**Declaration Reference and Key Data**

Obligation Section Number: **5.07(c)(xviii)**

Obligation Title: **Cubs Camps**

Obligation Page Number: **56**

Obligation Trigger: **PACB Approval**

Obligation Start Date: **May 20, 2009 (PACB Approval date)**

Obligation End Date: **May 20, 2034 (25 Years from Commencement)**

Obligation Status: **In Compliance**

**Obligation: Innovation/Changed Conditions**

In accordance with the Declaration of Covenant and Restrictions Section 5.08, Obligation 5.07 (c)(xviii) is modified to clarify the obligation. In general, the scope of services to be provided has not been changed.

*Cubs Camps.* Commencing in May 2009, CU shall offer 25 Athletics scholarships per summer based upon financial need to children from the Manhattanville in West Harlem area to attend CU’s Cubs Camps until 2033 or for a period of 25 years, whichever is longer.

**Evidence of Compliance**

1. Link to Athletics website
2. Annual report

Columbia University’s Implementation Plan and all supporting documentation are made available on the Community Services Webpage at [http://manhattanville.columbia.edu/community-services](http://manhattanville.columbia.edu/community-services). For more information about communications and outreach efforts regarding the obligations, please refer to the Annual Community Outreach and Communications Report, which is also available on the Community Services Webpage.
EOC Checklist for Obligation 5.07(c)(xviii):

Please check to verify EOC items submitted for review.

☐ 1. Link to Athletics website
☐ 2. Annual report

Monitor’s Notes / Comments:

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Status:
Please check to indicate the status of Obligation 5.07(c)(xviii):

☐ In Compliance
☐ In Progress
☐ Not In Compliance
☐ Not Triggered
Cubs Camp

Link to Athletics website:
http://www.dodgefitnesscenter.com
Annual Report: Cubs Camps

State Submission Annual Reporting Period: October 2014 - September 2015
Cubs Camp Period: 6/15/2015 - 8/14/2015

Please Note: The West Harlem Development Corporation (WHDC) managed the outreach efforts and the selection process for Obligation 5.07 (c)(xviii) - Cubs Camps. Please visit http://www.westharlemdc.org for more information regarding the WHDC's process.

<table>
<thead>
<tr>
<th>2015 Cubs Camp Dates</th>
<th>Location</th>
<th>Scholarship(s) Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: June 15 - 19</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>1</td>
</tr>
<tr>
<td>Session 2: June 22 -26</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>3</td>
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<tr>
<td>Session 3: June 29 - July 2</td>
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<tr>
<td>Session 4: July 6 - 10</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
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<tr>
<td>Session 5: July 13 - 17</td>
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</tr>
<tr>
<td>Session 6: July 20 - 24</td>
<td>Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034</td>
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</tr>
<tr>
<td>Session 7: July 27 - 31</td>
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</tr>
<tr>
<td>Session 8: August 3 - 7</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>3</td>
</tr>
<tr>
<td>Session 9: August 10 - 14</td>
<td>Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027</td>
<td>4</td>
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TOTAL 25

<table>
<thead>
<tr>
<th>2015 Cubs Camp Dates</th>
<th>Name</th>
<th>Zip Code</th>
<th>Age</th>
<th>Sex</th>
<th>Grade</th>
<th>Weeks Registered</th>
<th>Scholarship(s) Awarded</th>
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<tbody>
<tr>
<td>1.</td>
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<td>6</td>
<td>June 29 - July 2; July 6 - 10</td>
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</tbody>
</table>

TOTAL 25

Each Cubs Camp Scholarship Grants One Week of Free Access to the Camp

* Indicates that the participant received one scholarship which is equal to one week of camp.
** Indicates that the participant received two scholarships which is equal to two weeks of camp.
**** Indicates that the participant received four scholarships which is equal to four weeks of camp.

Additional Supporting Documentation

- Cubs Camp 2015 Application
- Cubs Camp 2015 Medical Form
- Cubs Camp 2015 Asthma Form
- Cubs Camp 2015 Departure/Release Form
- Cubs Camp 2015 Swim Waiver
- Cubs Camp 2015 Camper Code of Conduct
- Cubs Camp 2015 Media Release Form
In partnership with the West Harlem Development Corporation (WHDC), Columbia University offers 25 scholarships per summer based upon financial need for children from the Manhattanville in West Harlem area to attend Columbia’s Roar-ee’s Cubs Summer Camp. One scholarship is equal to one week of summer camp.

This application packet contains the following forms:

- 1. Brochure/Registration Form
- 2. Medical Form
- 3. Asthma Form (only to be filled out if child has asthma)
- 4. Swim Waiver
- 5. Camper Code of Conduct
- 6. Departure/Release Form
- 7. Media Release Form

FOR WHDC USE ONLY:

<table>
<thead>
<tr>
<th>Cubs Camp at Dodge Physical Fitness Center</th>
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</table>

Please note: Sessions 4 and 5 are subject to limited availability due to high registration numbers for those weeks.

Please note: Transportation is available during Sessions 6 and 7 when camp meets at Baker Athletics Complex. The cost for bus transportation is $100/round trip and $50/one way. This is not included in the scholarship.

IMPORTANT:

- In order for an application to be considered complete, all forms listed above must be filled out and signed by the scholarship applicant’s parent or legal guardian.
- All camp weeks are subject to availability and are awarded on a first-come, first-served basis. Applicants are not guaranteed a scholarship for the week(s) selected in their application.
- Scholarships are awarded for specific camp weeks and cannot be used for alternate weeks.
- If you have any questions, please contact the WHDC at www.westharlemdc.org.

Columbia University must receive all completed scholarship application packets from The West Harlem Development Corporation no later than Friday, May 8, 2015.
Camp Program:

Cubs Camp is a day camp open to all children ages 6 through 12 located on Columbia University’s historic Morningside Heights campus. The camp offers athletics, arts & crafts, and team-building games in a collegiate setting over 9 weekly sessions. Campers will have access to Columbia’s top-notch Division 1 Athletic facilities and a competent and caring staff comprised of coaches, student-athletes, and teachers. The goal of Cubs Camp is to provide a memorable sports/summer camp experience while promoting teamwork, friendship, and self-confidence in a safe community. Campers are encouraged to work and play together and try new things.

Cubs Camp is offered either at Dodge Fitness Center or Baker Athletics Complex to allow campers to experience all of Columbia’s athletic facilities. Specific weeks correspond to each location.

Swimming

Supervised swim is offered Tuesday-Friday while at Dodge Fitness Center. Campers will be able to swim in a 25-yard pool for 45-60 minutes. Group instruction will occur for the first portion of swim time, and is aimed to teach new skills, improve existing techniques, and increase swimming confidence. Campers will also enjoy recreational swim immediately following the lessons. The Aquatics Director and staff emphasize pool rules, including a “buddy system” based on swimmer ability to ensure we maintain a fun, safe pool environment. Necessary forms must be submitted in order for individual children to swim immediately following the lessons. The Aquatics Director and staff will have access to Columbia’s top-notch Division 1 Athletic facilities and have a competent and caring staff comprised of coaches, student-athletes, and teachers. The goal of Cubs Camp is to provide a memorable sports/summer camp experience while promoting teamwork, friendship, and self-confidence in a safe community. Campers are encouraged to work and play together and try new things.

Additional Staff

Staff includes teachers, graduate, undergraduate students, and Varsity student-athletes. Our staff has extensive experience working with children of all ages, both in the camp setting and in the classroom. Cubs Camp maintains a maximum leader to camper ratio of 1:10 to provide all children with a positive camp experience and the professional attention they deserve. In addition, a certified athletic trainer and aquatic director will be on-site.

Contact at 212-854-2233 • camps@columbia.edu

What to Bring

- Athletic Wear
- T-shirt, shorts, athletic shoes (No open-toed shoes allowed!)
- Labeled nut-free lunch (Refrigeration is available)
- Labeled water bottle
- Sunscreen
- Swimsuit, Towel, Goggles (while at Dodge Fitness Center)
- Inhalers, Epi-pens, Medication

Mandatory Forms & Waivers

- Health Form- must be within one year from camp
- Departure/Release Form
- Code of Conduct Waiver
- Swim Waiver- if swimming
- Bus Form- for campers using transportation to/from camp

All forms and waivers can be downloaded from www.dodgefitnesscenter.com/cubscamp. Please scan to camps@columbia.edu or fax 212-854-7397 required paperwork before camp date. All current forms must be on file for camp participation.
Camp at the Baker Athletics Complex

Dates:
- June 15-19
- June 22-26
- June 29-July 2
- July 6-10
- July 13-17
- Aug. 3-7
- Aug. 10-14

Time:
9:00 am - 3:00 pm

Sample Day:
Cubs Camp at the Baker Athletics Complex takes advantage of the private outdoor space, along with the range of different athletic facilities available. Popular activities include flag football, track relays, water games, soccer, tennis lessons, enjoying the big sprinklers, and much more!

Campers will return to Dodge Fitness Center for post-care each day. Thus, please include the cost of transportation if you opt for post-care during the weeks at the Baker Athletics Complex.

Sample Daily Schedule (subject to change)
9:00 am Morning Welcome and Warm-up
9:30 am Sports Session #1
10:15 am Recreational Swimming
11:00 am Sports Session #2
11:45 am Lunch
12:30 pm Outdoor Activities (Weather Permitting)
1:00 pm Sports Session # 3
1:45 pm Snack, Arts and Crafts
3:00 pm Dismissal

Refunds and Cancellations
In the event you request a cancellation, a $50 administrative fee will be deducted from your refund. All refund requests must be made no later than 2 weeks prior to the start of the camp week.

Post Care:
Takes place in Dodge Fitness Center all nine sessions. Campers will play games and do arts & crafts in the Squash Courts and go outside to the Math Lawn. There will be a fee for late pick up.

Bus:
Transportation is available during Sessions 6 & 7 when camp meets at Baker Athletics Complex. A 50 passenger chartered bus will depart at 9:00am sharp from Amsterdam Avenue between 116th & 117th streets. Campers will return to the same location between 3:00pm-3:15pm for pickup. One-way trips are available for a reduced price.

Payment:
Payment can be made by check or credit card (Visa or Mastercard) and is due in full at time of registration. Please make checks payable to Columbia University and include your child's name on all checks.

Transferring attendance to different weeks is accepted if requests are made 2+ weeks prior to the start of the camp week. Returning campers must notify staff to ensure they're assigned to the correct group.

Groups:
Campers will be grouped by age and participate in all activities in their groups. Campers ages 6-8 will be in the Cubs group and 9-12 year olds will be in the Lions group. Staff may move campers into a different group to balance the camper to counselor ratio. Campers will not be able to move into another group without the approval of the Camp Director.

Post-Care:
$125 per week or $30/day

Sample Daily Schedule (subject to change)
9:00 am Morning Welcome and Warm-up
9:30 am Sports Session #1
10:15 am Recreational Swimming
11:00 am Sports Session #2
11:45 am Lunch
12:30 pm Outdoor Activities (Weather Permitting)
1:00 pm Sports Session # 3
1:45 pm Snack, Arts and Crafts
3:00 pm Dismissal

Tuition:
Before May 1st
1 week: $445
2+ weeks: $415

On or After May 1st
1 week: $470
2+ weeks: $440

Sessions:
- Session 3: June 29th - July 2nd (Monday-Thursday)
- Session 6: July 6th - 10th
- Session 7: July 13th - 17th

Refunds
In the event you request a cancellation, a $50 administrative fee will be deducted from your refund. All refund requests must be made no later than 2 weeks prior to the start of the camp week, and space is available.

Pro-rating options are available if communicated and requested before confirmation email, which will include all the required forms and waivers that must be completed and returned. Campers will not be able to participate without all completed forms on file.

Don't forget the 2015 Spring Break Cubs Camp!
Register online for the March 16-20, 2015 camp at www.dodgefitnesscenter.com/cubscamp
**CHILD & ADOLESCENT HEALTH EXAMINATION FORM**

**NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION**

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**TO BE COMPLETED BY PARENT OR GUARDIAN**

- **Child’s Last Name**
- **First Name**
- **Middle Name**
- **Sex**
- **Female**
- **Male**
- **Date of Birth** (Month/Day/Year)

---

**City/Borough**

<table>
<thead>
<tr>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**School/Center/Camp Name**

- **District**
- **Number**

**Health insurance**

- **Yes**
- **No**

**Parent/Guardian**

- **Last Name**
- **First Name**

---

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

- **Follow-up Needed**
- **Yes**
- **No**
- **Foster Parent**

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**CHILD & ADOLESCENT HEALTH EXAMINATION FORM**

- **BMI**
- **Weight**

**Head Circumference**

- **(age 0-6 yrs)**
- **cm**

**Blood Pressure**

- **(age 0-3 yrs)**
- **/**

---

**DEVELOPMENTAL**

- **(age 0-6 yrs)**
- **Within normal limits**

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**IMMUNIZATIONS — DATES**

- **CIR Number**
- **Child of**

- **Hep B**
- **Rotavirus**
- **DTaP/DTaP/DT**
- **Hib**
- **PCV**
- **Polio**

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**RECOMMENDATIONS**

- **Full physical activity**
- **Full diet**

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**ASSESSMENT**

- **Well Child (V20.2)**
- **Diagnoses/Problems (list)**

**ICD-9 Code**

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**REVIEWER:**

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**Print Clearly**

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**Telephone**

| (--- ---) --- --- | --- --- --- |

**Fax**

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**Print Clearly**

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**Telephone**

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**Date**

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**DOHMH ONLY**

- **PROVIDER I.D.**

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**Print Clearly**

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**Telephone**

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**Date**

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**DOHMH ONLY**

- **PROVIDER I.D.**

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**Print Clearly**

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**Telephone**

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**Fax**

| (--- ---) --- --- | --- --- --- |
ATTACH STUDENT PHOTO HERE

Student Last Name  First Name  Middle  Date of birth  /  /  
M M D D Y Y Y Y  □ Male  □ Female

OSIS #  DOE District  Grade  Class

School (include name, number, address and borough)

Diagnosis  Enter ICD code  Select Asthma Severity

□ Asthma  ____ ____ ____ ____  □ Intermittent  □ Mild / Persistent  □ Moderate / Persistent  □ Severe / Persistent

□  ____ ____ ____ ____

Select In School ASTHMA Medications In School Instructions

1. Rescue Medications
Stock supply only available for Albuterol (Ventolin®) HFA. (see back)

Choose one:

□ Albuterol (Ventolin®) HFA (plus individual spacer with mouth piece may be provided by school for shared usage).

□ ________________®HFA (to be provided by parent).

□ May substitute stock Albuterol (Ventolin®) HFA

□ May not substitute stock Albuterol (Ventolin®) HFA

□ Standard order: 2 puffs Ventolin® HFA OR __ puffs _______________® HFA q 4 hours via MDI with spacer PRN for coughing, wheezing, tightness in chest, difficulty breathing or shortness of breath.

☐ May repeat in 15 minutes x 2 if no improvement (total of 3 treatments).

□ Pre-exercise: 2 puffs Ventolin® HFA OR __ puffs _______________® HFA via MDI with spacer 15-30 minutes before exercise.

□ URI or recent asthma flare (within 3-5 days): 2 puffs Ventolin® HFA OR __ puffs _______________® @ noon via MDI inhaler with spacer for 3-5 days.
I hereby authorize the storage and administration of medication, as well as the storage and use of necessary equipment to administer the medication, in accordance with the instructions of my child's physician. I understand that I must provide the school with the medication and equipment necessary to administer medication, including non-Ventolin inhalers. Medication is to be provided in a properly labeled original container from the pharmacy (another such container should be obtained by me for my child's use outside of school); the label on the prescription medication must include the name of the student, name and telephone number of the pharmacy, licensed prescriber's name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other directions; over the counter medications and drug samples must be in the manufacturer's original container, with the student's name affixed to that container. I understand that if I provide an asthma inhaler, it must be supplied in its original and unopened medication box. I further understand that I must immediately advise the principal and/or his/her designee(s) especially the school nurse of any change in the prescription or instructions stated above.

I understand that no student will be allowed to carry or self-administer controlled substances. I understand that this Authorization is only valid until the earlier of: (1) June 26, 2015 (This prescription may be extended through August if the student is attending a New York City Department of Education (the "Department") sponsored summer instruction program); or (2) such time that I deliver to the principal or his/her designee(s) and nurse a new prescription or instructions issued by my child's physician regarding the administration of the above-prescribed medication. By submitting this MAF, I am requesting that my child be provided with specific health services by the Department and the New York City Department of Health and Mental Hygiene ("DOHMH") through the Office of School Health ("OSH"). I understand that part of these services may entail an assessment by an OSH physician as to how my child is responding to the prescribed medication. Full and complete instructions regarding the provision of the above-requested health service(s) are included in this MAF. I understand that the Department, DOHMH and their agents, and employees involved in the provision of the above-requested health service(s) are relying on the accuracy of the information provided in this form. It is my intention that my child will be provided with health service(s) according to the information and instructions that are provided in this MAF. I further understand that the Department, DOHMH and their agents are not responsible for any adverse reaction to this medication.

I recognize that this form is not an agreement by the Department or DOHMH to provide the services requested, but, rather, my request, consent and authorization for such services. If it is determined that these services are necessary, a Student Accommodation Plan may also be necessary and will be completed by the school.

I hereby authorize the Department, DOHMH and their employees and agents, to contact, consult with and obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care provider and/or pharmacist that has provided medical or health services to my child.

SELF-ADMINISTRATION OF MEDICATION: Initial this paragraph for use of an epinephrine, asthma inhaler and other approved self-administered medications:

_____ I hereby certify that my child has been fully instructed and is capable of self-administration of the prescribed medication. I further authorize my child's carrying, storage and self-administration of the above-prescribed medication in school. I acknowledge that I am responsible for providing my child with such medication in containers labeled as described above, for any and all monitoring of my child's use of such medication, as well as for any and all consequences of my child's use of such medication in school. I further hereby authorize the Department, DOHMH, their agents and employees; including the principal, his/her designee(s), school nurse and my child's teacher(s), to administer such medication in accordance with the instructions of my child's physician should my child be temporarily incapable of self-administering such medication. I understand that the school nurse will confirm my child's ability to self-carry and self-administer in a responsible manner with the school. In addition, I agree to provide "back up" medication in a clearly labeled bottle to be kept in the medical room in the event my child does not have sufficient medication to self-administer.

_____ I also authorize the principal, his/her designee(s) and school nurse to store and/or administer to my child such medication in the event that my child is temporarily incapable of self-storage and self-administration of such medication.

_____ I hereby certify that I have consulted with my child's health care provider and that I authorize the Office of School Health to administer stock Ventolin in the event that my child's asthma prescription medication is unavailable.

You must send your child's Personal Metered Dose Inhaler (MDI) with your child on a school trip day in order that he/she has it available.

The stock Ventolin is only for use while your child is in the school building.

<table>
<thead>
<tr>
<th>Parent/Guardian's Signature</th>
<th>Print Parent/Guardian's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Signed</td>
<td>Parent/Guardian's Address</td>
</tr>
<tr>
<td>Telephone Numbers:</td>
<td></td>
</tr>
<tr>
<td>Daytime: (______) _______</td>
<td>Home: (______) ____________</td>
</tr>
<tr>
<td>Cell Phone*: (______) ______</td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian e-mail address*

Alternate Emergency Contact's Name

Contact Telephone Number (______) _______  __ __ __ __

DO NOT WRITE BELOW – FOR DOE AND DOHMH ONLY

Received by: Name Date / / / __ __ 
Reviewed by: Name Date / / / __ __ 

Self-Administers/Self-Carries: □ Yes  □ No Services provided by: □ Nurse  □ DOHMH Public Health Advisor  □ School Based Health Center  □ DOE School Staff

Signature and Title (RN OR MD):

*Confidential information should not be sent by e-mail.
Hello everyone,

If your child is able to swim and would like to do so, please sign the waiver below and return it by the first day of camp. Please send a swimsuit and towel with your child to camp as well, if he or she would like to swim. To swim at the pool, campers must pass the swim test that is approved by the New York City Department of Health, which is to swim one length of the pool (25 yards). For those children who are unable to swim or do not wish to do so, we will offer other activities during that time.

Please do not hesitate to contact us if you have any questions.

Thanks,
The Cubs Camp Staff

We / I certify that my child, _____________, is able to swim and may do so under the supervision of the Columbia University Cubs Camp. We / I herby agree to release, indemnify and hold harmless Columbia University, its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in camp. We / I further herby give permission to the camp staff, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Parent / Legal Guardian: _______________________________  Date: ______________

Print Child’s Name (First and Last): __________________________________________
CUBS CAMP CODE OF CONDUCT

Camp Philosophy and Behavioral Expectations

Every camper has the right to a happy and safe experience at Cubs Camp. All Cubs Camp sessions focus on developing the sports skills of every camper and addressing the collective needs of the group. Our goal is to help each camper develop new skills and a greater appreciation of his/her capabilities. We hope to provide a community setting in which children will have the ability and confidence to explore new activities and meet new friends. Every experience is a learning experience and it is the responsibility of the counselors to provide a well-rounded program for all children. We aspire to create a safe and stimulating environment for all campers—an environment where sensitivity, respect for others, and cooperation are valued.

Code of Conduct

The code is intended to be a guide for general behavior for the Cubs Camp community and includes the following expectations:

1. Each person is respected and valued.
2. Each person has a responsibility to help make camp a better place.
3. Each person is expected to choose appropriate behaviors and language and encourage others to do so.
4. Each person is expected to think about the results of one’s actions and how they impact others.
5. Each person is expected to solve disagreements by talking, listening and compromising

Consequences for Inappropriate Behavior

If a counselor is unable to resolve a conflict through discussions, redirections, and reviewed expectations, staff will proceed with the following steps:

1. The Counselor gives an official warning, which includes a clear explanation of the concern and suggestions for alternative behaviors that should be used in the future. Age appropriate activity adjustments and/or time-outs may be used.
2. The Counselor gives a second warning. The Camp Director talks with the camper about expectations and communicates with parent(s) explaining the concern.
3. A conference with the camper, parent(s), Camp Director will be arranged to discuss a plan of action for resolution of the concern. This could include suspension from camp for a period of time. No refunds will be made for any time a camper is suspended due to inappropriate behavior.

If the situation is judged by the administration to be very serious, the above steps may be waived and a parent/guardian may be asked to pick up the child from camp and the camper may be asked not to return to camp for a designated period of time.

- Please read and discuss this code of conduct form with your child. Sign this form and return it to camp in order to complete your registration.

Camper name __________________________ Signature of Camper________________________ Date __________

Parent/Guardian name __________________________ Signature of Parent/Guardian________________________ Date________
Cubs Camp Departure/Release Form

“We/I hereby request you accept camper’s application for enrollment in the 2015 Summer Roar-ee’s Cubs Camp. In consideration of your acceptance of this application, we/I hereby agree to release, indemnify and hold harmless Columbia University, its agents, trustees, employees, representatives or assigns, including the Department of Intercollegiate Athletics and Physical Education, the coaching and training staff and camp employees, from all claims resulting from any injury sustained by my child while traveling and participating in the camp. We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness.

Name of Camper (please print): ____________________________________________

☐ My Child HAS Permission to Leave Cubs Camp Unattended.

☐ My Child DOES NOT Have Permission to Leave Cubs Camp Unattended.

He/she may leave only with one of the following guardians listed below. Photo identification may be requested.

1._______________________________________ _____________________________
   Name       Phone

2._______________________________________ _____________________________
   Name       Phone

3._______________________________________ _____________________________
   Name       Phone

4._______________________________________ _____________________________
   Name       Phone

Signature of Parent/Legal Guardian______________________________  Date_____________
For valuable consideration, I do hereby authorize the Trustees of Columbia University in the City of New York (“Columbia”), and those acting pursuant to its authority to:

   a. Photograph me for use in one or more publications relating to Roar-ee’s Cubs Camp (“Cubs Camp”).
   b. Exhibit or distribute the photographs and/or my likeness in whole or in part in any medium, whether now existing or later created, including digitally and online, without restrictions or limitation for any educational or promotional purpose which Columbia, and those acting pursuant to its authority, deem appropriate.

I hereby release any and all rights I may have in such photographs, including intellectual property rights, right of publicity and all other rights.

Name of Camper: ____________________________________________________________

Parent/Guardian Signature: ___________________________________________ Date:____________________

Witness Signature: ___________________________________________ Date:____________________