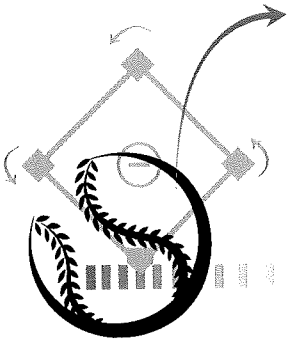
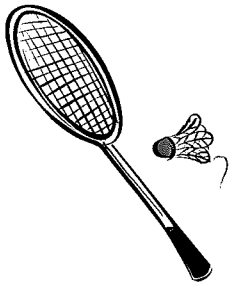
Town of Rotterdam
Summer Sports Camp

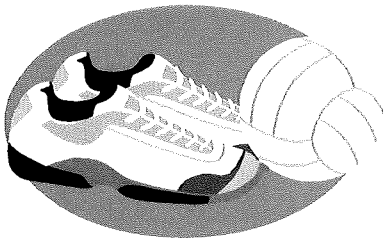


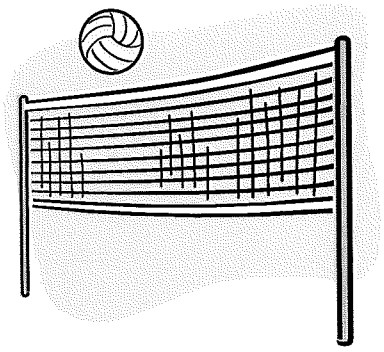


2016 PARENT INFORMATION

9, 10, 11, & 12 Year Olds

Program located at:
Pinewood Elementary School
901 Kings Road
Rotterdam, NY 12303





TOWN OF ROTTERDAM
Parks and Recreation Department
2639 HAMBURG STREET
ROTTERDAM, NEW YORK 12303

(518)356-1561
FAX (518)280-3944

May, 2016

Dear Parent/Guardian of Rotterdam's Summer Camp Participants:

The Sports Camp offers a variety of team sports and games with an emphasis on our staff's interaction with the camp participants to ensure your child has a full day of structured activities. Alicia Caldara and "Catie" Wilson are co-directors of the camp this year. Alicia has her master's degree in Professional School Counseling and "Catie" has her bachelor's degree in physical education. Their experience and expertise is a great asset to our program.

Once again, the Summer Sports Camp will be attending a Tri-City Valley Cats game on Tuesday, July 19th! Only children signed up for that week of camp will be eligible to attend.

We are also asking for your input in providing to us you and your child's ideas for our camp. All suggestions and comments will be addressed, so please e-mail to *mcollins@rotterdamny.org*. Once again, thank you for registering your child in our Summer Parks Program and I am sure you and your child will have a rewarding experience.

Sincerely,

Mollie A. Collins, Project Coordinator
Recreation and Sr. Programs

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Youth Programs Nurse

May, 2016

Dear Parent/Guardian of Rotterdam's Summer Camp Participants:

My name is Jennifer Collins and this is my sixth year employed by the Town of Rotterdam to oversee the health and safety needs of all children attending the Park's Department Summer Programs. I would like to take this opportunity to introduce myself to you and to briefly outline what I will be doing for the Town.

I will be supervising the program staff in assessing the healthcare needs of all who participate and ensure their safety. I will also be training the staff on the special needs of children who require them. We will continue to have a "nut free" environment. Many of the children have nut allergies and to ensure their safety we have adopted this policy.

I hope to enrich the programs by teaching our children very basic wellness lessons such as the need for hand washing and safety on the playground. I will also be able to answer questions posed by students, staff and parents alike.

For the parents of the Summer Camp children who are 9 – 12 years old, I would like to bring to your attention that we need a **record of your child's immunizations. There is not a form included in this booklet for this because it has to come from your doctor's office.** This form and all other forms must be turned in no later than ***June 17, 2016***. I would also like to remind you that medication can not be given to your children by any of the camp counselors or staff. This policy is for the safety of the children.

I am very excited about participating in the Rotterdam Parks and Recreation programs and I will certainly make myself available to assist anyone in need.

Sincerely,
Jennifer Collins, RN

TOWN OF ROTTERDAM
Parks and Recreation Department
2639 HAMBURG STREET
ROTTERDAM, NEW YORK 12303
(518)356-1561
FAX (518)280-3944

May, 2016

Dear Parent/Guardian:

Welcome to the Town of Rotterdam's Parks and Recreation Department Summer Sports and Recreation Camp. We are very excited to build on last year's successful camp and ask that you please take the time to read the following and provide the necessary information and materials and return any necessary form to us by **June 17, 2016.**

1. Registration Form with payment (attached).
2. Summer Sports Camp Emergency Medical Form (attached).
3. Child drop off and pick up form (attached).
4. **Copy of your child's immunization records for MMR, DPT, Oral Polio, Haemophilus Influenza Type B, Hepatitis B and Varicella (Chicken Pox). (We do not include a form for these records. You MUST obtain them from your physician.)**

You can deliver or mail this information to: Rotterdam Parks and Recreation Department, 2639 Hamburg Street, Rotterdam, NY 12303.

Thank you for your cooperation and if you should need to speak to our office, please call 356-1561 or our Camp Director who is on site daily.

Sincerely,

The Rotterdam Parks and Recreation Department

2016 Summer Sport Camp Parents Check List

- Sneakers are **mandatory footwear** for participation in camp activities.

- **Please provide your child with a lunch and beverage daily**. A bag with your child's name on the outside would help greatly.

- Camp begins at **9:00 a.m**. and ends at **3:00 p.m**. Please drop your child off as close to 9:00 a.m. as possible. Please pick up your child **no later** than 3:00 p.m. Please drop off your child at the main entrance to the Pinewood Elementary School and at the end of the day, please pick up your child at the same area.

★ **If you are bringing your child late to camp or picking them up early, please inform one of the staff members or call the Parks and Recreation office on 356-1561.**

- **Not attending camp** - please call the Town of Rotterdam Parks and Recreation office to let us know. You can call anytime and leave a message on the Parks Department voice mail on **356-1561**.

- The camp staff is well equipped and trained in American Red Cross first-aid / CPR / AED. However, our staff **cannot dispense any medication to your child.** If you need to give your child any medication during the day while they are attending camp, we can provide a private room for you to use. Please contact the Camp Director if you need this accommodation.

- **If your child needs to use an inhaler or nebulizer, they can administer these themselves with the supervision of our Health Director or our Assistant Health Director.**

- In favorable weather, most of our activities will be outdoors. Please have your child dress appropriately.

Town of Rotterdam
Summer Sports Program Summer 2016
Medical Release Form

As a summer sports camp we are required to follow procedures requested by the New York State Health Department. Please complete the bottom portion of this sheet and return it to the Parks and Recreation office by **June 17, 2016**. Thank you for your anticipated cooperation.

MEDICAL RELEASE

I, _____, of _____am the
(Parent/Guardian Name) (Address)

parent/legal guardian of _____, a minor. In the event all
(Child's Name)

reasonable attempts by authorized personnel to contact me at _____or
(Phone Number)

_____ at _____ have been unsuccessful,
(Contact Number) (Phone Number)

I give consent for:

1. The administration of any treatment deemed necessary by a physician, registered nurse or licensed paramedic; and

2. The transfer of the minor to _____ or any hospital reasonably accessible. (Hospital)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Any hospital or practitioner not having access to the minor's medical history needs the following information:

Allergies:
Medication being taken:
Date of last tetanus shot:
Physical Impairments:
Other pertinent facts to which physician should be alerted:

Dated: _____ Signature: _____

This from must be returned no later than June 17, 2016 to:

Rotterdam Recreation Department
2639 Hamburg Street
Rotterdam, NY 12303

Town of Rotterdam
Summer Sports Program Summer 2016

2016 Emergency Medical Form

Name _____

Address _____ Date of Birth _____

Family Physician _____ Phone _____

Emergency Contact: (Please list two contacts in the event the first can't be reached)

1. Name _____ Relationship _____

   Phone _____

2. Name _____ Relationship _____

   Phone _____

Allergies: (Include drug and **food** allergies)

_____

_____

Medications: List all medications you take regularly (example: Laxis 40 mg once a day). Also include any over-the-counter medicines such as aspirin, antacids, etc.

_____

_____

Health problems and any important medical information:

_____

_____

_____

Insurance carrier: _____ Insurance ID# _____

To the best of my knowledge, all of the preceding answers are true and correct. If there are any changes in my child's health or change in medications, I will inform the Camp Director in writing to update this information.

_____ _____

(Parent or Guardian) (Date)

This form must be returned no later than June 17, 2016 to:

Rotterdam Recreation Department
2639 Hamburg Street
Rotterdam, NY 12303

TOWN OF ROTTERDAM
Parks and Recreation Department
2639 HAMBURG STREET
ROTTERDAM, NEW YORK 12303
(518)356-1561
FAX (518)280-3944

May, 2016

Dear Parent or Guardian:

We will be requiring you to sign your child in when they come to camp in the morning and you **MUST** sign your child out when picking them up in the afternoon. Sign in and out area will be at the designated entrance at Pinewood Elementary School.

Please indicate below who has permission to drop off and pick up your child.

****

_____
Child's/Children's Name

_____ is/are authorized to
(Name/Names of Authorized People)

pick up my child/children.

Parent/Guardian Signature _____

Date _____

If you are allowing your child to attend camp and/or leave camp on their own, please provide this information in writing.

<u>This form must be returned no later than June 17, 2016 to:</u>

Rotterdam Recreation Department
2639 Hamburg Street
Rotterdam, NY 12303

2016 Summer Sports Camp Registration Form

PLEASE BRING PAGE WITH PAYMENT / Proof of child's age and residency

Child's Name			**Address**		
Child's Age		**Date of Birth**	**/ /**	**Phone**	**(H)** **(C)**
Child's age on July 1st					

Please check boxes for the session that your child will attend.

There will be no Sports Camp on Monday, July 4, 2016

Summer Sports Camp 9 – 12 years old				
		Six Weeks	July 5 – August 12	$350.00
		Three Weeks	July 5 – July 22	$210.00
		Three Weeks	July 25 – August 12	$210.00
	Weekly	Less than three weeks	Dates of attendance	$75.00 / week
	Weekly	More than three weeks but less than six	Dates of attendance	$70.00 / week

Please make checks payable to <u>"TOWN OF ROTTERDAM"</u> - *<u>No refunds after June 10, 2016</u>*.

Parent / Guardian of child			
Address of parent or guardian			
City / Town / Zip Code			
Phone	**(H)**	**(W)**	**(C)**
EMERGENCY contact during the day Name			
Address			
Phone			
Please list any allergies or health concerns:			

I understand there is inherent danger in all physical activities and that individual health and accident insurance coverage is solely my responsibility. The undersigned does waive and release all claims for damages against the Town of Rotterdam and its employees for any injuries incurred as a result of activities at the Town of Rotterdam Summer Sports Camp. I further understand and agree to hold harmless the Town and/or its agents for any injuries that may occur to my minor child/children that result from activities at the Town of Rotterdam Summer Sports Camp.

Signature _____

Parent or Guardian Date

TOWN OF ROTTERDAM
PARKS and RECREATION DEPARTMENT
2639 HAMBURG STREET
ROTTERDAM, NEW YORK 12303
(518)356-1561 FAX (518)280-3944

Permission Slip

Tri-City Valley Cats Field Trip
Tuesday, July 19, 2016

I, _____ (Parent or Guardian) give permission for _____ (Child's Name) to attend the field trip to see the Tri-City Valley Cats at the Joseph L. Bruno Stadium in Troy, New York on **Tuesday, July 19, 2016**. I understand that a school bus will be taking the children to and from the event and that it will depart Jefferson Elementary School at 10:00 AM and return on or before 3:00 PM. The cost of the field trip is **$11.00** per child. This price includes the ticket into the game, a hot dog and a drink.

_____ _____

Parent/Guardian Signature Date

SUMMER CAMP

PARTICIPANTS

I-Pods

MP3 Players

Game Boys

or any other electronic devices

are <u>NOT</u>

allowed at camp

<u>Sneakers</u> are

Mandatory

(We play sports and sneakers provide protection & stability for the children)

Town of Rotterdam

Summer Sports Camp

May 2016

Dear Parents/Guardians:

We would like to take pictures during the course of the summer program, but we need your permission in order to do so. Please circle your choice below and be sure to write in your child's name so we can add it to his/her file.

Thank you,

Summer Sports Camp Staff

My Child _____ **can or cannot** have his/her picture taken.
(Please Circle)

_____ _____
Parent Signature Date