

Summer Sports Camp



2019
Registration
Ages: 9, 10, 11, 12

Camp is located at:

Draper Middle School
2070 Curry Rd.
Rotterdam, NY 12303





**TOWN OF ROTTERDAM
Recreation Department
2639 Hamburg Street
Rotterdam, NY 12303**

**PHONE: (518) 356-1561
FAX: (518) 280-3944**

Dear Parent/Guardian:

Welcome to the Town of Rotterdam's Recreation Department Summer Sports Camp. We are very excited to build on last year's successful camp and ask that you please read the following and provide the necessary information and return to us by **June 21, 2019**

Please note that we require a copy of your child's immunization records for MMR, DPT, Oral Polio, Haemophilus Influenza Type B, Hepatitis B and Varicella (Chicken Pox). You may obtain this information from your physician.

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.

If you have any questions, please feel free to call 356-1561. I hope that you and your child enjoy the program.

Paula Diamante
Program Coordinator



SPORTS CAMP

**For Children 9, 10, 11 & 12 years old
Rotterdam Residents Only**

Sports Camp is held at **Draper Middle School, 2070 Curry Road.**

There are several sessions to choose from for the Sports Camp, therefore, the cost will vary.
(Please see Registration Form)

The Sports Camp will run:

July 8, 2019 – August 16, 2019

9:00 AM – 3:00 PM

Registration: Rotterdam Senior Citizens Center, 2639 Hamburg Street
Wednesday, June 5, 2019 6:00 PM to 8:00 PM
Saturday, June 15, 2019 10:00 AM to 12:00 PM

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.

Not attending camp - please call the Town of Rotterdam Recreation Department to let us know at 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.

2019 Summer Sports Camp Registration Form

PLEASE RETURN FORMS WITH PAYMENT BY JUNE 21, 2019

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

9 – 12 years old				
		Six Weeks	July 8 – August 16	\$350.00
		Three Weeks	July 8 – July 26	\$210.00
		Three Weeks	July 29 – August 16	\$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 "Town of Rotterdam"
No refunds after June 28, 2019**

CHECK # _____

NAME ON CHECK _____

CASH AMT. \$ _____

Child's Name _____ Male Female

Child's Address: _____

Child's Birth Date: _____

Child's Age: _____ Child's Age on July 1, 2019: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Home: _____ Work: _____ Cell: _____

In case of an emergency:

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

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 Sports Camp.

Signature _____
Parent or Guardian

_____ Date



**Town of Rotterdam
Sports Camp
2019**

Dear Parent/Guardian:

Please indicate below who is **authorized to pick up** your child/children. This is required per the sports camp 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 the camp 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

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



**Town of Rotterdam
Sports Camp
2019**

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



Town of Rotterdam Summer Sports Program Medical Release Form 2019

As a summer sports camp we are required to follow procedures requested by the New York State Health Department. Please complete and return it to the Recreation Department by **June 21, 2019**.

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:
Reaction to Allergies: (ex. rash, swelling, etc.)
Epi-pen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Medication being taken:
Date of last tetanus shot:
Physical Impairments:
Other pertinent facts to which physician should be alerted:

Signature: _____ Date: _____



Town of Rotterdam Sports Program Emergency Medical Form 2019

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: (ex. drug and food allergies) Epi-pen: Yes No

Reactions to Allergies: (ex. rash, swelling, etc.)

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)

Electronic Devices

**ARE NOT
allowed at camp**

**Sneakers
are mandatory**

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