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.
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://perer.columbia.edu/

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.
Manhattanville in West Harlem
Implementation Plan Report

State Submission Annual Reporting Period: October 2015 - September 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.

### Annual Report: Cubs Camps

#### 2016 Cubs Camp Dates

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

**TOTAL** 25

#### 2016 Cubs Camp Dates

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>10031</td>
<td>10</td>
<td>F</td>
<td>5</td>
<td>August 8 - 12; August 15 - 19</td>
<td>2**</td>
</tr>
<tr>
<td>2.</td>
<td>10031</td>
<td>9</td>
<td>F</td>
<td>3</td>
<td>August 1 - 5; August 8 - 12</td>
<td>2**</td>
</tr>
<tr>
<td>3.</td>
<td>10031</td>
<td>7</td>
<td>M</td>
<td>2</td>
<td>August 1 - 5; August 8 - 12</td>
<td>2**</td>
</tr>
<tr>
<td>4.</td>
<td>10027</td>
<td>8</td>
<td>F</td>
<td>2</td>
<td>June 20 - 24; June 27 - July 1</td>
<td>2**</td>
</tr>
<tr>
<td>5.</td>
<td>10031</td>
<td>9</td>
<td>F</td>
<td>3</td>
<td>July 25 - 29; August 1 - 5</td>
<td>2**</td>
</tr>
<tr>
<td>6.</td>
<td>10032</td>
<td>8</td>
<td>M</td>
<td>2</td>
<td>June 27 - July 1; July 5 - 8</td>
<td>2**</td>
</tr>
<tr>
<td>7.</td>
<td>10031</td>
<td>7</td>
<td>F</td>
<td>1</td>
<td>July 25 - 29; August 1 - 5</td>
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</tr>
<tr>
<td>8.</td>
<td>10031</td>
<td>7</td>
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<td>1</td>
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</tr>
<tr>
<td>9.</td>
<td>10031</td>
<td>7</td>
<td>M</td>
<td>1</td>
<td>July 25 - 29; August 1 - 5</td>
<td>2**</td>
</tr>
<tr>
<td>10.</td>
<td>10031</td>
<td>8</td>
<td>F</td>
<td>2</td>
<td>August 8 - 12; August 15 - 19</td>
<td>2**</td>
</tr>
<tr>
<td>11.</td>
<td>10027</td>
<td>6</td>
<td>M</td>
<td>K</td>
<td>August 8 - 12; August 15 - 19</td>
<td>2**</td>
</tr>
<tr>
<td>12.</td>
<td>10031</td>
<td>10</td>
<td>F</td>
<td>4</td>
<td>June 27 - July 1</td>
<td>1*</td>
</tr>
<tr>
<td>13.</td>
<td>10031</td>
<td>6</td>
<td>F</td>
<td>K</td>
<td>August 8 - 12</td>
<td>1*</td>
</tr>
<tr>
<td>14.</td>
<td>10031</td>
<td>9</td>
<td>F</td>
<td>3</td>
<td>August 8 - 12</td>
<td>1*</td>
</tr>
</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.

### 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
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

- Session 1: June 13-17
- Session 2: June 20-24
- Session 3: June 27-July 1
- Session 4: July 5-July 8
- Session 7: July 25-29
- Session 8: August 1-5
- Session 9: August 8-12
- 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

- Session 5: July 11-15
- 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](http://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.**
Camp Program:

Cubs Camp is 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 the professional attention they deserve. In addition, a staff emphasize pool rules, including a “buddy system” based on swimmer ability to ensure we maintain a fun, safe pool environment.

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.

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.
Lions group. Staff may move campers into a different group to balance the
Campers ages 6-8 will be in the Cubs group and 9-12 year olds will be in the
Campers will be grouped by age and participate in all activities in their groups.
Groups:
to the same location between 3:00pm-3:15pm for pickup. One-way trips are
from Amsterdam Avenue between 116th & 117th streets. Campers will return
Takes place in Dodge Fitness Center all nine sessions. Campers will play games
Post Care:
•
•
•
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.
• Pre-registering 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.
Refunds will not be given for missed days.
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: $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/cubs camp
• Upon completion of the online registration process you will receive a con-
firmation 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.
Camp at Dodge Physical Fitness Center

<table>
<thead>
<tr>
<th>Tuition:</th>
<th>Before May 1st</th>
<th>On or After May 1st</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week:</td>
<td>$450</td>
<td>$475</td>
</tr>
<tr>
<td>2+ weeks:</td>
<td>$420</td>
<td>$445</td>
</tr>
</tbody>
</table>

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

| 1 week:  | $365          |
| 2+ weeks:| $335          |

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
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Camp at Dodge Physical Fitness Center

Camp at the Baker Athletics Complex

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

<table>
<thead>
<tr>
<th>Dates:</th>
<th>July 11-15</th>
<th>July 18-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>9:00 am - 3:00 pm</td>
<td>9:00 am - 3:00 pm</td>
</tr>
</tbody>
</table>

Sample Daily Schedule (subject to change)

Sample Daily Schedule

9:00 am - 3:00 pm

- Morning Welcome and Warm-up
- Sports Session #1
- Sports Session #2
- Lunch
- Outdoor Activities (Weather Permitting)
- Sports Session #3
- Snack, Arts and Crafts or Project Period
- Dismissal

Sample Daily Schedule

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Mandatory:

1. Registration Form – 2016 Roar-ee’s Cubs Camp
2. Parent/Legal Guardian Signature

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
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# NYC Department of Health & Hygiene - Department of Education

## Child & Adolescent Health Examination Form

### To Be Completed by Parent or Guardian

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino?</td>
<td>□ Male □ Female</td>
</tr>
<tr>
<td>Race (Check ALL that apply)</td>
<td>□ American Indian □ Asian □ Black □ White</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>(Month/Day/Year)</td>
</tr>
<tr>
<td>Child's Address</td>
<td></td>
</tr>
<tr>
<td>City/Borough</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>School/Center/Camp Name</td>
<td></td>
</tr>
<tr>
<td>District</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Student ID Number</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Phone Numbers</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Health Insurance (including Medicaid)?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Allergies</td>
<td>□ None □ Epi pen prescribed</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>(age 0-3 yrs)</td>
</tr>
<tr>
<td>Height</td>
<td>cm ( _____ %ile)</td>
</tr>
<tr>
<td>Weight</td>
<td>kg ( _____ %ile)</td>
</tr>
<tr>
<td>BMI</td>
<td>kg/m² ( _____ %ile)</td>
</tr>
<tr>
<td>Head Circumference (age &lt;2 yrs)</td>
<td>cm ( _____ %ile)</td>
</tr>
<tr>
<td>Blood Pressure (age 0-3 yrs)</td>
<td></td>
</tr>
</tbody>
</table>

### To Be Completed by Healthcare Provider

**If yes** to any item, please explain (attach addendum if needed)

#### Birth History (age 0-6 yrs)
- □ Uncomplicated
- □ Premature: ______ weeks gestation
- □ Complicated by __________________________

#### Developmental (age 0-6 yrs)
- □ Within normal limits

#### Screening Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Date Done</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Lead Level (BLL)</td>
<td>1/1/2023</td>
<td>μg/dL</td>
</tr>
<tr>
<td>Lead Risk Assessment</td>
<td>1/1/2023</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>1/1/2023</td>
<td></td>
</tr>
</tbody>
</table>

#### Immunizations - Dates

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Done</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep B</td>
<td>1/1/2023</td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>1/1/2023</td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td>1/1/2023</td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>1/1/2023</td>
<td></td>
</tr>
<tr>
<td>PCV</td>
<td>1/1/2023</td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>1/1/2023</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>1/1/2023</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>1/1/2023</td>
<td></td>
</tr>
<tr>
<td>Td</td>
<td>1/1/2023</td>
<td></td>
</tr>
</tbody>
</table>

#### Recommendations
- □ Full physical activity □ Full diet
- □ Other: ____________________________

#### Follow-up needed
- □ No □ Yes, for ____________________ Appt. date: __/__/___

#### Referral(s): □ None □ Early Intervention □ Special Education □ Dental □ Vision
- □ Other: ____________________________

### Other

#### Health Care Provider Signature
- □ Full physical activity □ Full diet

#### Health Care Provider Name and Degree (print)
- □ Full physical activity □ Full diet

#### Facility Name
- □ Full physical activity □ Full diet

#### Address
- □ Full physical activity □ Full diet

#### Telephone
- □ Full physical activity □ Full diet

#### Fax
- □ Full physical activity □ Full diet

---

**Comments:**
- □ NAE Current □ NAE Prior Year(s)

**TYPE OF EXAM:**
- □ NAE Current □ NAE Prior Year(s)
# ASTHMA

**MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH**

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

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Date of birth: _ _ / _ _ / _ _ _ _ _ _</th>
<th>□ Male</th>
<th>□ Female</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

School (include name, number, address and borough)

| OSIS # | __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ ___
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.
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 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:________________________