



DAY CAMP REZ

2020 APPLICATION FORM

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

Session 1 _____ \$650 - Four Week Session: June 29-July 24

3 weeks _____ \$550 - From _____ to _____

2 weeks _____ \$400 - From _____ to _____

1 week _____ \$225 - From _____ to _____

Session 2 _____ \$650 - Four Week Session: July 27-August 21

3 weeks _____ \$550 From _____ to _____

2 weeks _____ \$400 - From _____ to _____

1 weeks _____ \$225 - From _____ to _____

Extended Hours - \$100 per week - From _____ to _____

THERE WILL BE ONE ORIENTATION FOR BOTH SESSIONS – Wednesday, June 24, 7 pm at Earl

**TOWN OF WOODBURY
DAY CAMP REZ**

CAMP TIME: 8:00 AM - 4:00 PM
EXTENDED HOURS: 4:00 PM – 6:00 PM

FEE SCHEDULE: Make check payable to: Town of Woodbury
REGISTRATION: Monday – Friday, 10 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 right side of the parks office door. Please use **the top mail slot for deposits or completed application.** **The lower door contains the camp application.**

Deposit of \$200.00 per child per session due upon registration. Payment in full & completed forms for all sessions are due by June 19. Deposits are not refundable after this date.
Requests for refunds must be received in writing on or before June 5 for the Park Committee to approve a refund.

READ CAREFULLY:

ALL PAGES MUST BE COMPLETED AND SIGNED BY THE APPROPRIATE PERSON.

MEDICATION ADMINISTRATION FORM - PAGE 4 – WHERE APPLICABLE.

UPDATED IMMUNIZATION RECORDS ARE MANDATORY AT THE TIME OF REGISTRATION.

CAMPERS MUST BE 5 BY JULY 1. FIVE YEAR OLDS MUST SHOW A BIRTH CERTIFICATE.

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. 2020 _____ AGE _____

PARENTS/GUARDIANS _____

PARENTS' ADDRESS _____

PARENTS' 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 or social concerns - 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, behavioral or social concerns 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 Committee 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,
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 Committee
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 intimidate 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 _____

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

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 sunscreen spray 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.

PLEASE SEND IN THE SPRAY SUNSCREEN IN A ZIPLOC BAG WITH YOUR CHILD'S NAME ON IT.

Give it to the Health Director on the first day of camp.

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

Child's Name

Session

Parent's Signature

Date

DAY CAMP REZ
PHOTO RELEASE FORM

I give permission for my child/children _____
to have photographs taken during camp session activities. I further give permission and
consent that any such photographs may be published and used by Day Camp Rez and
its agents to illustrate the camp experience.

Signed (parent or guardian) _____

Date _____

CAMP T-SHIRTS

Camper(s)' Name(s): _____ Session(s) _____

**Each child will receive one t-shirt per session.
If you wish to order extras, the cost will be \$7 per shirt.**

Day Camp Rez (Yellow Shirt)

T-Shirt Size – Children: XS _____ S _____ M _____ L _____

Adult: S _____ M _____ L _____ XL _____

Please make checks out to the Town of Woodbury

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**