

HURRY!  
LIMITED  
SPACE

# CAMP ADVENTURE

## 2018

JUNE 25-AUGUST 17

8 Weeks of FUN!



CAMP ADVENTURE  
ON BURDEN LAKE

Ask about  
discounts

### ACTIVITIES

OUTDOOR GAMES,  
FISHING, SWIM,  
THEME WEEKS, ARTS,  
FIELD TRIPS, WATER  
SPORTS & MORE!

**\$199**  
WEEKLY  
REGISTRATION

OPEN TO GRADES K-8

CALL FOR MORE INFO  
**(518) 465-3403**

OR VISIT OUR WEBSITE  
[WWW.BGCSORENSCO.ORG](http://WWW.BGCSORENSCO.ORG)

PosterMyWall.com

Financial Aid Available



BOYS & GIRLS CLUBS  
OF SOUTHERN RENSSELAER COUNTY

Boys and Girls Clubs of Southern Rensselaer County

## **2018 Camp Adventure Registration Packet and Check List**

To register your child(ren) for camp, please read, complete and submit all forms TOGETHER.

Children must be members in good standing or become members in order to attend Camp Adventure. Club membership for children 5-12 years old is \$5/year and 13+years old is \$7/year.

Registration will only be considered complete and approved when all forms and fees are submitted and verified accurate.

**Registration is on a First Come, First Serve Basis.**

Campers whose session is not paid in full prior to their start date will not be allowed to start the session.

**LATE REGISTRATION: All applications must be submitted by the Wednesday before the session begins. NO applications will be accepted after that date, without exception.**

Please read, complete and submit the following forms with the deposit.

- Club Membership (current and in good standing or new membership with payment)
- Camp Registration Form
- 2018 Camp Health Record and Immunization Record
- Camp Adventure Policy and Behavior Acknowledgement
- Photo/Video Release Form

### **Camp Dates: Monday –Friday**

**Week 1:** June 25 - June 29

**Week 2:** July 2 - July 6 **(Camp is closed July 4th)**

**Week 3:** July 9- July 13

**Week 4:** July 16 - July 21

**Week 5:** July 23 - July 27

**Week 6:** July 30 - August 3

**Week 7:** August 6 - August 10

**Week 8:** August 13 - August 17

**Family Day:** Friday, August 17 at noon.

### **Camp Hours: 7:00 a.m. - 5:30 p.m.**

**Bus leaves Club at 9:30 a.m SHARP! 10am Camp arrival**

**Bus leaves Camp at 4:30pm. 5pm Club arrival.**

**All campers must be picked up by 4:30pm at CAMP or by 5:30pm at CLUB.**

\*\*\* Campers who are not picked up by 4:30pm at CAMP will be put on the bus back to the CLUB and will need to be picked up from the CLUB by 5:30pm.\*\*\*

### **Contact Information:**

Camp Phone Number – (518) 674-0127

## **Daily Camp Schedule**

**\*\*\*All campers are required to bring a bathing suit and towel EVERYDAY with them to camp, along with a water bottle.**

**\*\*\*Flip flops are not allowed to be worn at camp.**

### **CAMP ADVENTURE SCHEDULE**

<b>7 a.m. -9 a.m.</b>	<b>Drop off at CLUB ONLY. Light Breakfast served at 8:00 a.m.</b>
<b>8 a.m.</b>	<b>Optional drop off by families at CAMP ADVENTURE begins</b>
<b>9:30 a.m. <u>Sharp</u></b>	<b>Bus leaves club for Camp Adventure</b>
<b>10 a.m.</b>	<b>Bus arrives at Camp Adventure</b>
<b>10:05 a.m.</b>	<b>Welcome/Announcements</b>
<b>10:15 a.m.</b>	<b>Activity (C Group Swim lesson, A &amp; B Group Activity)</b>
<b>11:15 a.m.</b>	<b>Activity (B Group Swim lesson, A &amp; C Group Activity)</b>
<b>12:00 p.m.</b>	<b>Lunch</b>
<b>12:30 p.m.</b>	<b>Activity (A Group Swim lesson, B &amp; C Group Activity)</b>
<b>1:15 p.m.</b>	<b>Theme Activity</b>
<b>2:00 p.m.</b>	<b>Free Swim, Sports, Nature, Boating, Arts &amp; Crafts</b>
<b>4:00 p.m.</b>	<b>Snack</b>
<b>4:30 p.m.</b>	<b>Bus leaves Camp Adventure</b>

**\*\*\*Campers may be picked up by families at CAMP ADVENTURE by 4:30 p.m.\*\*\***

**5:00 p.m. Bus arrives at Club**

**5:30pm \*\*\*ALL campers must be picked up from the CLUB by 5:30 p.m.\*\*\***

**\*Late fee applies for all pick ups after 5:30 p.m.**

*For Office Use Only:*



Membership # \_\_\_\_\_ Expiration \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

Week(s) Attending: 1 2 3 4 5 6 7 8

**BOYS & GIRLS CLUBS OF SOUTHERN RENSSELAER COUNTY**

**CAMP ADVENTURE 2018 REGISTRATION FORM**

Camper's Full Name (First, MI, Last) \_\_\_\_\_

Current Age \_\_\_\_\_ Entering in Fall \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper's Address \_\_\_\_\_ Child lives with \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Home/Cell Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Home/Cell Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Camper lives with: \_\_\_\_\_ Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Both.

If not both, who is the legal guardian? \_\_\_\_\_

**Please indicate which week(s) your child will attend and morning drop off location.**

Week	Date	Morning Drop Off Location (club or camp)	Afternoon Pick Up Location (club or camp)
1	June 25 – June 29		
2	July 2 – July 6 (closed 7/4)		
3	July 9 – July 13		
4	July 16 – July 20		
5	July 23 – July 27		
6	July 30 – August 3		
7	August 6 - August 10		

8	August 13 – August 17		
---	-----------------------	--	--

**Cost:**

\$199.00 per child per week.

A camper must be registered with all fees paid on the Wednesday prior to the week start date.

Discounts are available:

- Early registration (by June 1)
- Sibling discount
- Autopay sign-up discount (one-time)
- Pre-payment for multi-weeks/summer

**Financial Aid:**

Financial aid in the form of camperships is available. If you are in need of assistance, please complete the financial aid form and submit proof of income with this application. Camperships are very limited and are awarded at a first come, first serve basis based on need.



I understand the fee schedule for each session and that said **fees are due the Wednesday prior to the start of each session**. I also understand that if all fees are not paid prior to the start of the session, the health record is not submitted, and the registration is not complete, my child will not be able to attend Camp Adventure. **THIS RULE WILL BE STRICTLY ENFORCED; NO EXCEPTIONS. No refunds will be given after the session begins.**

**I have read and understand the information contained in this application and agree to the conditions as set forth. The information I have provided is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Emergency Contacts and Authorization for Child Pick Up Form

Member Name: \_\_\_\_\_

## PRIMARY CONTACT

Relationship to Member: (Parent 1) \_\_\_\_\_

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

Address: (Home) \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: (Work) \_\_\_\_\_

Phone: (Work) \_\_\_\_\_

Email: \_\_\_\_\_

This person can pick up my child. (Please check)

## SECONDARY CONTACT

Relationship to Member: (Parent 2) \_\_\_\_\_

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

Address: (Home) \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: (Work) \_\_\_\_\_

Phone: (Work) \_\_\_\_\_

Email: \_\_\_\_\_

This person can pick up my child. (Please check)

## EMERGENCY CONTACT

Relationship to Member: \_\_\_\_\_

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

Address: (Home) \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: (Work) \_\_\_\_\_

Phone: (Work) \_\_\_\_\_

Email: \_\_\_\_\_

This person can pick up my child. (Please check)

## EMERGENCY CONTACT

Relationship to Member: \_\_\_\_\_

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

Address: (Home) \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: (Work) \_\_\_\_\_

Phone: (Work) \_\_\_\_\_

Email: \_\_\_\_\_

This person can pick up my child. (Please check)

**CAMP ADVENTURE**

**2018 Health Record**

Camper's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone (Day) \_\_\_\_\_

Place of Employment:

Parent \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent \_\_\_\_\_ Work Phone \_\_\_\_\_

**Campers Health History** (check all that apply to your child):

\_\_\_\_\_ Ear Infections \_\_\_\_\_ Hay Fever \_\_\_\_\_ Penicillin allergy

\_\_\_\_\_ Convulsions \_\_\_\_\_ Poisoning Ivy/Oak \_\_\_\_\_ Asthma

\_\_\_\_\_ Other Drug Allergies \_\_\_\_\_ Allergy to Insect Stings \_\_\_\_\_ Diabetes

\_\_\_\_\_ Other (please explain): \_\_\_\_\_

If any of the above apply to your child a **plan of action form completed by the child's physician is required.**

**A copy of your child's immunization record and/or appropriate forms is required.**

List any serious illness or injury you child has had during the past 12 months: \_\_\_\_\_

\_\_\_\_\_

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

Date of child's last physical examination \_\_\_\_\_

Camp activities you wish encouraged \_\_\_\_\_

\_\_\_\_\_

Activities you wish discouraged \_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION

This health record is true and correct to the best of my knowledge, and the person herein described has my permission to engage in all prescribed camp activities, except as noted above. In the event that I cannot be reached in an EMERGENCY, I give permission to transport my child to \_\_\_\_\_ Hospital and for the attending physician to secure proper treatment. If I cannot be reached in an **EMERGENCY**, you may contact the following person who is authorized by me to make medical decisions on behalf of \_\_\_\_\_ (child's name)

\_\_\_\_\_  
Authorized Person

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Date



## CAMP ADVENTURE

### POLICY & BEHAVIOR ACKNOWLEDGEMENT FORM

As camp is beginning, please take the time to review basic cooperative and courteous behavior with your child. If our staff should encounter behavioral difficulties with your child, you will be notified. Depending on the severity and number of occurrences, our staff will make the appropriate determination on a course of action to be taken. This may range from removing a child from a specified activity to suspension from the program. Basic acceptable behavior includes, **but is not limited to:**

1. Use of appropriate language at all times!
2. Show respect to all campers and staff
3. Respect the property of others
4. Remain with group or buddy at all times, NEVER wander alone
5. No Fighting – verbal nor physical
6. Obey all safety rules
7. Stay in assigned areas

#### Discipline course of action:

1. Omission from Activities
2. Discipline referral (report)
3. Camp suspension

**Note:** Any fighting or violent behavior will result in **immediate** camp suspension.

#### Bus Behavior

1. Stay seated
2. Stay away from windows
3. No food or drinks
4. Keep hands and feet to yourself
5. Use appropriate language and voice volume
6. Do not throw anything

**Note:** If your child is suspended from the bus for behavior problems, you must provide transportation to and from camp during suspension.

Please understand that no refunds or credits will be given for discipline problems that result in camp suspension.

I have reviewed the behavior guidelines with my child/children and fully understand the outcomes of severe or continuous disciplinary problems.

---

Parent/Guardian Signature

---

Date

**Boys & Girls Clubs of Southern Rensselaer County**  
**Photo Release Form**

I allow photos/video of my child, \_\_\_\_\_, to be used by The Boys and Girls Club of Southern Rensselaer County for program marketing and publicity purposes.

I do not allow photos/video of my child, \_\_\_\_\_, to be used by The Boys and Girls Club of Southern Rensselaer County for program marketing and publicity purposes.

Name of Parent/Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_