

**Manhattanville in West Harlem Implementation Plan Report
October 14, 2022 Submission**

Declaration Reference and Key Data

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

Obligation Title: **Summer Camp**

Obligation Page Number: **56**

Obligation Trigger: **PACB Approval**

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

Obligation End Date: **May 20, 2036***

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. Empire State Development and Columbia University agreed to this modification on November 28, 2018.

Modified Language:

Summer Camp. Commencing in May 2009, CU shall offer 25 Little Lions Camp scholarships per summer to children from the Manhattanville in West Harlem area to attend CU's Little Lions Camps, or its successor program, until 2033 or for a period of 25 years, whichever is longer.

In Fall 2016, Columbia Athletics changed the name of this program from Cubs Camp to Little Lions Camp. The services provided and process for scholarship distribution remains the same.

*Considering safety measures related to COVID-19, the University made the difficult decision to cancel Little Lions Camp for summer 2020 and summer 2021. The decision was made to extend this commitment for an additional year for each year that the camp was not able to run, with a new commitment end date of May 20, 2036.

Evidence of Compliance

1. Link to Little Lions Camp website
2. Annual report

Columbia University's Implementation Plan and all supporting documentation are made available on the Columbia Neighbors Webpage at <https://neighbors.columbia.edu/content/community-commitments>.

Manhattanville in West Harlem Implementation Plan Report

October 14, 2022 Submission

EOC Checklist for Obligation 5.07(c)(xviii):

Please check to verify EOC items submitted for review.

- ☐ 1. Link to Little Lions Camp website
 - ☐ 2. Annual report

Monitor's Notes / Comments:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Status:

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

- ☐ In Compliance
- ☐ In Progress
- ☐ Not In Compliance
- ☐ Not Triggered

Summer Camp

Link to Little Lions Camp website:

<http://percec.columbia.edu/littlelionscamp>

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK



Physical Education ▾ Membership ▾ Fitness ▾ Club Sports ▾ Intramurals ▾ Camps ▾ Wellness ▾ About Us ▾

Home > Camps > Little Lions Camp

Little Lions Camp

UPDATE: The Summer 2022 Little Lions Camp Season is back in session this summer! [How to register](#)

[Kids' Night Out](#) | [Camp Dates](#) | [Forms](#) | [Tuition](#) | [Schedule](#) | [Cancellation Policy](#) | [Registration](#)  | [Contact](#)

Camp Quick Info:

LITTLE LIONS CAMP REQUIRES PROOF OF COVID 19 VACCINATION

Drop off: 8:15-9 AM, **Pick up:** 3 PM

Lunch: not provided on site, please bring your camper's NUT FREE Lunch and we will refrigerate

Snacks: we will provide an afternoon snack that is NUT FREE with GLUTEN FREE options



Little Lions Camp, is the Columbia University Athletics Department's day camp for all children ages 6 through 12. It is located in New York City, on Columbia University's historic Morningside Heights campus and at the new Baker Athletics Complex. Campers will have access to Columbia's top-notch Division 1 Athletic facilities.

Little Lions Camp is a kid-centered, fun-based day camp that's main focus is keeping kids physically and creatively active. Programming features an ever changing combination of classic PE games, backyard favorites, sports, arts and crafts, and special surprises to keep kids happy, active, and engaged. A highly-trained, eclectic staff, that utilizes physical education teachers, athletes, camp veterans, creative types and child care specialists, ensures that games are always changing and that counselors can tailor programming to fit children's needs and likes.

What is kid-centered programming? Kid-centered programming means our camp staff plans daily programming with the kids likes and dislikes in mind, but daily schedules might change based on

Annual Report: Little Lions Camp

State Submission Annual Reporting Period: **October 2021 - September 2022**

Little Lions Camp Period: 6/21/2022 - 8/5/2022

Please Note: The West Harlem Development Corporation (WHDC) manages the outreach effort, application process and the selection for Obligation 5.07 (c)(xviii) . Please visit <http://www.westharlemdc.org> for more information regarding the WHDC's process.

2022 Little Lions Camp		
2022 Little Lions Camp Dates		
Dates	Location	Scholarship(s) Awarded
Session 1: June 21 - 24	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	2
Session 2: June 27 - July 1	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	4
Session 3: July 5 - 8	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	4
Session 4: July 11 - 15	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	2
Session 5: July 18 - 22	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	5
Session 6: July 25 - 29	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	1
Session 7: August 1 - 5	Dodge Physical Fitness Center - 3030 Broadway, New York, NY 10027	4
TOTAL		22

2022 Little Lions Camp Dates						
	Name	Zip Code	Age	Sex	Weeks Registered	Scholarship(s) Awarded
1.		10027	11	M	June 27 - July 1; July 5 - 8; July 18 - 22	3
2.		10027	7	M	June 27 - July 1; July 5 - 8; July 18 - 22	3
3.		10031	6	F	July 18 - 22; July 25 - 29; August 1 - 5	3
4.		10027	11	M	June 21 - 24; June 27 - July 1; July 18 - 22	3
5.		10027	7	M	June 21 - 24; June 27 - July 1; August 1 - 5	3
6.		10031	10	M	July 5 - 8; July 18 - 22; August 1 - 5	3
7.		10027	7	F	July 11 - 15; August 1 - 5	2
8.		10031	6	F	July 5 - 8	1
9.		10031	6	F	July 11 - 15	1
TOTAL						22

Each Little Lions Scholarship Grants One Week of Free Access to the Camp

Additional Supporting Documentation

- Little Lions Camp 2022 Application
- Little Lions Camp 2022 Medical Form
- Little Lions Camp 2022 Asthma Form
- Little Lions Camp 2022 Departure/Release Form
- Little Lions Camp 2022 Swim Waiver
- Little Lions Camp 2022 Camper Code of Conduct
- Little Lions Camp 2022 Media Release Form



Columbia University Little Lions Camp – Summer 2022 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 Little Lions Camp. One scholarship is equal to one week of summer camp.

This application packet contains the following forms:

- ☐ 1. 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:

Little Lions Camp at Dodge Physical Fitness Center

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Session 1:
June 20-24 | <input type="checkbox"/> Session 2:
June 27-July 1 | <input type="checkbox"/> Session 3:
July 5-8 | <input type="checkbox"/> Session 4:
July 11-15 |
| <input type="checkbox"/> Session 5:
July 18-22 | <input type="checkbox"/> Session 6:
July 25-29 | <input type="checkbox"/> Session 7:
August 1-5 | |

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 20, 2022.

IMPORTANT COVID-19 INFORMATION:

All Little Lions campers are required to be fully vaccinated against COVID-19. Each camper's second dose of the vaccine must be administered at least two (2) weeks prior to their first day of camp.



**Columbia University Little Lions Camp – Summer 2022
Manhattanville Scholarship Registration Form**

CAMPER INFORMATION

Name: _____

Gender (select one): ☐ Male ☐ Female ☐ Non-binary

Birth Date (mm/dd/yyyy): _____

Camper's School: _____

Grade in School for 2022/2023 Academic Year: _____

Camper's Swim Level (circle one): No Experience Beginner Middle Advanced

Please indicate any allergies or medical conditions: _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Please select the week(s) you would like to register this camper for:

Little Lions Camp at Dodge Physical Fitness Center

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Session 1:
June 20-24 | <input type="checkbox"/> Session 2:
June 27-July 1 | <input type="checkbox"/> Session 3:
July 5-8 | <input type="checkbox"/> Session 4:
July 11-15 |
| <input type="checkbox"/> Session 5:
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August 1-5 | |

IMPORTANT COVID-19 INFORMATION:

All Little Lions campers are required to be fully vaccinated against COVID-19. Each camper's second dose of the vaccine must be administered at least two (2) weeks prior to their first day of camp.

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	Phone Numbers Home Cell Work
Health insurance <input type="checkbox"/> Yes (including Medicaid)? <input type="checkbox"/> No		Parent/Guardian Last Name <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster Parent		First Name			

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? <input type="checkbox"/> 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 If persistent, check all current medication(s): <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) _____	
Explain all checked items above or on addendum			

PHYSICAL EXAMINATION

Height _____ cm (____ %ile)
 Weight _____ kg (____ %ile)
 BMI _____ kg/m² (____ %ile)
 Head Circumference (age ≤2 yrs) _____ cm (____ %ile)
 Blood Pressure (age ≥3 yrs) _____ / _____

General Appearance:

NI Abnl	HEENT	NI Abnl	Lymph nodes	NI Abnl	Abdomen	NI Abnl	Skin	NI Abnl	Psychosocial Development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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

Describe abnormalities:

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></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>		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 Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school <table border="1"> <thead> <tr> <th></th> <th>Date Done</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>PPD/Mantoux placed</td> <td>____/____/____</td> <td>Induration _____ mm</td> </tr> <tr> <td>PPD/Mantoux read</td> <td>____/____/____</td> <td><input type="checkbox"/> Neg <input type="checkbox"/> Pos</td> </tr> <tr> <td>Interferon Test</td> <td>____/____/____</td> <td><input type="checkbox"/> Neg <input type="checkbox"/> Pos</td> </tr> <tr> <td>Chest x-ray (if PPD or Interferon positive)</td> <td>____/____/____</td> <td><input type="checkbox"/> NI <input type="checkbox"/> Not <input type="checkbox"/> Abnl Indicated</td> </tr> <tr> <td>Vision (required for new school entrants and children age 4-7 yrs)</td> <td>____/____/____ <input type="checkbox"/> with glasses</td> <td>Acuity Right ____ / ____ Left ____ / ____ Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </tbody> </table>		Date Done	Results	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 <input type="checkbox"/> Abnl Indicated	Vision (required for new school entrants and children age 4-7 yrs)	____/____/____ <input type="checkbox"/> with glasses	Acuity Right ____ / ____ Left ____ / ____ Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes
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IMMUNIZATIONS – DATES

CIR Number
of Child

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

Hep B ____/____/____
 Rotavirus ____/____/____
 DTP/DTaP/DT ____/____/____
 Hib ____/____/____
 PCV ____/____/____
 Polio ____/____/____

Influenza ____/____/____
 MMR ____/____/____
 Varicella ____/____/____
 Td ____/____/____
 Tdap ____/____/____
 Meningococcal ____/____/____
 HPV ____/____/____
 Other, Specify: ____/____/____; ____/____/____

RECOMMENDATIONS

☐ Full physical activity ☐ Full diet

☐ Restrictions (specify) _____
Follow-up Needed ☐ No ☐ Yes, for _____ Appt. date: ____/____/____
Referral(s): ☐ None ☐ Early Intervention ☐ Special Education ☐ Dental ☐ Vision
☐ Other _____

ASSESSMENT

☐ Well Child (V20.2) ☐ Diagnoses/Problems (list)

ICD-9 Code

Health Care Provider Signature

Date ____/____/____

DOHMH
ONLY

PROVIDER
I.D.

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

Health Care Provider Name and Degree (print)

Provider License No. and State

Facility Name

National Provider Identifier (NPI)

Address City State Zip

Date Reviewed: ____/____/____ I.D. NUMBER

Telephone (____) _____ - _____ Fax (____) _____ - _____

REVIEWER: _____

Attach student photo here

ASTHMA MEDICATION ADMINISTRATION FORM

PROVIDER MEDICATION ORDER FORM | Office of School Health | School Year 2018-2019

DUE: JULY 15th. Forms submitted after July 15th may delay processing for new school year.

Student Last Name

First Name

Middle Initial

Date of Birth ____/____/____
M M D D Y Y Y Y

☐ Male

☐ Female

OSIS # _____

DOE District ____

Grade/Class _____

School Name, Number, Address, and Borough:

HEALTH CARE PRACTITIONERS COMPLETE BELOW

Diagnosis

☐ Asthma

☐ Other: _____

Control (see NAEPP Guidelines)

☐ Well Controlled

☐ Not Controlled / Poorly Controlled

☐ Unknown

Severity (see NAEPP Guidelines)

☐ Intermittent

☐ Mild Persistent

☐ Moderate Persistent

☐ Severe Persistent

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

History of near-death asthma requiring mechanical ventilation

☐ Y

☐ N

☐ U

History of life-threatening asthma (loss of consciousness or hypoxic seizure)

☐ Y

☐ N

☐ U

History of asthma-related PICU admissions (ever)

☐ Y

☐ N

☐ U

Received oral steroids within past 12 months

☐ Y

☐ N

☐ U

_____ times last : ____/____/____

History of asthma-related ER visits within past 12 months

☐ Y

☐ N

☐ U

_____ times

History of asthma-related hospitalizations within past 12 months

☐ Y

☐ N

☐ U

_____ times

History of food allergy or eczema, specify: _____

☐ Y

☐ N

☐ U

Student Skill Level (Select the most appropriate option)

☐ Nurse-Dependent Student: nurse must administer medication

☐ Supervised Student: student self-administers under adult supervision

☐ Independent Student: student is self-carry / self-administer

Home Medications (Include over the counter)

☐ Reliever _____

☐ Controller _____

☐ Other _____

Practitioner Initials

I attest student demonstrated the ability to self-administer the prescribed medication effectively for school / field trips / school sponsored events.

Quick Relief In-School Medication (Select ONE)

☐ Albuterol MDI
[Ventolin® MDI can be provided by school for shared usage (plus individual spacer)]:

☐ MDI w/ spacer

☐ DPI

☐ Other: Name: _____ Strength: _____
Dose: _____ Route: _____ Time Interval: ☐ ____ hrs

In-School Instructions (Check all that apply)

☐ Standard Order: Give 2 puffs/1 AMP q 4 hrs. PRN for coughing, wheezing, tight chest, difficulty breathing or shortness of breath ("asthma flare symptoms"). Monitor for 20 mins or until symptom-free. If not symptom-free within 20 mins may repeat **ONCE**.
If in Respiratory Distress*: Call 911 and give 6 puffs/1 AMP; may repeat q 20 minutes until EMS arrives.

☐ Pre-exercise: 2 puffs/1 AMP 15-20 mins before exercise.

☐ URI Symptoms or Recent Asthma Flare (Within 5 days):
2 puffs/1 AMP @ noon for 5 days.

Special Instructions:

Controller Medications for In-School Administration
(Recommended for Persistent Asthma, per NAEPP Guidelines)

☐ Fluticasone MDI
[Flovent® 110 mcg MDI can be provided by school for shared usage]:

☐ MDI w/ spacer

☐ DPI

☐ Other: Name: _____ Strength: _____
Dose: _____ Route: _____ Time Interval: ☐ ____ hrs

☐ Standing Daily Dose:
____ puffs/1AMP ONCE a day at ____ AM

Special Instructions:

Health Care Practitioner (Please Print Name)

Last

First

Address

Tel. (____) ____ - ____ - ____

Email Address

Signature

Fax (____) ____ - ____ - ____

NYS License # (Required)

Date ____/____/____

NPI # _____

CDC and AAP strongly recommend annual influenza vaccination for all children diagnosed with asthma.

SWIM WAIVER

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 _____

2022 Little Lions Camp Departure/Release Form

Parent Name: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Emergency Contact Name: _____ Phone Number: _____

Camper Name: _____ Camper Birthdate: _____

School Attended: _____

You agree and acknowledge that neither The Trustees of Columbia University in the City of New York (the "University"), nor any of its present or former trustees, officers and employees ("agents or employees"), shall have responsibility for any loss, injury, or damage including, but not limited to, any personal injury, death, or property damage, and you hereby expressly waive all rights, claims, causes of action, and the like of any nature whatsoever which you or your heirs or legal representatives may have against the University or any of its agents or employees in connection with your participation in said activity. By signing this Liability Waiver, you acknowledge that you understand that your child's participation in this activity is completely voluntary and at your own risk. You agree and promise to indemnify, defend, and hold harmless the University, including all of its agents and employees, as a result of any injuries, damage, illness, or death in connection with your child's participation in Little Lions Camp. You 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.

☐ My Child HAS Permission to Leave Camp Unattended (age 10 and up).

☐ My Child DOES NOT Have Permission to Leave 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 |

Participation in or use of photograph

For valuable consideration, I do hereby authorize the Little Lions Camp and 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 Little Lions 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: _____