

**DAY CAMP REZ  
CAMP REZ FOR TEENS**

**2011 APPLICATION FORM**

**Please check below which session(s) you would like your child/children to attend.**

**Session 1 \_\_\_\_\_ \$150 - One-Week Session: June 27– July 1  
Camp Orientation - Sat., June 18 - 9 am**

**Session 2 \_\_\_\_\_ \$415 - Three-Week Session: July 4 – 22  
Camp orientation - Sat., June 18 - 9 am**

**Session 3 \_\_\_\_\_ \$415 - Three-Week Session: July 25 - Aug. 12  
Camp Orientation - Sat., July 23 - 9 am**

**TEEN CAMP REZ**

**Session 1 \_\_\_\_\_ \$415 – Three Week Session: July 4 – 22  
Camp Orientation - Sat., June 18 - 9 am**

**Session 2 \_\_\_\_\_ \$415 – Three Week Session: July 25 – Aug 12  
Camp Orientation - Sat., July 23 - 9 am**

**DAY CAMP REZ AND TEEN REZ INFORMATION:**

CAMP TIME: 9:00 AM - 3:00 PM

FEE SCHEDULE: Make check payable to: Town of Woodbury  
REGISTRATION: Monday – Friday, 9 am – 2 pm at the Parks Office  
Or by mail: Woodbury Parks & Recreation  
P.O. Box 21  
Highland Mills, New York 10930

You may leave your check deposits in our outside drop box. The box is located on the left side of the parks office door. Please use **the top mail slot for entries. The lower door contains the large camp application. Please check to see if you have the proper Camp Rez and Teen Application.**

**Deposit of \$200.00 per child per session due upon registration. Payment in full & completed forms for all sessions are due by **June 3, 2011**. Deposits are not refundable after this date as well. **Requests for refunds must be received in writing on or before June 3<sup>rd</sup> for the Park Commission to approve a refund.****

**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.

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

BOTH CAMPERS AND PARENTS MUST READ AND SIGN THE CAMP CODE OF CONDUCT.

**APPLICATION**

CHILD'S NAME \_\_\_\_\_ M/F \_\_\_\_\_

CHILD'S BIRTH DATE \_\_\_\_\_ ENTERING GRADE/SEPT. 2011 \_\_\_\_\_ AGE \_\_\_\_\_

PARENTS/GUARDIANS \_\_\_\_\_

PARENT'S ADDRESS \_\_\_\_\_

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

CELL PHONE – MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

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 \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

MEDICAL HISTORY (Parent must complete top portion)

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**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

---

## CODE OF CONDUCT

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.**

# **CAMP OPERATOR'S DISCLOSURE STATEMENT**

## **To Parents and Guardians**

---

- This children's camp must have a permit to operate from the Orange County Department of Health.
  - The camp is required to be inspected at least twice annually.
  - Copies of inspection reports are on file and are available for review at the Orange County Department of Health, Division of Environmental Health, 124 Main Street, Goshen, NY 10924
-

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**

**DAY CAMP REZ (Yellow Shirt)**

**T-SHIRT SIZE - Children: S \_\_\_ M \_\_\_ L \_\_\_**

**Adult: S \_\_\_ M \_\_\_ L \_\_\_**

**TEEN CAMP REZ (Green Shirt)**

**Adult: S \_\_\_ M \_\_\_ L \_\_\_**

**No. Shirts ordered: \_\_\_\_\_ Amount Due \_\_\_\_\_**

**Please make checks out to Town of Woodbury**

## Sun Damage Protection

Dear Parents:

Our department is committed to promoting sun safety. We are well aware that sun damage suffered during childhood is the leading cause of most skin cancer in adults.

As an extra measure to protect the children from the dangers of UV rays, we encourage you to apply sunscreen lotion to your child (all over body, rather than just areas exposed to the sun) before coming to camp. It is optional for parents to allow lotion to be applied during the day by our Health Director or other designated person. If you choose to participate, please fill out the form below. We will also need you to supply a bottle of sunscreen clearly labeled with your child's name.

We are now a member of Sun Wise. Additional information on Sun UV Ray damage is available in the Camp Trailer.

-----

I give my permission for sunscreen lotion to be applied to my child.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Session

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date