

# Registration Form SUMMER 2025

**\* FORM A**

Register online at [daltoncra.org](http://daltoncra.org) OR

Fill out ALL listed forms when registering in person:

Please complete Form A & B

\_\_\_ **FORM A: Registration – Completed by Parent/Guardian**

**\*REQUIRED**

\_\_\_ **FORM B: Registration – Completed by Parent/Guardian**

\_\_\_ **FORM C: Health Form – Completed by Child's Physician** For safety reasons, ALL health forms must be submitted to the CRA including a copy of child's immunizations. Your child will not be able to attend until completed health forms are received by the CRA.

\_\_\_ **Payment Note:** Payment must be made in full at time of registration for clinics, workshops, and Make it a Full Day. Payment for DYC Day Camp is due two weeks prior to the start of camp. Financial aid is available upon completion of a financial aid application. Financial aid is available upon completion of a financial aid application. Please note financial aid requests must be received the 14 days prior to the start of the requested camp. For application, please contact the CRA at (413) 684-0260 or download at [daltoncra.org](http://daltoncra.org).

## CHILD'S INFORMATION

(Please fill out a separate form for each child)

\*Name \_\_\_\_\_

\*Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

\*Grade as of September 2025 \_\_\_\_\_

Gender M \_\_\_\_\_ F \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

\*Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

\*Phone Number 1 \_\_\_\_\_

Phone Number 2 \_\_\_\_\_

\*Email \_\_\_\_\_

## ALLERGIES AND/OR SPECIAL DIET

\_\_\_\_\_  
\_\_\_\_\_

## PRESCRIPTION MEDICATIONS

(Additional documentation is required for all administered and self-administered medication. Please reference Policies and Procedures page for details.)

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone Number 1 \_\_\_\_\_

Phone Number 2 \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (other than Parents/Guardians)

\*Name \_\_\_\_\_

\*Phone Number \_\_\_\_\_

\*Relationship to Camper \_\_\_\_\_

\*Is this contact authorized to pick up camper Yes \_\_\_\_\_ No \_\_\_\_\_

**(Proof of ID may be requested upon pick-up)**

\*Name \_\_\_\_\_

\*Phone Number \_\_\_\_\_

\*Relationship to Camper \_\_\_\_\_

\*Is this contact authorized to pick up camper Yes \_\_\_\_\_ No \_\_\_\_\_

**(Proof of ID may be requested upon pick-up)**

## \*General Release / Photo Release / Summer Program (camp/clinic/workshop) Policies and Procedures Release

**\*GENERAL RELEASE: I HEREBY ACKNOWLEDGE THAT PARTICIPATION IN SUMMER PROGRAMS CARRIES WITH IT A POTENTIAL RISK OF HARM. ACCORDINGLY, IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE IN A CRA SUMMER PROGRAM, I HEREBY RELEASE THE COMMUNITY RECREATION ASSOCIATION, INC., THE CRA BOARD OF TRUSTEES, THE CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT, THE TOWN OF DALTON, THE INSTRUCTORS AND EMPLOYEES OF THE FOREGOING FROM ANY AND ALL CLAIMS OR OTHER LIABILITY FOR ILLNESS OR INJURY TO PERSON OR PROPERTY ARISING OUT OF PARTICIPATION IN A CRA SUMMER PROGRAM.**

➔ Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Photo Release: I grant to the CRA, the right to take photographs of my child(ren) in connection with summer programs. I authorize the CRA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the CRA may use such photographs of my child(ren) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.**

➔ Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Summer Programs Policies and Procedures: I have reviewed NOTICE PAGE: Summer 2025 Policies and Procedures. I understand and agree to the Summer 2025 Policies and Procedures. (Note: Required for ALL)**

➔ Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Community Recreation Association 400 Main Street • Dalton, MA 01226**  
**(413) 684-0260 • FAX: (413) 684-4033 • [daltoncra.org](http://daltoncra.org)**   



# Registration Form SUMMER 2025

**\*FORM B**

*Please complete Form A & B*

**Please check ALL that apply:**

**SPORTS / SPECIALTY / ELITE**

- ALL SPORTS**  
Grades 2-6 . . . . August 18 to 22 . . . . \$90
- ALL-STAR GIRLS SOCCER**  
Grades 7-11 . . . . July 28 to Aug 1 . . . . \$50
- BACKYARD GAMES**  
Grades K-8 . . . . August 4 to 8 . . . . \$90
- BASEBALL**  
Grades 1-6 . . . . June 23 to 27 . . . . \$90
- BOXING CAMP**
  - Grades 3-6 . . . . July 7 to 10 (4 DAYS) . . . . \$75
  - Grades 3-6 . . . . July 21 to 24 (4 DAYS) . . . . \$75
- BOYS BASKETBALL**  
Grades 3-9 . . . . July 7 to 11 . . . . \$90
- BRAZILIAN SOCCER CAMP**
  - Full Day/Ages 9-14 . . . . June 30 to 3 . . . . \$199
  - Half Day/Ages 7-14 . . . . June 30 to 3 . . . . \$169
  - Future Star Program/Ages 4-6 . . . . June 30 to 3 . . . \$79
- CAMPBELL FUNDAMENTAL FOOTBALL**  
Grades 3-8 . . . . July 28 to 31 (4 DAYS) . . . . \$50
- CHEER CLINIC**  
Grades K-8 . . . . June 21 (1 DAY) . . . . \$45
- CO-ED ELITE BASKETBALL**  
Grades 5-12 . . . . August 14 to 18 . . . . \$140
- CO-ED LACROSSE**  
Grades K-8 . . . . July 28 to Aug 1 . . . . \$90
- CO-ED SOCCER**  
Grades K-8 . . . . June 23 to 27 . . . . \$90
- DANCE**
  - Grades PreK-2 . . . . July 28 to Aug 1 . . . . \$90
  - Grades 3-5 . . . . August 18 to 22 . . . . \$90
- ELITE BASEBALL**  
Ages 8-14 . . . . July 21 to 25 . . . . \$140
- ELITE LACROSSE CAMP**  
Grades 5-12 . . . . August 4 to 8 . . . . \$140
- ELITE SOCCER CAMP**
  - Grades 5-8 . . . . August 11 to 15 . . . . \$250
  - Grades 9-12 . . . . August 11 to 15 . . . . \$250
- GIRLS BASKETBALL**  
Grades 3-9 . . . . June 23 to 27 . . . . \$90
- GIRLS SOCCER**  
Grades K-8 . . . . July 28 to Aug 1 . . . . \$90
- QUARTERBACK DEVELOPMENT CAMP**  
Grades 3-8 . . . . August 4-7 (4 DAYS) . . . . \$50
- ROBOTICS**  
Grades 5-8 . . . . July 14 to 18 . . . . \$90
- SOFTBALL**  
Grades K-8 . . . . June 30 to 3 . . . . \$75

**DYC DAY CAMP**

- Week 1 . . . . . June 23 to 27 . . . . . \$225
- Week 2 . . . . . June 30 to July 3 (4 DAYS) . . . . . \$180
- Week 3 . . . . . July 7 to 11 . . . . . \$225
- Week 4 . . . . . July 14 to 18 . . . . . \$225
- Week 5 . . . . . July 21 to 25 . . . . . \$225
- Week 6 . . . . . July 28 to Aug. 1 . . . . . \$225
- Week 7 . . . . . August 4 to 8 . . . . . \$225
- Week 8 . . . . . August 11 to 15 . . . . . \$225
- Week 9 . . . . . August 18 to 22 . . . . . \$225

**NOTE:** Payment must be made in full at time of registration for clinics, workshops, and Make it a Full Day. Payment for DYC Day Camp is due two weeks prior to the week of camp. Financial aid is available upon completion of a financial aid application. Please note financial aid requests must be received the 14 days prior to the start of the requested camp. For application, please contact the CRA at (413) 684-0260 or download at [daltoncra.org](http://daltoncra.org).

\*CHILD'S NAME \_\_\_\_\_

\*GRADE AS OF SEPTEMBER 2025 \_\_\_\_\_

PROGRAM NAME	FEE	MAKE IT A FULL DAY ADD \$\$\$	TOTAL

Please make check payable to CRA.

**Total Enclosed** \$ \_\_\_\_\_

FOR OFFICE USE ONLY     DATE REC'D \_\_\_\_\_     INITIALS \_\_\_\_\_

# MASSACHUSETTS SCHOOL HEALTH RECORD

## Health Care Provider's Examination

Name \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Medical History \_\_\_\_\_

### Pertinent Family History

### Current Health Issues

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <b>Y</b>                 | <b>N</b>                 |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies: Please list: Medications _____ Food _____ Other _____<br>History of Anaphylaxis to _____ Epi -Pen®: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma: Asthma Action Plan <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II  |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizure disorder: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Please specify) _____  |

**Current Medications (if relevant to the student's health and safety)** Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

### Physical Examination

**Date of Examination:** \_\_\_\_\_

Hgt: \_\_\_\_\_ (\_\_\_\_%) Wgt: \_\_\_\_\_ (\_\_\_\_%) BMI: \_\_\_\_\_ (\_\_\_\_%) BP: \_\_\_\_\_

(Check = Normal / If abnormal, please describe.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General _____     | <input type="checkbox"/> Lungs _____     | <input type="checkbox"/> Extremities _____ |
| <input type="checkbox"/> Skin _____        | <input type="checkbox"/> Heart _____     | <input type="checkbox"/> Neurologic _____  |
| <input type="checkbox"/> HEENT _____       | <input type="checkbox"/> Abdomen _____   | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Dental/Oral _____ | <input type="checkbox"/> Genitalia _____ |  |

### Screening:

- |                   |   |                    |   |                               |   |
|-------------------|---|--------------------|---|-------------------------------|---|
|                   | (Pass) (Fail)                                     |                    | (Pass) (Fail)                                     |                               | (Pass) (Fail)                                     |
| Vision: Right Eye | <input type="checkbox"/> <input type="checkbox"/> | Hearing: Right Ear | <input type="checkbox"/> <input type="checkbox"/> | Postural Screening:           | <input type="checkbox"/> <input type="checkbox"/> |
| Left Eye          | <input type="checkbox"/> <input type="checkbox"/> | Left Ear           | <input type="checkbox"/> <input type="checkbox"/> | (Scoliosis/Kyphosis/Lordosis) |   |
| Stereopsis        | <input type="checkbox"/> <input type="checkbox"/> |                    |   |                               |   |

**Laboratory Results:**  Lead \_\_\_\_\_ Date \_\_\_\_\_  Other \_\_\_\_\_

**The entire examination was normal:**

**Targeted TB Skin Testing:**  Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

TB Test Type:  TST  IGRA Date: \_\_\_\_\_ Result:  Positive  Negative  Indeterminate/Borderline

Referred for evaluation to: \_\_\_\_\_ Date: \_\_\_\_\_  Low risk (no TB test done)

This student has the following problems that may impact his/her educational experience:

- |   |                                   |  |   |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> Vision           | <input type="checkbox"/> Hearing  | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Fine/Gross Motor Deficit |
| <input type="checkbox"/> Emotional/Social | <input type="checkbox"/> Behavior | <input type="checkbox"/> Other           |   |

Comments/Recommendations: \_\_\_\_\_

Y  N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: \_\_\_\_\_

Y  N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date \_\_\_\_\_

\_\_\_\_\_  
Please print name of Examiner.

Group Practice Telephone \_\_\_\_\_

Address City State Zip Code

# CRA 2025 SUMMER CAMPS | CLINICS | WORKSHOPS AT A GLANCE

	GRADES/AGES	TIME	LOCATION	COST
<b>WEEK 1 – JUNE 23 TO 27</b>				
DYC DAY CAMP	Grades K-7	7:30am–5pm	DYC	\$225
CHEER CLINIC (SATURDAY, 6/21, 1 DAY)	Grades K-8	9am–3pm	CRA	\$45
Co-Ed Soccer	Grades K-8	9am–12pm	NRMS	\$90
Girls Basketball	Grades 3-9	9am-12pm	WRHS	\$90
Baseball	Grades 1-6	9am-12pm	CH PK	\$90
<b>WEEK 2 – JUNE 30 TO JULY 3</b>				
DYC DAY CAMP	Grades K-7	7:30am–5pm	DYC	\$180
Softball	Grades K-8	9am-12pm	PG PK	\$75
Brazilian Soccer Camp (FULL DAY)	Ages 9-14	9am-3pm	NRMS	\$199
Brazilian Soccer Camp (HALF DAY)	Ages 7-14	9am-12pm	NRMS	\$169
Future Stars Soccer Clinic	Ages 4-6	3pm-4pm	NRMS	\$79
<b>WEEK 3 – JULY 7 TO JULY 11</b>				
DYC DAY CAMP	Grades K-7	7:30am–5pm	DYC	\$225
Boxing Camp (July 7-10, 4 DAYS)	Grades 3-6	9am-12pm	CRA	\$75
Boys Basketball	Grades 3-9	9am–12pm	WRHS	\$90
<b>WEEK 4 – JULY 14 TO JULY 18</b>				
DYC DAY CAMP	Grades K-7	7:30am–5pm	DYC	\$225
Robotics	Grades 5-8	9am–12pm	CRA	\$90
Co-Ed Elite Basketball Camp	Grades 5-12	9am-2pm	WRHS	\$140
<b>WEEK 5 – JULY 21 TO JULY 25</b>				
DYC DAY CAMP	Grades K-7	7:30am–5pm	DYC	\$225
Elite Baseball	Ages 8-14	9am-2pm	PG PK	\$140
Boxing Camp (July 21-24, 4 DAYS)	Grades 3-6	9am-12pm	CRA	\$75
<b>WEEK 6 – JULY 28 TO AUGUST 1</b>				
DYC DAY CAMP	Grades K-7	7:30am–5pm	DYC	\$225
All-Star Girls Soccer	Grades 7-11	6pm-8pm	NRMS	\$50
Dance	Grades PreK-2	12:30pm-3:30pm	CRA	\$90
Co-Ed Lacrosse	Grades K-8	9am–12pm	WRHS	\$90
Girls Soccer	Grades K-8	9am-12pm	NRMS	\$90
FUNDamental Youth Football Camp (7/28-31, 4 DAYS)	Grades 3-8	6pm-8pm	WRHS	\$50
<b>WEEK 7 – AUGUST 4 TO AUGUST 8</b>				
DYC DAY CAMP	Grades K-7	7:30am–5pm	DYC	\$225
Elite Lacrosse Camp	Grades 5-12	9am–1pm	WRHS	\$140
Quarterback Development Camp (8/4-7, 4 DAYS)	Grades 3-8	9am-11am	WRHS	\$50
Backyard Games	Grades K-8	9am-12pm	CRA	\$90
<b>WEEK 8 – AUGUST 11 TO AUGUST 15</b>				
DYC DAY CAMP	Grades K-7	7:30am–5pm	DYC	\$225
Elite Soccer Camp / Middle School	Grades 5-8	9am-12pm	WRHS	\$250
Elite Soccer Camp / High School	Grades 9-12	12:30pm-3:30pm	WRHS	\$250
<b>WEEK 9 – AUGUST 18 TO AUGUST 22</b>				
DYC DAY CAMP	Grades K-7	7:30am–5pm	DYC	\$225
All Sports	Grades 2-6	9am–12pm	CRA	\$90
Dance	Grades 3-5	9am-12pm	CRA	\$90

## LOCATIONS KEY:

CRA – 400 Main Street, Dalton  
CH PK – Chamberlain Park

DYC – 27 South Carson Ave, Dalton  
PG PK – Pine Grove Park

WRHS – Wahconah Regional High School  
NRMS – Nessacus Regional Middle School



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