission, employment, education, and athletics.*



# Release of Liability Required Form

Child's Name \_\_\_\_\_

Please read carefully. This is a release of liability and other rights.

Although precautions are taken to provide proper organization, instruction, and equipment for your child's participation in Digi Explorer Coding Summer Program, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risk taking and the use of any equipment in connection with the activities. I, on behalf of myself, my child and any other parent of the child, understand that my child may be involved in activities including the following but not limited to arts and crafts, basketball, soccer, swimming, team-building initiations, and tennis, and/or any other physical undertakings.

**ACKNOWLEDGEMENT OF RISK:** I recognize that there is inherent danger in any activity(ies) which involves physical exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity(ies); and that balance and physical coordination and conditioning may affect the occurrence of accidents, falls, and injuries.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of activity (ies) in which my child will be engaged, both seen and unforeseen, I confirm that my child is physically and mentally capable of participation in the activity (ies) and/or using equipment in connection therewith. I understand that my child will be participating willingly and voluntarily, and I assume full responsibility for personal injury, accident or illnesses, including death. I also assume responsibility for damage or loss of personal property as the result of any accident that may occur.

**AUTHORIZATION:** I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participation in the activity (ies). I will have appropriate insurance or, in its absence, I agree to pay all cost of rescue and/or medical services as may be incurred on behalf of my child. Digi Explorer Coding School has my permission to use photos of my child in promotional Digi Explorer Coding School literature without names.

**RELEASE AND HOLD HARMLESS:** In consideration of my child's participation in the activity (ies), I, for myself, for my child, and for any other parent of the child, do hereby **RELEASE AND AGREE TO HOLD HARMLESS** Digi Explorer Coding School, its trustees, officers, employees, agents from all liability with respect to my child, and I waive any claim for damage arising from any cause whatsoever, except for any claims which are result of gross negligence of the party or parties release released herein.

**ACKNOWLEDGMENT:** In signing this Release of Liability, I acknowledge and represent that I fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be construed in accordance with the laws of The Commonwealth of Massachusetts. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and our respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_



# Authorization To Administer Medication To A Camper

Address: 106 Walnut Street, Natick, MA 01760 (Fisk Church Room 8)  
Address: <https://www.digiexplorer.org/>  
Email: [digicodingschool@gmail.com](mailto:digicodingschool@gmail.com)

**A parent has to complete this form if your child will be taking medication at camp.**

<b>Name of Camper -</b>	<b>Date of birth: -</b>	<b>Age: -</b>
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Any Food or Drug Allergies: \_\_\_\_\_  
Diagnosis (at parent's discretion) \_\_\_\_\_  
Parent/Guardian Name: Mother \_\_\_\_\_ Father \_\_\_\_\_  
Home Tel: \_\_\_\_\_  
Mother Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_  
Father Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name of Licensed Prescriber: \_\_\_\_\_ Tel: \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_ **Dose given at camp** \_\_\_\_\_  
Route of Administration: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Date ordered: \_\_\_\_\_ Duration of Order: \_\_\_\_\_ Quantity Received: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Special directions (e.g., on an empty stomach/with water) \_\_\_\_\_  
Possible Side Effects/adverse reactions: \_\_\_\_\_  
Location where medication administration will occur: \_\_\_\_\_

**I hereby authorize Camp Digi Explorer Coding School to administer to my child, \_\_\_\_\_ the medication(s) listed, in accordance with 105 CMR 430.160.**

**105 CMR 430.160(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/capsules, the number in the container. All over-the-counter medications shall be kept in the original containers with the original label, including directions for use.

**105 CMR 430.160(B)**

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. Medication prescribed for campers brought from home shall be administered only if it is from the original container, there is written permission from the parent/guardian, and the health-care consultant approves in writing the administration of the medication. We will not give medication for the first time.

**105 CMR 430.160(C)**

When no longer needed, medications shall be returned to a parent or guardian.

\*Health supervisor - A person who is at least 21 years of age, specially trained and certified in at least current American Red Cross First Aid and CPR, has been trained in the administration of medications, and is under the professional oversight of a licensed health-care professional authorized to administer prescription medications.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_