

# Bolton Summer Day Camp Application



## Camper Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
Attending Bolton Central School: Yes or No Current Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of July 8, 2020) \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Shirt Size:** Youth Small Youth Med. Youth Large or Adult Small Adult Medium Adult Large Adult XL

**Deposit \$175.00 Balance \$200 due on or before May 1, 2020. Checks to: The Town of Bolton. Discount available for multiple children.**

Please choose from the following:

\_\_\_\_\_ My child will attend all six weeks of camp.

\_\_\_\_\_ I will pay for all six weeks, but my child will be absent during week(s) \_\_\_\_\_

Or

I would like to register for the following week(s) (please circle) **\$75.00/week Payable to The Town of Bolton**

Week 1: July 6-10

Week 4: July 27-31

Week 2: July 13-17

Week 5: Aug 3-7

Week 3: July 20-24

Week 6: August 10-14

## Primary Parent/Guardian - Contact Information

**Parent/Guardian #1** Mother \_\_\_ Father \_\_\_ Other \_\_\_ Custodial Parent: Yes \_\_\_ No \_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address (if different from child) \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell phone \_\_\_\_\_ work phone: \_\_\_\_\_ Employer \_\_\_\_\_

Child lives with: \_\_\_\_\_

Person responsible for payment \_\_\_\_\_

**Parent/Guardian #2** Mother \_\_\_ Father \_\_\_ Other \_\_\_ Custodial Parent: Yes \_\_\_ No \_\_\_ Authorized to pick up child: Yes \_\_\_ No \_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address (if different from child) \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ work phone: \_\_\_\_\_ Employer \_\_\_\_\_

## Emergency Contact Information and Authorized Pick up (ID required)

In the event of an emergency, please provide the names of individuals we should contact if we are unable to contact you, the primary parent. The following individuals are authorized to pick up my child.

### Emergency Contact #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

### Emergency Contact #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

**Alternate Authorized Pickup Release (ID required)** I give permission for my child to leave the Bolton Day Camp and be released into the care of the following people.

Please list those people who are permitted to pick up your child:

1: \_\_\_\_\_ phone # \_\_\_\_\_

2: \_\_\_\_\_ phone # \_\_\_\_\_

3: \_\_\_\_\_ phone # \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## Recreation Department Authorization for Medical Treatment Form

This release shall be effective for any Recreation Department program in which my child participates through August 31, 2020, including the summer day camp and all camp field trips. I understand that it will remain on file with the Recreation Director until that date.

Should my child require emergency medical, dental, or health services care at any time during the Recreation Department trip(s) or program(s) indicated above, and if I am unable to be reached, I give the Recreation Department staff and/or chaperones permission to act on my behalf (*en loco parentis*) regarding medical and surgical emergencies for my son/daughter, (named and signed below).

CAMPER NAME \_\_\_\_\_

PARENT/ GUARDIAN NAME \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ ID and GROUP # \_\_\_\_\_

**Please attach a current Immunization Record from your Physician's Office.**

Please indicate any special health considerations (Allergies, Medications, Health Conditions, existing communicable disease(s), and recent injuries etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and understand this form, and will abide by the information pertaining to student participation in Bolton Recreation Department activities. I understand the assumption of risk in regard to the possibility of injury due to the nature of the activity associated with the stated event(s) and I fully release the above information contained in the medical release for the above stated purpose. I understand that the Bolton Summer Day Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

PARENT/GUARDIAN NAME (Please print): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**Special Needs Information Form**

**Disabilities (Physical, Emotional, Developmental):**

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**For Students with a physical or developmental Disability**

**Please initial one of the following:**

My child is NOT at increased risk of an emergency during swimming activities.

My child is at increased risk of an emergency during swimming activities.

**Allergies:**

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**Required Medications** (if your child requires that medication be administered during camp hours, our procedures for administering medications will be explained on page 4). \_\_\_\_\_

**Other Health Concerns/Conditions/Recent Illness or injuries:**

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**Swim Lessons**

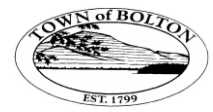
Any child evaluated and classified as a “non-swimmer” by the Water Safety Instructor will be required to participate in swimming lessons. If your child passes the swim test you may choose to participate in lessons or opt out of the lessons.

Please initial the appropriate box:

I would like my child to take swimming lessons when the Day Camp remains in the Park \_\_\_\_\_

My child will not participate in swim lessons \_\_\_\_\_

## Bolton Summer Day Camp Application



The New York State Department of Health allows the use of over the counter FDA approved sunscreen with written parent permission for self-directed students.

I give permission for my child \_\_\_\_\_, to use sunscreen during Day Camp.

Parent Signature \_\_\_\_\_

If a student is not self-directed (too young to know what the product is used for) or unable to properly apply, we must have written permission for a supervising adult to assist with application.

I give permission to the Day Camp Staff to assist my child with the application of sunscreen when needed.

Parent Signature \_\_\_\_\_

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Laws of 2017 amended the New York State Public Health Law for the use of tick and insect repellents at children's camps. Campers may now bring and use repellents with written permission from the camper's parent or guardian. Parents may allow unlicensed personnel to assist a child who is unable physically to apply the repellent when directed by the child if permitted by the parent or guardian, and authorized by the camp.

I give permission for my child \_\_\_\_\_ to carry and use insect/tick repellent at day camp. I give permission for Day Camp Staff to assist my child in the application of the repellent.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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### Prescription Medication and Procedures

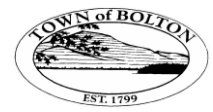
For further information or clarification on any camp policy including, but not limited to, Supervision Requirements, Medications, or Safety Plan it is the responsibility of parent/guardian to contact the Camp Director.

- Any camper with prescription medication, inhalers, EPI pen, etc. must have a written note from the doctor (1) explaining the need for the medication, (2) a copy of the prescription with dosage information.
- The medication must be in the original package with proper RX label.
- No over the counter medications are permitted.
- Campers are required to be able to administer their own medication/prescription. Staff is not permitted to administer any type of medication. The DOH requires that the prescription medication be turned into the Health Care Designee each morning. No camper is permitted to keep their RX on their person without a doctor's note.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## TUITION INFORMATION –

Fees cover the cost of camp and field trips only. You must send in a lunch and snacks for your child each day unless notified.

## Terms of Agreement

### Daily Sign In Procedure

Campers must be SIGNED IN & SIGNED OUT OF CAMP by a parent or approved guardian each day. Campers may not leave otherwise. Please inform parents and all individuals authorized to pick-up camper of this policy.

### Bolton Summer Day Camp Field Trip Policy

All campers need to leave from Veteran's Park with the Bolton Summer Camp in order to participate in the field trips. No camper will be allowed to join the camp from the field trip location. Please review the field trip itinerary for departure times. If your child does not wish to participate in a trip or misses the bus they will need to remain out of camp the entire day.

### Bolton Summer Day Camp Late Pick Up Policy

Campers who are not picked up by 3PM will be charged \$15. Late fees must be paid before the camper returns to camp.

### Immunization Record

A copy of the child's immunization records from school or physician's office is acceptable. A new immunization record is required each year.

### Photo Release

I hereby give permission for my child to be photographed during the **Bolton Summer Day Camp**. I understand the photos will be used to create a camp journal and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed.

Parent's/Guardian's Initials \_\_\_\_\_

### Transportation Release

I hereby give permission for the transportation of my child for official **Bolton Summer Camp** activities on a Bolton Central School Bus

Parent's/Guardian's Initials \_\_\_\_\_

### Custody

The Town of Bolton Summer Day Camp Staff are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.

Parent's/Guardian's Initials \_\_\_\_\_

### Bolton Summer Day Camp Swim Lessons

Campers will be evaluated on day one and moved to an appropriate group based on their ability and/or progress. In the event of overcrowding, campers will be placed in groups that may not necessarily reflect their swim abilities; however, they will be challenged accordingly. If you wish for your child to take swim lessons on a day when there is a scheduled trip/activity, it is your responsibility to sign your child out of camp and bring them to a lesson.

The Town of Bolton and the Bolton Summer Day Camp are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

I have received the Bolton Summer Day Camp Parent Handbook and have read the information, policies, and procedures therein. I have reviewed the Code of Conduct with my camper(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_