

2010 Camper Registration Form



Mail registration, health form, and check to:
Parkminster Summer's Best Two Weeks
2710 Chili Avenue
Rochester, NY 14624

REGISTER EARLY!

(Make checks out to Parkminster SB2W – Returning spots will be held one week after registration is mailed)

Camper's Name: _____ Nickname (if used): _____

Home Phone: () - _____ Home Address: _____

Male or Female (circle one) (state/zip code) _____

Grade (**September 2010**): _____ Present Age: _____ Date of Birth: _____

Height: _____ Weight: _____ T-Shirt Size: _____

of previous years at Day camp (not munchkins): _____ Roman or Galatian (circle one)

Parent or Guardians' Name(s): _____

Is camper living with both parents? Yes or No (circle one) If not, with whom? _____

Name of church you currently attend: _____

Briefly describe what you hope your child will get out of camp:

Emergency Contacts (please provide at least three names)

Primary Parent/ Guardian's Name: _____ Relationship to camper: _____

Phone Number: () - _____ Alternate number: () - _____

Second Parent or Guardian's Name: _____ Relationship to camper: _____

Phone Number: () - _____ Alternate number: () - _____

Third Name: _____ Relationship to camper: _____

Phone Number: () - _____ Alternate number: () - _____

May we contact this third person during the overnight if necessary? Yes or No (circle one)

Volunteer Opportunity (check box if interested)

- Our family would like to host a travel team counselor, and we would prefer a (male / female / either)
 I am interested in being the Camp Nurse

**HEALTH FORM INCLUDED. APPLICATION MUST BE
ACCOMPANIED BY COMPLETE MEDICAL RELEASE
FORM TO RESERVE A SPOT FOR YOUR CHILD.**

(A doctor's examination and signature are not required on this form except for the medication permission at the bottom.)

Camper Name: _____

Medical Insurance (carrier and policy #): _____ # _____

Physician's Name: _____ Physician's Phone: (____) _____ - _____

Immunizations (give date of most recent vaccine, "up-to-date" not acceptable)

Tetanus	Measles	Polio
Diphtheria	Mumps	Varicella (Chicken Pox)
Pertussis	Rubella	Haemophilus (Hib)
Hepatitis B	Other	

Operations, serious injuries or illnesses and dates: _____

Penicillin or other drug reactions: _____

Allergies: _____

Prescription medications: _____

List existing medical conditions (such as ADD, nosebleeds, car sickness, headaches, etc.):

Describe any additional physical or emotional needs: _____

To be completed by parent/guardian:

I hereby grant permission for _____ (camper's name) to participate in Summer's Best Two Weeks day camp and overnight trip.

_____ (camper's name) may participate actively in the total program, except as follows: _____

I hereby grant permission for _____ (camper's name) to appear in photos taken by camp officials that may or may not be posted to the camp website.

I approve the application and conditions above. I have written any necessary and pertinent information concerning our family and our child. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure proper treatment (including injections and surgery) for my child.

Parent/Guardian Signature: _____

Date: _____

Per New York State Law, a physician's signed permission must be on file for all medications to be given at camp (including over-the-counter medications).

Medication to be administered at camp: _____

Dose: _____ Time: _____

Physician's signature: _____ Date: _____

SUMMER'S BEST TWO WEEKS 2010

CAMP DETAILS & INFORMATION

- **PLACE**: Parkminster Presbyterian Church, 2710 Chili Avenue
- **DATES**: July 12-23, 2010 (No camp on Saturday and Camp Sunday is from 9:30-11:00 AM at Parkminster Church with SB2H afterwards.)
- **COST**: \$195 for first sibling, \$175 for all additional siblings at camp (This includes: camp t-shirt, squad photo, and the Pizza Party!)
- **AGES**: 7-13 years old: entering 2nd – 8th grades
- **TIME**: *Full Day* 9:00 am to 4:30 pm
- Refund Deadline: June 11, 2010
- Financial Aid: Applications available upon request
- Activities: Track and field, swimming, soccer, volleyball, kickball, an overnight, craft, Bible study, basketball, and much more!
- ✓ All senior counselors are trained and experienced.
- ✓ If you would like to volunteer some time in the camp office, please contact the camp director.

For more information, please contact the camp director:

Alex Banks: (585) 507-7654

Church Phone: (585) 247-2424

Email: SBTWParkminster@gmail.com

***SBTW is under Monroe County Department of Health permit.
Records of inspections can be obtained in the camp office.***

Rights and Responsibilities

The regulatory program of the New York State Department of Health places specific responsibilities on camp operators, and on local health departments that enforce department regulations. Following is a summary of rights and responsibilities:

Rights of Parents and Guardians

- To be informed by the camp director, or his or her designee, of any incident involving your child, including serious injury, illness or abuse.
- To review inspection and investigation reports for a camp, which are maintained by the local health department issuing the camp permit to operate (present and past reports are available).
- To review the required written camp plans. These are on file at both the camp and the health department issuing the permit to operate.

Responsibilities of the Camp Operator

- To inform you and the local health department if your child is involved in any serious injury, illness or abuse incident.
- To screen the background and qualifications of all staff.
- To train staff about their duties.
- To provide supervision for all campers 24 hours a day at overnight camps, and during hours of operation for day camps.
- To maintain all camp physical facilities in a safe and sanitary condition.
- To provide safe and wholesome meals.
- To have and follow required written plans for camp safety, health and fire safety.
- To notify the parent or guardian, with the enrollment application or enrollment contract, that:
 - the camp must have a permit to operate from the New York State Department of Health or the designated permit-issuing official;
 - the camp is required to be inspected twice yearly; and
 - the inspection reports and required plans are filed (address of state, county or city health department) and available for their review.

Responsibilities of Local Health Departments

- To review and approve the required written camp plans for compliance.
- To inspect camps to assure that: (1) all physical facilities are properly operated and maintained; and (2) adequate supervision exists to provide a healthy and safe environment in accordance with the New York State Sanitary Code.
- To issue a permit to operate when the required plans and inspection results are satisfactory.
- To investigate reports of serious incidents of injury, illness and all allegations of abuse or maltreatment.
- When requested, to provide parents or guardians of prospective campers an opportunity to review inspection reports and required plans.

For further information about health laws relating to summer camps, call the Monroe County Department of Health at (585) 274-6065.