

WOODBURY PARKS DAY CAMP REZ 2008 APPLICATION FORM

CAMP DATES: July 7-25 (Orientation-Sat., July 5, 10am)
July 28-Aug. 15 (Orientation-Sat. July 26, 10am)

TIME: 9:00 AM - 3:00 PM

FEE SCHEDULE: Make check payable to: Town of Woodbury

WOODBURY RESIDENTS:

\$435 per child – 3 week session, \$415 early registration by May 2

REGISTRATION: Monday – Friday, 10am – 1pm at the Parks Office
Or by mail: Woodbury Parks & Recreation
P.O. Box 21
Highland Mills, New York 10930

Deposit of \$200.00 **per child per session** due upon registration. Payment in full & completed forms for all sessions are due by June 1, 2008. Deposits are not refundable after this date

READ CAREFULLY:

PAGES 2-5 MUST BE COMPLETED AND SIGNED BY THE APPROPRIATE PERSON.
MEDICATION ADMINISTRATION FORM - PAGE 5 - WHERE APPLICABLE.

UPDATED IMMUNIZATION RECORDS ARE MANDATORY AT THE TIME OF
REGISTRATION.

REQUEST FOR REFUNDS MUST BE RECEIVED BY June 1, 2008 IN WRITING.
IF GRANTED, A \$15.00 PROCESS FEE WILL APPLY.

CAMPERS UNDER 6 AT THE START OF CAMP MUST BE ABLE TO PROVE
THEY HAVE OR WILL SUCCESSFULLY COMPLETE KINDERGARTEN,
I.E., REPORT CARD OR NOTE FROM SCHOOL

APPLICATION

CHILD'S NAME _____ M/F _____

CHILD'S BIRTH DATE _____ ENTERING GRADE/SEPT. 2008 _____ AGE _____

PARENTS/GUARDIANS _____

PARENT'S ADDRESS _____

PARENT'S HOME TELEPHONE _____

MOTHER'S OCCUPATION & DAYTIME TEL. _____

FATHER'S OCCUPATION & DAYTIME TEL. _____

IF UNABLE TO REACH PARENT/GUARDIAN, LIST TWO EMERGENCY CONTACT PERSONS (MUST BE LOCAL RESIDENT)

- 1. NAME _____ PHONE _____ RELATION TO CAMPER _____
- 2. NAME _____ PHONE _____ RELATION TO CAMPER _____

CHILD'S PHYSICIAN: NAME _____

ADDRESS: _____ PHONE NO. _____

PARENT STATES THAT THE CHILD'S HEALTH IS:

(CIRCLE ONE) EXCELLENT FAIR POOR

MEDICAL INSURANCE COVERAGE:

INSURED'S NAME _____ INSURANCE CO. _____

INSURANCE CO. ADDRESS _____

POLICY NO. _____ PHONE NO. _____

ANY SPECIAL NOTES: (attention deficit, learning or behavioral disorders - to be filled in by parent or guardian)

Date signed

Parent/Guardian signature

Child's Name: _____

Address: _____

Phone: _____

Parents' Name: _____

Father's Occupation & Daytime Phone No. _____

Mother's Occupation & Daytime Phone No. _____

Emer. Contact: 1. Name _____ No. _____ Rel. to Camper _____

2. Name _____ No. _____ Rel. to Camper _____

Child's Age: _____ Date of Birth: _____

IMMUNIZATION RECORD: (Will accept signed copy of Doctor's immunization card)

Mumps: _____

German Measles: _____

Measles: _____

Diphtheria: _____

Poliomyelitis: _____

Tetanus: _____

Hep B _____

HIB _____

Varicella (chicken pox) _____

Height: _____

Weight: _____

Or attach immunization records (copy)

Child allergies: _____ Asthma restrictions: _____

Food allergies: _____

Limitations or special needs: _____

List any medications that your child takes on a year-round basis and reason for meds.

Any other considerations that the camp should be aware of, ie., physical or mental behavior or specific medications being taken during the summer.

Authorized signature of Physician or
Registered Nurse

MANDATORY MEDICAL AWARENESS

I, the undersigned, as parent and/or legal guardian of _____
(child's name)

understand that the CAMP REZ program administered by the Town of Woodbury Recreation Commission will include any array of both sports and recreational activities typically made available to children at summer camp. The kinds of activities will only be limited by the imagination of our summer counselors and staff. Necessarily, these activities will include body contact sports such as soccer, basketball, softball, dodge ball, volleyball, and the like. These activities and others of similar nature will involve vigorous activity on the part of the children and will be of a competitive nature. I understand further that my child may participate in swimming lessons and recreational swim.

The undersigned, as parent, legal guardian or person having legal custody of the child, does hereby grant permission to the Town of Woodbury Recreation Commission servants or employees, to administer emergency first aid or emergency hospital treatment to my child in the event of an accident.

Also, the undersigned has read the handbook of rules and regulations and is in agreement with its contents.

Date Signed _____

Parent or Legal Guardian

THIS PAGE SHOULD BE COMPLETED ONLY WHEN AND IF A CHILD REQUIRES MEDICATION WHILE ATTENDING CAMP REZ. IT IS

MANDATORY THAT THE CAMP HEALTH DIRECTOR HAS THIS COMPLETED FORM IN ORDER TO SUPERVISE THE ADMINISTRATION OF ANY MEDICATION.

No child may carry with him or her, as the case may be, any medical substance while at the Camp Rez Program. In the event a child is required to ingest a medical substance which has been duly prescribed by a physician, then the following procedure must be adhered to:

- A) The parent and/or guardian of the child shall personally deliver the medication together with written instructions from the physician with respect to same to the Health Director. The written instructions shall include the following information:

Name of medicine _____
Reason for medicine _____
The dosage _____
The time _____
Number of days to be given _____

- B) The medication must be in the container provided by a registered pharmacist and shall have the professional label affixed thereto.
- C) Under no circumstances is a child to bring medicine to the Day Camp Program
- D) The parent or guardian must submit a written request to the Day Camp Health Director to supervise the self administration of medicine, as directed by the physician.
- E) All unused medication must be personally picked up by the parent and/or guardian of the child within three (3) Program days after the final dosage is given.

I, _____, being the parent and/or guardian of _____, have read the above procedure and agree to follow the rules precisely as written.

Date signed: _____
Parent or Legal Guardian

CAMPER(S)' NAME(S): _____ SESSION(S): _____

**PLEASE FILL OUT THE FOLLOWING
CONCERNING YOUR CAMPER(S):**

**EACH CHILD WILL RECEIVE ONE T-SHIRT PER SESSION.
IF YOU WISH TO ORDER EXTRAS, THE COST WILL BE \$7.00 PER SHIRT**

T-SHIRT SIZE - Children's: S ___ M ___ L ___

Adult's: S ___ M ___ L ___

No. Shirts ordered: _____ Amount Due _____

Please make checks out to "Town of Woodbury"

PERMISSION SLIP FOR CAMPER TO BE PICKED UP BY PERSON OTHER THAN A PARENT/GUARDIAN

I give _____ permission to pick up my child/children _____
_____ from Camp Rez on _____.
(Date)

Signed _____ Date _____
Parent/Guardian

We expect campers participating in Day Camp Rez to behave in a mature and responsible way and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person or that falls below generally accepted standards of conduct. Specifically, this includes:

- 1) Appropriate attire must be worn at all times. Camp t-shirts must be worn everyday. Shorts should be mid-thigh or longer. Shirts that expose the torso are not permitted.
- 2) Angry or vulgar language including swearing and name-calling. Any angry or vulgar language toward another camper or a staff member will not be tolerated.
- 3) Physical contact with another camper in any angry or threatening way. Campers must keep their hands to themselves at all times. No aggressive behavior, including hitting, punching, slapping, kicking, biting or physically touching another camper or staff member will be tolerated.
- 4) Harassment or intimidation by words, gestures, body language or any other menacing behavior.
- 5) Any demonstration of sexual activity or sexual contact with another camper.
- 6) Theft or behavior which results in the destruction of property.
- 7) Carrying or concealing any weapons or devices which may be used as weapons.
- 8) Using or possessing illegal chemicals or alcohol on the Day Camp Rez property, or at Day Camp Rez sponsored programs.
- 9) Any continuous disruptive behavior or conduct of an inappropriate, threatening or offensive nature toward other campers or staff.

Camper Signature _____ Date _____

Parent Signature _____ Date _____

Please return this form prior to your child's camp session.

Note: All campers must adhere to the above. Any incident will be evaluated on an individual basis.
