

R.A.P.



2018
Parents Handbook
Ages: 6, 7, 8

Camp is located at:

Pinewood Elementary School
901 Kings Road
Rotterdam, NY 12303
(518) 356-1561





**TOWN OF ROTTERDAM
SENIOR CITIZEN CENTER**

May 16, 2018

Dear Parents/Guardians:

Welcome to the Town of Rotterdam's **SPORTS CAMP** for children ages 9 - 12

Attached please find several forms to be completed and returned no later than **June 22, 2018**. This includes a form with pertinent medical information about your child, where you can be reached, as well as emergency contact information. In addition, there is a form to be filled out regarding who is authorized to pick up your child. These are important forms to ensure the safety and well being of your child.

I ask that your child comes to the program dressed appropriately for a variety of activities (i.e. clothes that can get dirty, proper footwear) and that they leave toys at home. There will be plenty of toys and activities available to them during the program.

Should you have any questions or concerns regarding your child or the program, please feel free to contact me. The staff and I look forward to working with you and your child this summer.

Have a good end of the school year. **See you on Monday, July 9, 2018.**

Sincerely,
Dreama D'Ortona, Project Coordinator
Recreation and Senior Programs

2018 Summer SPORTS Registration Form

Please make checks payable to "Town of Rotterdam"
No refunds after June 22, 2018

CHECK # _____

NAME ON CHECK _____

CASH AMT. \$ _____

Child's Name _____
Female

Male

Child's Address: _____

Child's Birth Date: _____

Child's Age: _____

Child's Age on July 1, 2018: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Home: _____ Work: _____ Cell: _____

In case of an emergency:

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Medical information (ex. allergies, etc.)

Reaction to Allergies: (rash, swelling, etc.)

Epi-pen: Yes No

Other information that may help our instructors to get to know more about your child (only sibling, trouble listening, etc.)

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 R.A.P. Camp.

Signature: _____
Parent or Guardian

_____ Date



SPORTS CAMP Summer **2018**

Child's Name _____

Parent's/Guardian's Names: _____

Child's Birth Date: _____ Male or Female (Circle one)

Address: _____

Home Phone: _____

Work Phone: _____

In case of an emergency the person and number to call:

Person: _____ Phone: _____

Family Physician: _____ Phone: _____

Pertinent medical information (**food or medicine allergies, medication reactions, etc.**)

Other information that may help our instructors to get to know more about your child (only sibling, trouble listening, etc.)

This form must be returned no later than **June 22, 2018 to:**

**Rotterdam Recreation Department
2639 Hamburg Street
Rotterdam, NY 12303**



**Town of Rotterdam
SPORTS CAMP
2018**

Dear Parent/Guardian:

Please indicate below who is **authorized to pick up** your child/children. This is required per the R.A.P. operational guidelines and procedures. Your child is to be picked up daily at his/her classroom. There will be a sign out sheet that must be signed in order for R.A.P. to have a record of who picked up your child in case a situation arises.

_____ is/are
authorized to pick up my child.

Parent/Guardian Signature

Date



**Town of Rotterdam
SPORTS CAMP
2018**

Dear Parent/Guardian:

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.

My Child _____ **can or cannot** have his/her picture taken.

(Please Circle)

Parent/Guardian Signature

Date

Electronic

Devices

**ARE NOT
allowed at camp**

Sneakers

**are not mandatory
but are more appropriate**

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