



# **SUMMER DAY CAMP 2019 APPLICATION**

Camp is for children **Ages 5 - 13**  
(Children must be 5 years old by July 1st)

Camp begins July 1st and ends August 16<sup>th</sup>

## ➤ **Town of Liberty Resident - Registration Begins:**

**April 1<sup>st</sup> - 8:00 am** at the Parks & Rec. Office

Registration continues during regular office hours thereafter.  
Registration ends June 7, 2019 or before, if camp fills.

## ➤ **Non-Resident - Registration Begins:**

**May 1<sup>st</sup> - 8:00 am** at the Park & Rec. Office

Registration continues during regular office hours thereafter.  
Registration ends June 7, 2019 or before, if camp fills.

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### **Must bring when registering:**

- 1) **PROOF OF RESIDENCY** (Tax Bill, Utility Bill, etc. – Drivers licenses are not accepted.)
- 2) **IMMUNIZATION RECORDS** (Must be current copy. We cannot use last years.)
- 3) **COPY OF BIRTH CERTIFICATE**
- 4) **PAYMENT IN FULL** (Check, Cash, or Money Order) Checks Payable to: Town of Liberty Parks & Rec.)

# Parent Information Meeting



**June 12, 2019 at 6:00 pm**

**Held at the Liberty Senior Center  
(Upstairs from the Parks and Recreation Office)**

**We will discuss all aspects of the camp and answer any questions you may have.**



## Swim Lessons



**Swim Lessons are a separate Program and Fee. They are not included in summer day camp.**

The lessons are held twice a week in the morning hours of camp for six weeks. If you sign your child up for lessons a counselor will walk your child over to the Hanofee Park Pool at the time of their lesson and pick them up when it is completed. If you are interested please ask for a swim lesson registration form at the office. Fees are listed on the form. Pre-registration is required.

## **Breakfast and Lunch Program**

We have teamed up with the Liberty Central School again to provide a healthy breakfast and lunch for all the camp children through the Summer Food Rocks program. Below is a sample of the daily menus that will be offered:

<b>BREAKFAST</b>				
<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
1%Milk or FF Chocolate	1%Milk or FF Chocolate	1%Milk or FF Chocolate	1%Milk or FF Chocolate	1%Milk or FF Chocolate
Fruit Juice	Fruit Juice	Fruit Juice	Fruit Juice	Fruit Juice
WHOLE GRAIN CEREAL	WHOLE GRAIN POP TARTS	WHOLE GRAIN BAGEL	WHOLE GRAIN MUFFIN	WHOLE GRAIN CEREAL
Fresh Fruit	Fresh Fruit	Fresh Fruit	Fresh Fruit	Fresh Fruit

<b>LUNCH</b>				
<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
1%Milk or FF Chocolate	1%Milk or FF Chocolate	1%Milk or FF Chocolate	1%Milk or FF Chocolate	1%Milk or FF Chocolate
Fruit Juice	Fruit Juice	Fruit Juice	Fruit Juice	Fruit Juice
Ham & Cheese or Turkey & Cheese on a WW Roll or PBJ Sandwich	Chicken Tender WW Wrap or PBJ Sandwich	Turkey Cheese, Italian WW Hero or PBJ Sandwich	Tuna Salad, Ham and Cheese or PBJ Sandwich	Bosco Stix with Marinara Dipping Sauce Or PBJ Sandwich
Raw Veggies and Fresh Fruit	Raw Veggies and Fresh Fruit	Raw Veggies and Fresh Fruit	Raw Veggies and Fresh Fruit	Raw Veggies and Fresh Fruit

"The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

"USDA is an equal opportunity provider and employer."

# 2019 Day Camp General & Health Information Form

<b>For Office Use Only:</b>	
Amount: \$	_____
Receipt #:	_____
Check #:	_____
Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Campers Name: \_\_\_\_\_ (Size) (Size)  
Shirt: Youth - \_\_\_\_\_ Adult - \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age at start of camp: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Gender: M / F

SESSION -  FULL DAY 8-5:00  MORNING 8-12:00  AFTERNOON 12-5:00  
 Res. \$550  Non-Res. \$660  Res. \$365  Non-Res. \$425  Res. \$390  Non Res. \$450

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**Parents/Guardians Full Names:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**In case we can not reach Parents/Guardians please contact:** (You must list two names & numbers)

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**Pick up List:** (Be sure to list all possible persons, **including yourself**, that may pick up your child. Their name must appear here or your child will not be released to them). **Persons must be at least 18 years of age. Photo ID must be presented.**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

**As the above named child's parent/guardian, I give the Town of Liberty Parks & Recreation Day Camp permission to have my child:**

- Yes**  **No** - Receive emergency medical treatment in the event it is necessary and I cannot be reached.
- Yes**  **No** - Swim at the Hanofee park swimming pool. Certified Lifeguards and Counselors are present.
- Yes**  **No** - Allow the Day Camp Staff to assist my child with applying sunscreen to his or her exposed skin including but not limited to the face, ears, nose, neck, shoulders, arms, and legs.

**Camper Name:** \_\_\_\_\_

**Medical Information:** Please fill out the following information accurately. ***Withholding information may result in your child being expelled from the camp.*** It is of ***absolute necessity*** that the Parks & Recreation supervisory staff have ***all medical information*** on your child/children in order for them to provide a safe camp setting for everyone. Your child's information will be ***kept confidential***.

**1) Is your child subject to or have a history of: (check all that apply)**

**Allergies:**

NONE  Insect Stings  Food/Drink  Penicillin  Medications  Other \_\_\_\_\_

**Medical:**

NONE  Fainting/Seizures  Sore Throat  Headaches  Heart Problems  Sinus  
 Ear Infections  Asthma  Abdominal  Kidney  Other \_\_\_\_\_

If you have checked any of the above, please explain in full in the space provided. \_\_\_\_\_

2) **Hearing is:**  Normal  Impaired: ( does  does not - wear hearing aid)

3) **Eyesight is:**  Normal  Impaired: ( does  does not - wear glasses/contacts)

4) **Swimming Ability:**  None  Fair  Good  Average  Above Average

5) **Has recently been immunized for tetanus:**  Yes  No

6) **Medications that must be administered by the Parent/Guardian at the following times:**

None  Yes, Please Explain: \_\_\_\_\_

7) **Any and All treatments, surgeries, Dr./ER. visits, or other medical concerns we should be aware of within the last six months:**  None  Yes, Please Explain \_\_\_\_\_

**Childs Physicians Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Program & Registration/Refund Policy:** All program registration fees must be paid prior to the start of the program. All registrants are entitled to a full refund in the event of cancellation, or until the first day the program begins. Late entry into, withdrawal from, or limited attendance in a program, will not entitle any individual or group to a refund. All refunds under this policy will be made through the Town of Liberty's monthly voucher system. The Parks & Recreation Board and/or Department reserve the right to deny entry into, or remove any participant from any program due to disciplinary problems or to avoid creating a staffing hardship situation which is beyond reasonable expectations of the Town of Liberty Parks & Recreation Department.

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

In reference to the above registrant(s) I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depiction) FOR PUBLICIZING the Town of Liberty Parks and Recreation Department activities. In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I hereby WAIVE, RELEASE, and DISCHARGE any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release is intended to discharge in advance the Town of Liberty, the Town Board members, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. I am aware that these classes or activities subject me to physical risks and dangers. Nevertheless I voluntarily agree to assume any and all risks of injury or death, and to release, discharge and hold harmless all of the entities or persons mentioned above. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

**The named individual(s) has/have permission to participate in the above designated program(s) and the information provided is accurate to the best of my knowledge.**

\_\_\_\_\_  
**Signature Parent/Guardian**

\_\_\_\_\_  
**Date**

Camper Name: \_\_\_\_\_

Town of Liberty Parks & Recreation - Summer Day Camp

## Camp Policies / Parent's Contract

In the spaces provided, please initial each item, showing that the following agreement has been read and is understood.

### Initials

\_\_\_\_\_ I am aware that the **Day Camp hours are from 8:00 AM until 5:00 PM**. Your child is expected to be dropped off **no earlier than 8:00 AM** and picked up **no later than 5:00 PM**. Prior to registering your child please make the necessary arrangements to allow this to occur. We realize that situations arise that might cause the driver to be late. If this does happen, it is the parent/guardian responsibility to contact the Parks & Recreation offices at # 292-7690 prior to 4:00 PM. This will give the camp staff enough time to arrange for a staff member to stay with your child. You will be charged the staff member's hourly rate of pay for the time that you are late. This will be due when you pick your child up. It is our goal to make your child's day as fun filled and stress free as possible.

\_\_\_\_\_ If I bring my child late to camp, I will take him/her directly to the camp director's office for check in so the child may be safely taken to their group.

\_\_\_\_\_ Breakfast and Lunch will be available for your child. If your child does not want that then you must provide a proper lunch for your child daily (drink, sandwich, snack) or provide money for your child to purchase his/her lunch at the concession stand. I will also provide my child with a water bottle to use throughout the day.

\_\_\_\_\_ I will insure that my child is dressed appropriately for the program(s) and weather: Sneakers, shorts or pants, t-shirt, swim suit and towel; sweatshirt/sweater; hat; sunscreen, and insect repellent, and long sleeved tops and pants for hiking activities.

\_\_\_\_\_ **NO OPENED TOED SHOES! Children will not be able to participate in any activities and will be sent home if they do not have closed toed shoes.**

\_\_\_\_\_ I will send my child with sunscreen of SPF 50 or higher with his/her name printed on the bottle and I will send my child with sunscreen applied before drop off.

\_\_\_\_\_ I will insure my child follows directions of camp staff for their safety, enjoyment, and smooth operation of the program. I am aware that inappropriate behaviors will not be tolerated. A child exhibiting behaviors of: VIOLENCE, SEXUAL HARASSMENT, ENDANGERING THE SAFETY OF A CAMPER OR STAFF MEMBER, ANY TYPE OF DISCRIMINATION, THEFT, VERBAL ABUSE AND POSSESSION OF ANY WEAPON OR FIRE STARTERS (matches/lighters) will result in immediate suspension of the child from camp. The child's parents will be called to pick up the child immediately. At the end of the camp day, the incident will be reviewed by administrative staff and a determination on the child's continued attendance in the program will be made. Parents will be notified of the results of the review. Incidents will be handled on a case by case basis.

\_\_\_\_\_ I will become familiar with the camp schedule to insure my child has all items needed for each day.

Camper Name: \_\_\_\_\_

**Day Camp Policies / Parent Contract Continued:**

**Initials**

\_\_\_\_\_ I will label my child's belongings in case they are misplaced and I will check my child's belongings each day before we leave camp to make sure everything is accounted for. **The Town of Liberty and or staff are not responsible for any lost or stolen items.**

\_\_\_\_\_ **All Electronic Devices including Cell Phones are prohibited unless permission is granted by the Camp Director on rainy days. Games such as Magic Cards are not recommended to send with your child to camp. The Town of Liberty and or staff are not responsible for any lost or stolen items.**

\_\_\_\_\_ I will take time to talk to my child's counselor to evaluate the program as it relates to him/her.

\_\_\_\_\_ I will insure that my child's medical records are *completed accurately and in full* for the safety of my child. Registration is not complete until this information is in the office.

\_\_\_\_\_ I will insure that any changes in my child's **medical records/emergency phone numbers** will be updated immediately to insure the safety of my child. I also understand that in the case of a serious emergency, 911 will be contacted first, and then the emergency number listed on my child's registration form will be called.

\_\_\_\_\_ I understand that the Town's Day Camp **is not a therapeutic environment** and cannot provide the setting for youngsters requiring any extensive therapeutic support or educational disabilities. However, the Parks and Recreation Administration reserve the right to call in any professional, be it medical or mental health for consultation as they see fit.

\_\_\_\_\_ Parents are responsible for administering any medication required by your child or your child must be able to self-direct medication. Our staff are not qualified nor allowed to administer medications.

\_\_\_\_\_ **Head Lice:** Camp has a no nit policy. In the unfortunate event your child is found to have head lice your child will not be permitted to return to camp until they are nit free.

\_\_\_\_\_ Camp may have to close due to extreme weather &/or unforeseen circumstances. If this does occur camp could be closed for the entire day or camp may have to close early and you child will need to be picked up. Please have a plan in place for someone on the pick-up list to come and get your child and a place your child can go.

\_\_\_\_\_ **I understand that if my child is expelled from camp there will be no refund of camp fees.**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
**(Parent/guardian) (Camper's name in full)**

have read and agree to the policies and will follow the mandatory responsibilities listed in the Day Camp Policies/Parent Contract.

\_\_\_\_\_  
**(Parent/Guardian Signature)**

\_\_\_\_\_  
**(Date)**