

Splash N Dash-City of Newburgh Summer Day Camp Registration Form

Key Information

To register for camp, register in person at the Delano-Hitch Activity Center during the week of June 4th as follows: Mon-Fri. 9:00am-1:00pm; Mon-Thurs. 3:00-7:00pm. Sorry no phone registration.

Camp runs from 8:00AM - 4:00PM at the Delano-Hitch Recreation Complex with pick up options as late as 6:00pm for extra fee. For children ages: 6-13 years

Session 1; 7/2-7/13 (No camp 7/4), Session 2; 7/16-7/27, Session 3; 7/30-8/10

Fees: City of Newburgh resident: \$125/2 week session; \$375 for full 6 week program
 Non City of Newburgh resident: \$190/2 week session; \$570 for full 6 week program
 5:00PM Pick Up Option, extra \$25/2 week session
 6:00PM Pick Up Option, extra \$50/2 week session

Registration will not be accepted without immunization records
 Full fee required at time of registration, cash or money order only.

1. Camper's Name _____ (Age) _____ (Gender (M or F) _____)

Last Grade _____ Date Of Birth _____

T-Shirt Size: **Child** Sm. (6-8) Med. (10-12) Lg. (14-16); **Adult:** Med. Large X-Large
 XXXLarge

Splash N Dash session 1 ___ session 2 ___ session3 ___
 (Check sessions) 7/2-7/13 7/16-7/27 7/30-8/10

2. Camper's Name _____ (Age) _____ (Gender (M or F) _____)

Last Grade _____ Date Of Birth _____

T-Shirt Size: **Child** Sm. (6-8) Med. (10-12) Lg. (14-16); **Adult:** Med. Large X-Large
 XXXLarge

Splash N Dash session 1 ___ session 2 ___ session3 ___
 (Check sessions) 7/2-7/13 7/16-7/27 7/30-8/10

3. Camper's Name _____ (Age) _____ (Gender (M or F) _____)

Last Grade _____ Date Of Birth _____

T-Shirt Size: **Child** Sm. (6-8) Med. (10-12) Lg. (14-16); **Adult:** Med. Large X-Large
 XXXLarge

Splash N Dash session 1 ___ session 2 ___ session3 ___
 (Check sessions) 7/2-7/13 7/16-7/27 7/30-8/10

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Late Pick Up Options/Lunch Detail/Parent Orientation

Late Pick up are sold by 2 week sessions only. No exceptions.

Late Pick Up (check, if needed):

5:00PM (\$25/session/child) ses. 1 ____ ses. 2 ____ ses3 ____

6:00PM (\$50/session/child) ses. 1 ____ ses. 2 ____ ses3 ____

Lunch Details: Campers can access free lunch from the summer food program from July 9th through August 10th.

There is no free lunch from July 2-July 6. You must provide a brown bag lunch if your camper is attending summer camp those days. Please put child's name on bag. _____(Initial)

Parent Orientation: Mandatory parent orientation either Monday, June 25, 6:15-7:15pm or Wednesday, June 27th, 6:15-7:15pm at the Delano-Hitch Activity Center. _____ (Initial)

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Parent and Emergency Information

Parent/Guardian Name _____

Address _____

Telephone Number Home _____

Work _____

Work _____

Cell number _____

Cell number _____

Emergency contact Name _____

Phone _____

Name _____

Phone _____

Doctor's Name _____

Phone _____

Dentist Name _____

Phone _____

PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD(REN)

Note: we will NOT release your child to anyone not listed below.

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

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Permission Slip, Waiver and Code of Conduct

As guardian of (Child/Children's Name) _____

I, (Parent/Guardian's Name) _____ hereby give my child/children, permission to participate in the Splash N Dash Summer Camp activities and events including, but not limited to the following:

Trips _____(initial)

Swimming _____(initial)

Photo Taking _____(initial)

I further grant permission to the Splash N Dash-Newburgh Day Camp to use photographs of my child taken at the Splash N Dash Summer Camp programs (or on trips) for:

Publicity purposes. _____ (initial)

GENERAL WAIVER

It is also agreed by the parent/guardian, that any and all claims will be waived against the City of Newburgh, New York and the Union Avenue Y, its officers, employees and agents and/or the staff of said activities and programs for any physical or financial damages to the property of said child/ward and for any personal injury that he/she may suffer as a result of participation in the above regardless of how such loss or injury may arise, and regardless of whom is at fault and even if the loss or injury is caused by the neglect or fault of the City of Newburgh, Union Avenue Y, its officers, employees or agents. _____(Initial)

CODE OF CONDUCT

My child and I have read the Camp Rules and the Code of Conduct (see last page) and agree to abide by the conditions and rules set forth by the camp. _____(Initial)

Important: we welcome campers of all races, creeds, colors, genders, national origins, religions and those that are physically challenged.

Signature of Parent/Guardian _____ Date _____

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Medical Authorization

Please be advised that there are inherent risks related to the day camp program and its physical sports and other activities. There is the possibility of physical injury or damage to personal property. The safety of campers is the first priority of the day camp staff. If injured, your child will be taken to St. Lukes/Cornwall Hospital, or Good Samaritan (If at Harriman) or the nearest hospital when we are on a trip.

Please read the statement below carefully:

In the event of serious illness or injury, I authorize the day camp staff to transport my child to a hospital emergency facility for treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

I, (Parent/Guardian's name) _____ have read, understand, and agree with all of the above.

Parent/Guardian's Signature

Date

MEDICAL CONTACT INFORMATION

Hospital insurance carrier _____

Child's Physician _____

Phone _____ Address _____

Child's Dentist _____

Phone _____ Address _____

If guardian can not be reached list contact numbers to be used.

#1 Name: _____ Relationship to Child _____
Home Tel. _____ Cell _____
Alternate Tel. _____

#2 Name: _____ Relationship to Child _____
Home Tel. _____ Cell _____
Alternate Tel. _____

#3 Name: _____ Relationship to Child _____
Home Tel. _____ Cell _____
Alternate Tel. _____

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Medical History

A separate form must be completed for each camper.

Date _____

Camper's Name _____

1. Has your child been under any medical care within the last year? If yes, what was the Reason?

2. Is your child on any medication? Y or N
If yes, what is the name of the medication(s) _____

Note: ANY CHILD COMING WITH MEDICATION MUST HAVE DOCTORS NOTE

3. Is your child allergic to penicillin or any other drugs? Y or N
If yes, please list _____

4. Does your child wear any appliances? (Glasses, brace, etc.) _____

5. Are there any current conditions that the staff should be aware of?

6. Is your child subject to any of the following? (check all that apply)

_____fainting spells	_____headaches	_____tonsillitis
_____eczema	_____stomach upset	_____wetting
_____abdominal pains	_____hay fever	_____convulsions
_____diabetes	_____sinus trouble	_____frequent sore throat
_____asthma	_____bronchitis	_____ear infections
_____constipation	_____other, please list _____	

7. Does your child suffer from :

_____Lung problems	_____kidney problems	_____heart problems
_____Hernia	_____epilepsy	
_____Allergic reaction to bee stings		
_____other allergies, explain _____		

Dated Immunization records from Dr. office are mandatory before participation in camp by NYS Department of Health. All children must have Polio, Tetanus, Diphtheria, Mumps, Measles and Rubella vaccinations. RECORDS MUST BE PROVIDED AT TIME OF REGISTRATION. NO EXCEPTION.

Parent/Guardian signature

Printed Parent/Guardian name

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FOR OFFICE USE

Payment Work Sheet

Please note if DSS is paying camp fee a letter from DSS is required at time of registration.

Fees: City of Newburgh resident: \$125/2 week session; \$375 for full 6 week program

Non resident: \$190/2 week session; \$570 for full 6 week program

5:00PM Pick Up Option, extra \$25/2 week session

6:00PM Pick Up Option, extra \$50/2 week session

Camper/s _____ Parent _____

Telephone Number _____

City of Newburgh resident:

\$125 x _____ sessions x _____ children = _____

\$375 x _____ Children = _____

Non Resident:

\$190 x _____ sessions x _____ children = _____ Total _____

\$570 x _____ Children = _____ Total _____

5:00PM Pick Up (\$25/session/child) ses. 1 ___ ses. 2 ___ ses.3 ___ Total _____

6:00PM Pick Up (\$50/session/child) ses. 1 ___ ses. 2 ___ ses3 ___ Total _____

Total Camp Fee _____

Cash or M.O. Payment Amount _____

Date _____

Staff _____

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SPLASH -N- DASH CAMP RULES

(Why do we have rules? Rules keep us safe and prevent chaos)

- Camp begins at 8 a.m. each morning. Camp ends at 4 p.m. with the late pick up option available until 6 p.m. for an extra fee. All campers must be signed out by 6 p.m. *NO EXCUSES, NO EXCEPTIONS.*
- All campers and parents/guardians must follow proper sign in and sign out procedures. If campers will be leaving with someone other than guardian, photo identification must be presented.
- Campers may not for any reason leave the Delano-Hitch grounds during the day unsupervised.
- Children must not attend camp if they are ill with fever or any contagious illness.
- Campers must stay with group/leader at all times and must participate in the buddy system when swimming or using restroom or vending machines.
- Appropriate attire must be worn at all times. Campers swim everyday and should pack a swimsuit, a towel and a plastic bag for wet clothing.
- Each child should bring his/her own snacks, plenty of beverages and during the week of July 2-6, a brown bag lunch as the free lunch program will not be running. Nutritious snacks and sugar-free beverages are strongly suggested and appreciated. Please consider fruit juice and water instead of sugar filled drinks and soda with children.
- Sunscreen **MUST** be worn every day, as we will be spending the bulk of the day outdoors. Please apply sunscreens before coming to camp and have your child wear sneakers and outdoor recreational clothing. Please label all of your child's belongings.
- Children must be picked up in the event of illness.

Parent/Guardian's Signature

Date

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SPLASH -N- DASH CODE OF CONDUCT

Be respectful, honest and kind
Be considerate and responsible
No talking while someone else is speaking; use inside voices indoors
Follow directions, if you do not understand, ask questions!!!
Always raise your hand
No throwing things, pushing, rough housing, or profanity
No horseplay in water

CONSEQUENCES OF NOT FOLLOWING THE CODE OF CONDUCT

1 ST	A quiet reminder
2 ND	15 minutes aside from group activity
3 RD	Loss of ice cream privilege
4 TH	Call guardian and leave for the day

- After being dismissed early for the day three times, the camper will be removed from the Splash-N-Dash Camp with no refund.
- The Union Avenue Y reserves the right to immediately dismiss any camper from the program for extremely disruptive behavior.
Example:
 1. Intentionally hurting another camper
 2. Stealing
 3. Violence, etc.
- The Camp Director will determine disciplinary action after camp counselors report incidents.

Parent/Guardian's Signature

Date