

**Manhattanville in West Harlem Implementation Plan Report
October 17, 2016 Submission**

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 Cubs Camp scholarships per summer 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/benefits-and-amenities>.

Cubs Camp

Link to Athletics website:

<http://perec.columbia.edu/>



The screenshot shows the top navigation bar of the Columbia University Physical Education & Recreation website. It features the university's name and logo on the left, a search bar on the right, and a horizontal menu with categories like 'REQUIRED PHYSICAL EDUCATION', 'FITNESS CENTER MEMBERSHIP', 'GROUP FITNESS & PERSONAL TRAINING', 'INTRAMURALS & CLUB SPORTS', 'YOUTH CAMPS', and 'ABOUT US'.



SCHEDULE

First Day of Friday Phys Ed classes

September 16, 2016

Physical Education classes begin today. Please meet on the...

Free Yoga on the Lawn

September 20, 2016

Take time for a mindful, stress-reducing, and fun break! The...

Free Yoga on the Lawn

September 27, 2016

Take time for a mindful, stress-reducing, and fun break! The...

Free Yoga on the Lawn

October 4, 2016

Take time for a mindful, stress-reducing, and fun break! The...

LAST DAY OF F'16 MWPHEd CLASSES

December 7, 2016

LAST DAY OF F'16 MWPHEd...

[View full calendar](#)

Mission Statement

The Physical Education & Recreation Program of Columbia University in the City of New York meets the educational, recreational and wellness needs and interests of our University community. We instill the belief that regular physical activity is a necessary component of personal health and well-being. We promote active and healthy lifestyles

Annual Report: Cubs Camps

State Submission Annual Reporting Period: **October 2015 - September 2016**

Cubs Camp Period: **6/13/2016 - 8/19/2016**

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.

2016 Cubs Camp Dates		
Dates	Location	Scholarship(s) Awarded
Session 1: June 13 - 17	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	0
Session 2: June 20 - 24	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 3: June 27 - July 1	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	3
Session 4: July 5 - 8	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 5: July 11 - 15	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 6: July 18 - 22	Baker Athletics Complex - 533 W. 218th Street, New York, NY 10034	0
Session 7: July 25 - 29	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	4
Session 8: August 1 - 5	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	6
Session 9: August 8 - 12	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	7
Session 10: August 15 - 19	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	3
TOTAL		25

2016 Cubs Camp Dates							
	Name	Zip Code	Age	Sex	Grade	Weeks Registered	Scholarship(s) Awarded
1.		10031	10	F	5	August 8 - 12; August 15 - 19	2**
2.		10031	9	F	3	August 1 - 5; August 8 - 12	2**
3.		10031	7	M	2	August 1 - 5; August 8 - 12	2**
4.		10027	8	F	2	June 20 - 24; June 27 - July 1	2**
5.		10031	9	F	3	July 25 - 29; August 1 - 5	2**
6.		10032	8	M	2	June 27 - July 1; July 5 - 8	2**
7.		10031	7	F	1	July 25 - 29; August 1 - 5	2**
8.		10031	7	M	1	July 25 - 29; August 1 - 5	2**
9.		10031	7	M	1	July 25 - 29; August 1 - 5	2**
10.		10031	8	F	2	August 8 - 12; August 15 - 19	2**
11.		10027	6	M	K	August 8 - 12; August 15 - 19	2**
12.		10031	10	F	4	June 27 - July 1	1*
13.		10031	6	F	K	August 8 - 12	1*
14.		10031	9	F	3	August 8 - 12	1*
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.

Additional Supporting Documentation

- Cubs Camp 2016 Application
- Cubs Camp 2016 Medical Form
- Cubs Camp 2016 Asthma Form
- Cubs Camp 2016 Departure/Release Form
- Cubs Camp 2016 Swim Waiver
- Cubs Camp 2016 Camper Code of Conduct
- Cubs Camp 2016 Media Release Form



Columbia University Cubs Camp – Summer 2016 Manhattanville Scholarship Application

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:

Cubs Camp at Dodge Physical Fitness Center

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Session 1:
June 13-17 | <input type="checkbox"/> Session 2:
June 20-24 | <input type="checkbox"/> Session 3:
June 27-July 1 | <input type="checkbox"/> Session 4:
July 5-July 8 |
| <input type="checkbox"/> Session 7:
July 25-29 | <input type="checkbox"/> Session 8:
August 1-5 | <input type="checkbox"/> Session 9:
August 8-12 | <input type="checkbox"/> Session 10:
August 15-19 |

Please note: Sessions 3 and 6 are subject to limited availability due to high registration numbers for those weeks.

Cubs Camp at Baker Athletic Complex

- | | |
|--|--|
| <input type="checkbox"/> Session 5:
July 11-15 | <input type="checkbox"/> Session 6:
July 18-22 |
|--|--|

Please note: Transportation is available during Sessions 4 and 5 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.
- PLEASE NOTE: Lunch is not provided, campers must bring a labeled nut-free lunch (refrigeration is available).

Columbia University must receive all completed scholarship application packets from The West Harlem Development Corporation no later than Friday, May 6, 2016.

Locations:

Dodge Fitness Center

3030 BROADWAY, NEW YORK, NY 10027
DODGE FITNESS CENTER CONTAINS...



Levien Gymnasium: boasts three full basketball courts

University (Blue) Gymnasium: has a full basketball court made of mondo rubberized performance surface

Uris Pool: eight lane pool

Squash Courts: areas where games, arts & crafts, lunch, and post-care will be based

The Math Lawn: grassy area adjacent to The Scholar's Lion statue

Baker Athletics Complex

533 W. 218TH ST. NEW YORK, NY 10034



BAKER ATHLETICS COMPLEX CONTAINS...

Wien Football Stadium: field-turf, Division 1 athletics stadium, surrounded by a 400-meter 8-lane track

Multiple fields for a variety of outdoor activities

Dick Savitt Tennis Center: six cushioned hard courts, covered by a state-of-the-art air dome

2016 Roar-ee's CUBS CAMP



WWW.DODGEFTNESSCENTER.COM/CAMPS

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! Swimming is not mandatory, but is encouraged; those who do not wish to swim will have other activities available to them.

Private swim lessons are available upon request; please contact 212-854-4439 for more information.

(30-minute session; \$40 for private lesson, \$60 for groups of 2-4 kids).

Tennis

During session 5 and 6, we will offer tennis instruction while Cubs Camp is held at Baker Athletics Complex. Led by a trained tennis pro and supported by our staff, campers will learn the fundamentals of tennis. This includes forehand, backhand, and volleying, to footwork, tennis terminology, and more. Campers are welcome to bring their own equipment, but racquets are provided.

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 Director

Anne Marie Skyllis

Anne Marie Skyllis- Anne Marie Skyllis is in her third year as the Director of Sports and Cubs Camp and is excited to spend a fifth summer at Cubs Camp. Prior to her involvement

at Cubs Camp, she taught middle school science in Providence, Rhode Island, where she also received her teaching certificate in secondary science. While in Providence, she also coached middle school softball players and ran science enrichment courses after school. She earned her B.A. from Columbia University, and during her time there she was extremely involved in the Athletics Department as an athlete and employee.

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

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.

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 Baker Athletics Complex

Tuition:

Before May 1st	On or After May 1st
1 week: \$450	\$475
2+ weeks: \$420	\$445

Session 4: June 5th - 6th (Tuesday - Friday)

1 week: \$365	\$390
2+ weeks: \$335	\$360

Post-Care: \$125 per week or \$30/day
 Bus: \$100/round trip, \$50/one way

- Payment can be made by check or credit card (Visa or Mastercard) and payment is due in full at time of registration. Please make checks payable to Columbia University and include your child's name on all checks.
- Registration is available online at www.dodgefitnesscenter.com/cubscamp
- Upon completion of the online registration process you will receive a 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.

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.

- Refunds will not be given for missed days.
- Pro-rating options are available if communicated and requested before registering for camp.
- Transferring attendance to different weeks is accepted if requests are made no later than 2 weeks prior to the start of the camp week, and space is available.

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 5 & 6 when camp meets at Baker Athletics Complex. A 50 passenger chartered bus will depart at 8:45am 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.

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.

DON'T FORGET THE 2016 SPRING BREAK CUBS CAMP!
 Register online for the March 14-18, 2016 camp at
www.dodgefitnesscenter.com/cubscamp

Camp at Dodge Physical Fitness Center

Dates: _____

June 13-17 June 20-24
 June 27-July 1 July 5-8 July 25-29
 Aug 1-5 Aug 8-12 Aug 15-19

Time: _____

9:00 am - 3:00 pm
 *Post-care: 3:00 pm - 5:30 pm

Sample Day:

Our experienced staff strives to create a fun, positive environment with a variety of activities to make every camper feel included and engaged. The active lineup of sports and games typically includes basketball, whiffle ball, volleyball, soccer, track, frisbee, dodgeball, squash, and much much more! Swim sessions, which include group lessons and recreational swim time, are also scheduled throughout the week for swimmers. Each week, campers participate in activities around the weekly theme such as arts & crafts, scavenger hunts, trivia games, and much more!

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 or Project Period
3:00 pm	Dismissal



Camp at the Baker Athletics Complex

Dates: _____

July 11-15 July 18-22

Time: _____

9:00 am - 3:00 pm
 *Post-care: 3:00 pm - 5:30 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	Tennis
11:00 am	Athletic Competitions
11:45 am	Lunch
12:30 pm	Sports Session #2
1:00 pm	Sports Session #3
1:45 pm	Snack, Arts and Crafts or Project Period
3:00 pm	Dismissal



Registration Form – 2016 Roar-ee's Cubs Camp www.dodgefitnesscenter.com/cubscamp Register online at www.dodgefitnesscenter.com/cubscamp

Name of Camper: _____ Birth Date: _____
 Gender: M / F Grade: _____
 Name of Parent/Guardian: _____ Camper's School: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Email: _____

CUBS CAMP AT DODGE PHYSICAL FITNESS CENTER

June 13-17 June 20-24 June 27-July 1 July 5-8
 July 25-29 August 1-5 August 8-12 August 15-19

Week of Post-Care- \$125
 Daily Post-Care \$30/day Select days: Mon, Tue, Wed, Thu, Fri

CUBS CAMP AT BAKER ATHLETIC COMPLEX

July 11-15 July 18-22 Shuttle Bus \$100 /week
 Circle one: Dodge to Baker Baker to Dodge \$50 /one way

Week of Post-Care- \$125
 Daily Post-Care \$30/day Select days: Mon Tue Wed Thu Fri

Payment: Master Card Visa Check Credit Card #. _____
(Made payable to Columbia University)

We'll hereby request you accept camper's application for enrollment in the 2016 Roar-ee's Cubs Camp. In consideration of your acceptance of this application, we'll 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'll 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.

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

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please
Print Clearly
Press Hard

STUDENT ID NUMBER
OSIS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____
Child's Address			Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other
City/Borough	State	Zip Code	School/Center/Camp Name	District Number
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Last Name	First Name	Phone Numbers Home _____ Cell _____ Work _____	

TO BE COMPLETED BY HEALTH CARE PROVIDER *If "yes" to any item, please explain (attach addendum, if needed)*

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____	Does the child/adolescent have a past or present medical history of the following? Asthma (check severity and attach MAF/Asthma Action Plan): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <i>If persistent, check all current medication(s):</i> <input type="checkbox"/> Inhaled corticosteroid <input type="checkbox"/> Other controller <input type="checkbox"/> Quick relief med <input type="checkbox"/> Oral steroid <input type="checkbox"/> None <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Chronic or recurrent otitis media <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Other (specify) _____	Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____
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Explain all checked items above or on addendum

PHYSICAL EXAMINATION Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) _____ / _____	General Appearance: <table border="0"> <tr> <td><i>Nl Abnl</i></td> <td><input type="checkbox"/> HEENT</td> <td><i>Nl Abnl</i></td> <td><input type="checkbox"/> Lymph nodes</td> <td><i>Nl Abnl</i></td> <td><input type="checkbox"/> Abdomen</td> <td><i>Nl Abnl</i></td> <td><input type="checkbox"/> Skin</td> <td><i>Nl Abnl</i></td> <td><input type="checkbox"/> Psychosocial Development</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> DENTAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Genitourinary</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Language</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Cardiovascular</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Extremities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Back/spine</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Behavioral</td> </tr> </table> Describe abnormalities: _____ _____	<i>Nl Abnl</i>	<input type="checkbox"/> HEENT	<i>Nl Abnl</i>	<input type="checkbox"/> Lymph nodes	<i>Nl Abnl</i>	<input type="checkbox"/> Abdomen	<i>Nl Abnl</i>	<input type="checkbox"/> Skin	<i>Nl Abnl</i>	<input type="checkbox"/> Psychosocial Development	<input type="checkbox"/>	<input type="checkbox"/> DENTAL	<input type="checkbox"/>	<input type="checkbox"/> Lungs	<input type="checkbox"/>	<input type="checkbox"/> Genitourinary	<input type="checkbox"/>	<input type="checkbox"/> Neurological	<input type="checkbox"/>	<input type="checkbox"/> Language	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/> Extremities	<input type="checkbox"/>	<input type="checkbox"/> Back/spine	<input type="checkbox"/>	<input type="checkbox"/> Behavioral
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<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/> Extremities	<input type="checkbox"/>	<input type="checkbox"/> Back/spine	<input type="checkbox"/>	<input type="checkbox"/> Behavioral																						

DEVELOPMENTAL (age 0-6 yrs) <input type="checkbox"/> Within normal limits If delay suspected, specify below <input type="checkbox"/> Cognitive (e.g., play skills) _____ <input type="checkbox"/> Communication/Language _____ <input type="checkbox"/> Social/Emotional _____ <input type="checkbox"/> Adaptive/Self-Help _____ <input type="checkbox"/> Motor _____	SCREENING TESTS <table border="1"> <thead> <tr> <th>Test</th> <th>Date Done</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)</td> <td>____/____/____</td> <td>_____ µg/dL</td> </tr> <tr> <td>Lead Risk Assessment (annually, age 6 mo-6 yrs)</td> <td>____/____/____</td> <td><input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk</td> </tr> <tr> <td>Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE</td> <td>____/____/____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</td> </tr> <tr> <td>Hemoglobin or Hematocrit (age 9-12 mo)</td> <td>____/____/____</td> <td>_____ g/dL _____ %</td> </tr> </tbody> </table>	Test	Date Done	Results	Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)	____/____/____	_____ µg/dL	Lead Risk Assessment (annually, age 6 mo-6 yrs)	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk	Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	____/____/____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Hemoglobin or Hematocrit (age 9-12 mo)	____/____/____	_____ g/dL _____ %	Tuberculosis <i>Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school</i> PPD/Mantoux placed: ____/____/____ Induration _____ mm PPD/Mantoux read: ____/____/____ <input type="checkbox"/> Neg <input type="checkbox"/> Pos Interferon Test: ____/____/____ <input type="checkbox"/> Neg <input type="checkbox"/> Pos Chest x-ray (if PPD or Interferon positive): ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl Vision <i>(required for new school entrants and children age 4-7 yrs)</i> ____/____/____ Acuity Right ____ / ____ ____/____/____ Left ____ / ____ <input type="checkbox"/> with glasses Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes
Test	Date Done	Results															
Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)	____/____/____	_____ µg/dL															
Lead Risk Assessment (annually, age 6 mo-6 yrs)	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk															
Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	____/____/____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal															
Hemoglobin or Hematocrit (age 9-12 mo)	____/____/____	_____ g/dL _____ %															

IMMUNIZATIONS - DATES CIR Number of Child: _____ Hep B: ____/____/____ Rotavirus: ____/____/____ DTP/DTaP/DT: ____/____/____ Hib: ____/____/____ PCV: ____/____/____ Polio: ____/____/____	Influenza: ____/____/____ MMR: ____/____/____ Varicella: ____/____/____ Td: ____/____/____ Tdap: ____/____/____ Hep A: ____/____/____ Meningococcal: ____/____/____ HPV: ____/____/____ Other, Specify: _____; _____
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RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Full diet <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	ASSESSMENT <input type="checkbox"/> Well Child (V20.2) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-9 Code _____ _____ _____
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Health Care Provider Signature	Date: ____/____/____	DOHMH PROVIDER ONLY I.D. _____
Health Care Provider Name and Degree (print)	Provider License No. and State	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)
Facility Name	National Provider Identifier (NPI)	Comments
Address	City	Date Reviewed: ____/____/____
Telephone (____) _____-____	Fax (____) _____-____	I.D. NUMBER _____
		REVIEWER: _____

ASTHMA

MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH

Authorization for Administration of Medication to Students for School Year 2015-2016

ATTACH STUDENT PHOTO HERE	Student Last Name	First Name	Middle	Date of birth ___/___/____ M M D D Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	School (include name, number, address and borough)				DOE District	Grade	Class
					OSIS # _____		

The following section to be completed by Student's **HEALTH CARE PROVIDER**

Diagnosis	Select Asthma Severity and Control
<input type="checkbox"/> Asthma	Severity: <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent
Other: _____	Control: <input type="checkbox"/> Well-controlled <input type="checkbox"/> Not Controlled <input type="checkbox"/> Poorly Controlled

Student Asthma Risk Assessment Questionnaire (Y = Yes; N = No; U = Unknown)

History of near-death asthma requiring mechanical ventilation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	History of asthma-related:
History of life-threatening asthma (e.g. with loss of consciousness or with hypoxic seizure)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	PICU admissions (ever)
Received oral steroids within past 12 months: ___ times	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	ER visits within past 12 months: ___ times
Date last oral steroids received: ___/___/___		Hospitalizations within past 12 months: ___ times
History of food allergy, eczema, specify _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	

Select In School ASTHMA Medications

In School Instructions

1. Rescue Medications
 Stock supply only available for Ventolin® (see back)
 Choose **ONLY** one:
 Ventolin® provided by school for shared usage (plus individual spacer).
 Albuterol (with spacer, to be provided by parent).
 May substitute stock Ventolin® **
 _____ (with spacer, to be provided by parent).
 May substitute stock Ventolin® **
Other: _____

Name	Dose	Route	Frequency
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Instructions:

Standard order:
 Q4 hrs PRN for coughing, wheezing, tightness in chest, difficulty breathing or shortness of breath (ASTHMA FLARE SYMPTOMS). **Follow instructions below:**

- Administer **2 puffs**; may repeat in 20 minutes **ONCE**
- If no improvement, call EMS and give **6 puffs** every 20 minutes until EMS arrives

Pre-exercise: Give **2 puffs** 15-20 minutes before exercise.
 URI symptoms or recent asthma flare: (within 3-5 days):

- Administer **2 puffs@** noon for 5 days.

2. Controller Medications for In-School Administration
(Recommended for Persistent Asthma, per NAEPP Guidelines)
 Choose **ONLY** one and specify name of medication:
 Inhaled corticosteroid (ICS) : _____® with spacer
 ICS combined with long-acting beta agonist: _____® with spacer

Standing daily dose:
 ___ puffs *once a day* at ___ AM OR ___ PM
OR ___ puffs *twice a day* at ___ AM and ___ PM
Special Instructions: _____

Choose all options that are appropriate:

Student may carry medication & may self-administer. **
 Store medication in medical room & **student** to self-administer with supervision**
 Store medication in medical room and **nurse** to administer.
Student to self-administer** personal MDI on school trips and/or after-school programs. Yes No
Has the student demonstrated the proper technique for MDI self-administration? Yes No
****PARENTS MUST INITIAL REVERSE SIDE**

HOME Medications (include over-the counter)	For DOHMH Only
	Revisions per DOHMH after consultation with prescribing provider. <input type="checkbox"/> IEP

Health Care Practitioner LAST NAME (Please Print)	FIRST NAME	Signature	The CDC and AAP strongly recommend annual influenza vaccination for all children diagnosed with asthma.
Address	Tel. (____)____-____	Fax. (____)____-____	
E-mail address*	Cell* (____)____-____		
NYS License # (Required)	Medicaid# _____	NPI # _____ Date ___/___/____	

INCOMPLETE PROVIDER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS

ASTHMA
MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH
 Authorization for Administration of Medication to Students for School Year 2015–2016

Student Last Name	First Name	MI	Date of birth ___/___/_____	School
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PARENT/GUARDIAN'S CONSENT AND AUTHORIZATION

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 school nurse and the principal and/or his/her designee(s) 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 30, 2016 (This prescription may be extended through August if the student is attending a New York City Department of Education ("DOE") sponsored summer instruction program); or (2) such time that I deliver to the school nurse and the principal and/or his/her designee(s) 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 DOE 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 OSH 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 OSH, DOE and their agents are not responsible for any adverse reaction to this medication.

I recognize that this form is not an agreement by OSH and DOE 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 OSH and DOE 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 OSH and DOE, their agents and employees; including the school nurse, principal, his/her designee(s), 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. In addition, I agree to provide "back up" medication in a clearly labeled container to be kept in the medical room in the event my child does not have sufficient medication to self-administer.

_____ I also authorize the school nurse, the principal, and/or his/her designee(s) 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.*

Parent/Guardian's Signature	Print Parent/Guardian's Name
Date Signed ___/___/_____	Parent/Guardian's Address
Telephone Numbers: Daytime (____) _____ - _____ Home (____) _____ - _____ Cell Phone* (____) _____ - _____	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Services provided by: <input type="checkbox"/> Nurse <input type="checkbox"/> DOHMH Public Health Advisor <input type="checkbox"/> School Based Health Center <input type="checkbox"/> DOE School Staff
Signature and Title (RN OR MD):	

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 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 camp. We / I further hereby 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 2016 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 _____

Participation in or use of photograph

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: _____