



**BRIDGEWATER STATE**

**DEPARTMENT OF ATHLETICS AND RECREATION**

**BEARS BASKETBALL CAMP**

**PARENT INFORMATION PACKET**



### **Overview of BSC Summer Programs:**

1. Participants will not be allowed to participate without presenting their current immunization record and health history forms. (Use your doctors office forms)
2. Participants with outstanding tuition balances should arrive at least one-half hour before the scheduled orientation meeting to register and make final payments.
3. Program Directors will conduct group Orientation Meetings.
4. Coaches, assistants and counselors will be presented and introduced at the beginning of the first day of each Sports Program.
5. No registration will be guaranteed until the application and appropriate tuition fees are received.
6. The Sport Programs Philosophy overall is to “We will teach you how to become a better athlete”. Through participation in our programs, we also hope that each person will leave with a positive inspiring experience, that will want you to come back in future programs.

### **Personal Possessions:**

The participants name must appear on all articles including clothing, equipment, etc. Bridgewater State Sports Programs assume no responsibility for the loss or damage to a participants personal property. However, parents are encouraged to check the Lost and Found after each session and at the end of the program - located at the Tinsley Front Desk area.

### **What TO bring to BSC Sports Programs:**

1. A water bottle for use throughout the day.
2. There are vending machines available for drinks. Bring \$1.25 for each purchase
3. Proper attire (i.e.; T-shirt, shorts, non-marking gym shoes).
4. Backpack - keep your personal items safely stored.

### **What NOT to bring to BSC Sports Programs:**

1. Gameboy, PSP, IPOD, or any other type of electronic games, or any item of value
2. Sandals, flip flops, or any plastic type shoes / sandals (CROCS)
3. Jewelry of any kind, or wristwatches, cannot be worn at any time during programs and should not be brought at all.
4. Cell phones should be kept in backpacks, safely stored.

### **Medications:**

Medications of participants must be announced to Program Directors, Athletic Trainer, Health Supervisor and Counselors. If a participant brings a medically prescribed item to a program, the parents must sign a Medications Release Form. Children are never allowed to keep any medication (prescription or over-the-counter) in their possession. The Athletic Trainer or Health Supervisor will administer all medications with parental written instructions and approval.

### **BSC Summer Programs Parking / Drop Off / Pick Up Tinsley Center Information (For Basketball Camp and Jr. Bears Day Camp Programs)**

**Parking:** Anyone who will be getting out of their car to enter Adrian Tinsley Center, even if it is for 5 minutes, should park in the Swenson Parking Lot, just off of Tinsley Drive, as you get off route 104.

*Please do not park directly at the Tinsley Center. Those without valid BSC Parking Permits may be ticketed. BSC Athletics Department will not be responsible for tickets received in this parking area.*

**Drop Off Information:** Drivers can drive directly up to the Tinsley Center front door area. Counselors will be available to open door for each camper, and escort them into the gym.

**Pick Up Information:** A "car pickup line" will start at the stop sign before the parking lot to Tinsley Center. As participants leave Tinsley Center, they are encouraged to walk along the sidewalk to their perspective cars. As cars leave, the line will then pull forward. Counselors and program staff will open car doors to get children safely into the vehicle.

*We hope to create a safe and effective program for your child/ participant!*

**Attendance Policy:**

1. Attendance is taken daily in each group at the beginning of the day.
2. If your child is going to miss a day, please inform the Sports Program Director in writing.
3. The program will attempt to verify all absences not brought to our attention by parents.
4. If a participant is to be released early, parents must write a note or in case of emergency, must telephone the Sports Program Director. The child may then be picked up at the program site; however that person picking up the participant will come into the program site and pick the child up.

**No child will be released early to wait outside.**

The participant will be released only to the participants' parent(s) or individual(s) designated in writing by the parents.

**Sports Program Emergency Telephone Numbers**

BSC Campus Police	(508) 531-1380
Summer Camp Coordinator	(508) 531-2257
Athletics and Recreation, Main Office	(508) 531-1352
Tinsley Center Reception Desk	(508) 531-2970
Bridgewater Fire Department	(508) 697-0900
Bridgewater Police Department	(508) 697-6118
Good Samaritan Hospital Emergency Brockton	(508) 427-3075
Brockton Hospital	(508) 941-7400
Morton Hospital Emergency Taunton	(508) 828-7100

**Participant Illnesses/ Situations:**

A participant may not come to a Bridgewater State College Summer Sports Program if he/she has any of the following symptoms:

- Fever over 100 degrees
- Vomiting
- Diarrhea
- Inflammation of the eye
- Abscess or draining sores
- Rash (unless determined to be non-contagious by a doctor's note)

If there is an outbreak of an infectious disease, the Program Director, under the direction of the Sports Program Coordinator, will immediately be in contact with the Massachusetts Department of Health to be advised on the best plan of action to manage the situation.

### **Participant Abuse Policy and Procedures**

Bridgewater State Sports Program staff will protect all children in their care from abuse and neglect while they are in the program's care and custody.

If any staff member has reasonable cause to believe that there has been an incidence of child abuse or negligent at home or at the site, they shall adhere to the following procedures for reporting:

1. Staff shall notify the Program Director, whom in turn will notify the Sports Program Coordinator.
2. The Program Director, under the direction of the Sports Program Coordinator will file a report with the Department of Social Services (DSS) as described in the Department's reporting procedures.
3. The Program Director, under the direction of the Sports Program Coordinator, will immediately notify the Office for Children that a report of suspected abuse or neglect has been filed with DSS.
4. A written report will be submitted to DSS Recreation and a copy will be kept on file in the Department Office as well as the appropriate department.
5. The Bridgewater State Sports Program will cooperate with both the Office for Children and the Department of Social Services investigations.

If there is reasonable cause to believe that a staff person has engaged in abusive or neglectful behavior and a 51A has been filed, that staff member will be immediately relieved of direct responsibilities as they pertain to the care of children.

### **Participant Disciplinary Policies**

1. Coaches or counselors will not physically discipline any participant, regardless of the offense. Report any problem to the Program Director and if necessary, the Sports Program Coordinator. This includes unnecessary physical contact during the teaching or coaching of skills and sport strategy.
2. Coaches or counselors will not assign excessive additional physical activity in order to discipline a participant
3. No participant should be left alone in any area as a form of punishment or for any other reason.
4. No Participant should be denied significant playing time as a form of punishment.

### **Participant Policies- especially for children participants**

#### **Program Registration**

In accordance with regulations from the Massachusetts Department of Public Health, all program participants are required to submit a current medical history, a report of a physical examination, and an immunization record. There will be a Bridgewater State College licensed appropriate personnel to review these records prior to the initiation of a participants' activity. They will also make sure all medical information is in order, noting and contacting parents if any person is without proper paperwork, immunizations, etc. The staff licensed Athletic Trainer, Nurse or Health Supervisor will create an Accident Information Log for each participant, containing a listing

of allergies and medical emergency contact information, which he/she will carry with him / her at all times.

### **Participant children arrives without pre-registration**

If a child appears without pre-registering, without completion of the application and without a parent/guardian, the parent will be contacted and requested to provide the appropriate forms or pick up the child. If the parent/guardian is not available, a message should be left at the appropriate home/work telephone numbers and the child will be kept with the group but will be unable to participate in any activities. Medical forms will be requested to be brought as soon as possible. Usually doctor's offices fax forms to our office: 508.531.1356

### **Participant Children No-show policy**

1. Counselors/coaches must take attendance before the start of each day
2. If a participant is not in attendance, contact the program director
3. Program director will check to be sure that parent has not left a message for the program or with another counselor to the effect that the child will not be attending that day.
4. Follow procedures for lost participant emergency procedures step 3-5 see below.
5. If no information is available and person does not appear within 20 minutes from the start of the program, the program director will contact the parent/guardian or emergency contact.
6. If parent/guardian/emergency contact is not available, the program director will contact the police.

### **Sports Program Policy / Decisions**

Bridgewater State College Summer Sports Program has the right to deny participant or guest entrance into a program at any time, due to their policies and procedures for each program. Appeals may be reviewed with the Sports Program Coordinator in writing and through a meeting to discuss the circumstances. The Sports Program Coordinators' decision is final.



**EMERGENCY RELEASE FORM** All questions must be answered & sent with payment.

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Participants Name Participants Birth Date:

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Emergency Contact #1 Name: Emergency Contact #2 Name:

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Address: Address:

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City: City:

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State: Zip State: Zip:

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Home Telephone: Home Telephone:

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Work Telephone (Times at work): Work Telephone (Times at work):

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Cellular Telephone: Cellular Telephone:

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Email: Email:

**Medical Emergency Agreement:** In case of a medical emergency involving my child/ward (IF PARTICIPANT IS UNDER 18 YEARS OF AGE) or for me (IF PARTICIPANT IS OVER THE AGE OF 18 YEARS OF AGE) , I understand that every effort will be made to contact other parent/guardian/alternate person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the program to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery or other medical procedure necessary for me / my child.

The following persons are authorized to drop off and pick up the program participant:

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Name Relationship

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Name Relationship

**AGREEMENT**

I agree to the following information in this application to be correct for Bridgewater State College Programs. BSC programs are strictly for recreational purposes. I agree to abide by all sportsmanlike conduct at all times during participation of BSC Sports Programs. \*

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Signature of Participant (Over 18 years of age) Date  
OR Parent/Guardian (If under 18 years of age)

\*BSC has the right to deny a participant entrance into a sports program due to inability to adhere to policies set forth by these programs. Sportsmanlike conduct means- respect others, no hitting, spitting, fighting, verbal abuse, intimidation, or overly aggressive behavior \*



## Medication Dispersal Authorization Form

To be completed by participant or parent/ guardian (if under 18 years of age)

I hereby authorize \_\_\_\_\_ to administer, to my child, \_\_\_\_\_ the medication(s) listed above, 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 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.

### 105 CMR 430. 160 (C)

Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. 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 only be administered if it is from the original container, and there is written permission from the parent/guardian.

### 105 CMR 430. 160(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.

\*Health Supervisor-A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) 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.

### **Please Print clearly. Complete all information and return**

Food/Drug Allergies: \_\_\_\_\_ Diagnosis (at parents discretion) : \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dose given at BSC program: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dose given at BSC program: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dose given at BSC program: \_\_\_\_\_

Route of administration : \_\_\_\_\_ Frequency: \_\_\_\_\_ Date ordered: \_\_\_\_\_

Quantity received: \_\_\_\_\_ Expiration date of medications received: \_\_\_\_\_

Special storage requirements \_\_\_\_\_

Specific directions (e.g. on empty stomach/with water) \_\_\_\_\_

Specific precautions \_\_\_\_\_ Possible side effects/reactions \_\_\_\_\_

Other medications (at parents' directions): \_\_\_\_\_

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



**Sports Program PARTICIPANT's Evaluation**

In an effort to improve the Sports Programs for the future, please fill out the questionnaire below and return to Cathy Davis at the Bridgewater State College, Office of Athletics & Recreation, within 1 week of your program ending.

**Program Director Name:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**Please provide us with your opinion about our program**

1= needs improvement 2=ok, but improve it 3= good 4= above expectations  
5= great, excellent, no changes needed

• **FACILITIES** 1 2 3 4 5

**Comments:** \_\_\_\_\_

• **PERSONNEL / COACHES / STAFF** 1 2 3 4 5

• **Comments:** \_\_\_\_\_

• **SPORTS PROGRAM ADMINISTRATIVE OFFICE** 1 2 3 4 5

**Comments:** \_\_\_\_\_

• **ARRIVAL / DISMISSAL PROCEDURES** 1 2 3 4 5

**Comments:** \_\_\_\_\_

• **What did you LIKE THE MOST about this program?** \_\_\_\_\_

\_\_\_\_\_

• **MARKETING** 1 2 3 4 5

How did you hear about our program ? \_\_newspaper \_\_email \_\_your school \_\_other

Any other comments about our program? \_\_\_\_\_

\_\_\_\_\_

**Thank you for your input !**

Cathy Davis, Sport Program Coordinator  
Bridgewater State College  
Office of Athletics & Recreation  
325 Plymouth Street  
Bridgewater, MA 02325