



**BOYS & GIRLS CLUB
OF ELMA, MARILLA & WALES**

Summer Day Camp 2024

Summer Camp Information Checklist



Applications will not be accepted without all
documents listed below:

- Summer Camp Application (all areas completed)
- Attendance Sheet
- Immunization Record
- Medical Authorization/Allergy (if applicable)
- Behavior Policy
- Parent/Camper Contract
- Field Trip Permission Form (if you do not plan on sending your child on any field trips, please attach permission form and indicate on bottom of the form. Please complete waivers for field trips.)

DEADLINE TO REGISTER: JUNE 7, 2024

PLEASE NOTE: Spots fill up very quickly!

Unfortunately, **we cannot guarantee a spot for your child** prior to June 7th. Once we reach maximum capacity, you will be placed on a waiting list.

Summer Day Camp 2024

Camper Application

Please print clearly. All communication will be done **via email**.

Camper Information

Name of Child _____

Gender: M or F _____

Date of Birth _____ Age _____

Grade (entering in fall of 2024) _____

Address _____ City _____

State _____ Zip _____

Primary Phone # _____

School _____

T-Shirt Size _____ (Youth S-XL, Adult S-XL) All Campers MUST wear camp t-shirts on all field trips.

Parent/Guardian Information

Parent/Guardian Name _____

Work Phone _____

Cell Phone _____

Email address _____

Parent/Guardian Name _____

Work Phone _____

Cell Phone _____

Email address _____

Health Information

Physician to be called in an emergency: Name _____

Phone _____

Health Insurance Co. _____

Number _____

If parent is unavailable, in emergency please contact:

Name _____ Relationship to Camper _____

Phone _____

Please indicate any physical or medical conditions of this child that should be brought to the attention of the staff:

Parent/Guardian Signature _____ Date _____

Boys & Girls Club of Elma, Marilla & Wales Summer Day Camp 2024 - Camper Application

Name of Child _____

Grade Entering (fall of 2024) _____

Please check the Session(s) or circle days your child will be attending.

Member Cost: \$42/day per camper / Cost for a full week of camp: \$38/day per camper
Non-Member Cost: \$45/day per camper / Cost for a full week of camp: \$42/day per camper

<u>Week</u>	<u>Dates</u>	<u>Days Attending</u>	<u>Total</u>	
O Week 1	June 24 – June 28	M T W Th F	\$ _____	<u>Registration Deadline</u> June 7 th
O Week 2	July 1 – July 5	M T W <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$ _____	<u>Registration Deadline</u> June 21 st
O Week 3	July 8 – July 12	M T W Th F	\$ _____	<u>Registration Deadline</u> June 28 th
O Week 4	July 15 – July 19	M T W Th F	\$ _____	<u>Registration Deadline</u> July 5 th
O Week 5	July 22 – July 26	M T W Th F	\$ _____	<u>Registration Deadline</u> July 12 th
O Week 6	July 29 – Aug 2	M T W Th F	\$ _____	<u>Registration Deadline</u> July 19 th
O Week 7	Aug 5 – Aug 9	M T W Th F	\$ _____	<u>Registration Deadline</u> July 26 th
O Week 8	Aug 12 – Aug 16	M T W Th F	\$ _____	<u>Registration Deadline</u> August 2 nd

Once registered, **NO** refunds or credits will be given for absences, dismissals, or withdrawals before the end of the session.

Registrations & Field Trip Forms received after a specified deadline **may not** be accepted.

For office use only

Date Received: _____ Director Signature _____

MEDICATION AUTHORIZATION FORM

BOYS & GIRLS CLUB OF EMW - 2080 GIRDLE ROAD, ELMA, NY 14059

A. TO BE COMPLETED BY THE PARENT OR GUARDIAN:

I request that my child _____ DOB _____ Grade entering in Fall _____ receive the medication as prescribed below by our NYS licensed health care provider. I will furnish the medication in a properly labeled original container from my pharmacist or drug store.

If my child has been designated as an independent student by their healthcare provider, I agree they can use their medication effectively and may carry and use this medication independently at any camp/camp-sponsored activity with no supervision by camp staff.

Signature (Parent or Guardian): _____ Date _____

Telephone: Home _____ Work _____ Cell _____

B. TO BE COMPLETED BY NYS LICENSED HEALTH CARE PROVIDER:

Name of Student _____ DOB _____

Diagnosis: _____

Known drug allergies: No Yes - Describe _____

List any other allergies: _____

I request that my patient receive the following medication:

MEDICATION	<i>Dosage</i>	FREQUENCY	ROUTE OF ADMINISTRATION	LEVEL OF ASSISTANCE *SEE DEFINITIONS BELOW
				<input type="checkbox"/> Independent Student <input type="checkbox"/> Supervised Student
				<input type="checkbox"/> Independent Student <input type="checkbox"/> Supervised Student

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (if any): _____

NYS – Level of Assistance Definitions:

Independent Student: No assistance is needed from camp staff except during emergencies. May self-administer and carry medicine. A back-up supply may also be kept in Health Office if desired.

I attest this student has demonstrated to me they can self-administer the medication(s) ordered above safely & effectively and may carry and use this medication independently at any camp/camp-sponsored activity with no supervision by camp staff except in emergencies.

Supervised Student: Adult camp staff trained by RN may assist students when taking medication ordered above. The medication will be kept in Health Office or with adult camp staff on camp/camp-sponsored activity (i.e., field trips).

NYS Licensed Prescriber and Title (print or stamp): _____

Physician's Signature _____ Date: _____

Address: _____ Phone: _____

Life Threatening Allergy - EMERGENCY CARE PLAN

BOYS & GIRLS CLUB OF EMW - 2080 GIRDLE ROAD, ELMA, NY 14059

Camper's Name: _____ DOB: _____ Grade Entering in Fall: _____

ALLERGY TO: _____

Asthma: No Yes *Higher Risk for Severe Reaction

◆STEP 1: TREATMENT◆

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> **(To be determined by physician authorizing treatment)	
• If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Throat* Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Lung* Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Heart* Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Other* Itching of mouth only or hives only	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

*Potentially life-threatening, the severity of symptoms can quickly change.

DOSAGE

Antihistamine (Dose, Route, Frequency): _____

Epinephrine (Dose, Route, Frequency): _____

◆STEP 2: EMERGENCY CALLS◆

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Healthcare Provider: _____ Phone: _____
3. Parents (Name(s) and contact numbers: _____

Life Threatening Allergy Form - Continued

Independent Student: No assistance is needed from camp staff except during emergencies. May self-administer and carry medicine. A back-up supply may also be kept in Health Office if desired.

I attest this student has demonstrated to me they can self-administer the medication(s) ordered above safely & effectively and may carry and use this medication independently at any camp/camp-sponsored activity with no supervision by camp staff except in emergencies.

Supervised Student: Adult camp staff trained by RN may assist students when taking medication ordered above. The medication will be kept in Health Office or with adult camp staff and camp/camp-sponsored activity (i.e., field trips).

Healthcare Provider's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

NOTE: The Parent / Guardian signature authorizes the camp director and RN to share this information with camp staff on a "need-to-know" basis. In the event of an emergency care will be initiated and parents will be contacted

Boys & Girls Club of Elma, Marilla and Wales

2024 Summer Camp Behavior Policy

3 Strike Policy

- STRIKE 1:** Verbal Warning
- STRIKE 2:** Parent called, and child sits for the remainder of activity.
- STRIKE 3:** Parent called to pick up child and suspension for at least one following camp day will result.

The Boys and Girls Club of Elma, Marilla and Wales have a strict **ZERO TOLERANCE POLICY** regarding violent behavior, bullying, inappropriate language, not following rules, etc. This means that any behavior that is not appropriate or follows the Boys & Girls Club mission, will result in **IMMEDIATE** suspension from the entire program.

I agree to comply with the rules and regulations of the Summer Camp Behavior Policy. I understand that failure to comply will result in the above-mentioned actions from the program.

Camper Signature _____ Date _____

Parent Signature _____ Date _____

This form must be signed and returned to the Boys & Girls Club of Elma, Marilla and Wales before your child can attend summer camp.

Camper Name: _____

Camp Policies/Parent Contract 2024

In the spaces provided, please initial each item, showing that the following agreement has been read and is understood.

_____ I am aware that the Camp hours are from 7:15am until 6:00pm. Your child is expected to be dropped off **no earlier** than 7:15am and picked up **no later** than 6:00pm. Prior to the beginning of the camp, please make the necessary arrangements to allow this to occur. We realize situations arise that might cause the driver to be late. If this does happen, it is the parent/guardian responsibility to contact the Club at 652-9292. This will give the camp staff enough time to arrange for a staff member to stay with your child. You will be charged/invoiced the staff member's hourly rate of pay for the time that you are late. It is our goal to make your child's day as fun and stress free as possible.

_____ I will ensure that my child is dressed appropriately for the program(s) and weather. Sneakers, shorts or pants, t-shirt, swimsuit and towel; sweatshirt/sweater; hat; sunscreen, and insect repellent, and long sleeve tops and pants for hiking activities.

_____ No Opened Toed Shoes! Children will not be allowed to participate in any gym activities without appropriate footwear.

_____ I will send my child with sunscreen of SPF 15 or higher with his/her name printed on the bottle and I will send my child with sunscreen applied before dropping off.

_____ I will label my child's belongings in case they are misplaced, and I will check my child's belongings each day before we leave camp to make sure everything is accounted for.

_____ I will take time to talk to my child's counselor to evaluate the program as it relates to him/her.

_____ I will ensure that any changes in my child's medical records/emergency phone numbers will be updated immediately. I also understand that in the case of a serious emergency, 911 will be contacted first, and then the emergency number listed on my child's registration form will be called immediately after.

_____ I understand that the Summer Camp is not a therapeutic environment and cannot provide the setting for youngsters requiring any extensive therapeutic support or educational disabilities.

_____ Parents are responsible for communicating all health care needs and/or medications required for your child. A health care plan must be submitted at the time of registration. Our RN is not allowed to administer medications per the NYS Department of Health regulations without a health care plan, doctor and parent consent.

_____ I understand that if my child is suspended from camp there will be no refund of camp fees.

_____ I understand that summer camp services will not be provided/and or suspended until fees are paid in full.

_____ If cancelling less than one week prior, we are unable to provide a refund or credit.

_____ I understand that my child must comply with the camp's rules and standards of conduct and that the organization may terminate my child's participation in the camp program if he/she does not maintain these standards.

I, _____, the parent/guardian of _____

Have read and agree to the policies and will follow the mandatory responsibilities listed in the Camp Policies/Parent Contract.

(Parent/Guardian Signature)

(Date)

Field Trip Waiver Form Information

Week 1 – Urban Air

- 1.) Visit <https://www.urbanair.com/new-york-buffalo/>
- 2.) Click the tab 'My Park'.
- 3.) Scroll down to 'Sign Waiver'.
- 4.) Fill out information correctly.
- 5.) Contact the Club to let us know that the waiver has been submitted so we can check with the establishment.

Deadline is June 24th

Week 3 – Grand Island Fun Center

- 1.) Visit <https://www.islandfuncenter.com/>
- 2.) Click on 'Fill Out Your Waiver Online to Save Time' in light blue bar at top or it is located at the bottom of the page under phone number.
- 3.) Fill out information correctly.
- 4.) Print out the filled out waiver and hand in to a Summer Camp Staff Member.

Deadline is June 28th

Week 7 – The Warrior Factory

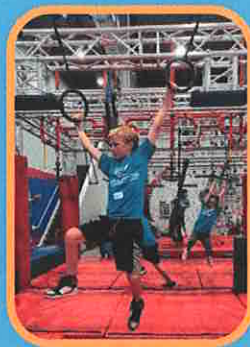
- 1.) Visit <https://www.williamsville.thewarriorfactory.com/>
- 2.) Click on 'Sign Our Waiver' tab on the top of the page.
- 3.) Fill out information correctly.
- 4.) Contact the Club to let us know that the waiver has been submitted so we can check with the establishment.

Deadline is July 28th

BOYS & GIRLS CLUB OF ELMA, MARILLA, & WALES



SUMMER CAMP 2024 FIELD TRIPS



IMPORTANT INFORMATION:

Please fill out and mark the boxes for the field trips that you would like your child to attend; one form per child. If your child(ren) do not have a waiver completed, he/she will not attend. Please arrive 30 minutes prior to the depart time. We will not wait for late arrivals once the buses are boarded. If a field trip has a (*) next to it, that requires a waiver to be signed. Please visit the website and fill out the waiver, if not, your child will not be able to participate. Field trips and times are subject to change. If you are not paid in full for the week attending or the field trip, your child will not attend. Field Trip Permission Forms need to be turned in by registration deadline for corresponding week. **No Field Trip in Week 8.** **KEY: (*) - WAIVER NEEDS TO BE FILLED OUT ON COMPANY'S WEBSITE. (^) - LUNCH IS INCLUDED.**

Attending	Field Trip Date	Location	Depart/Arrive @ Club	Cost per Camper
<input type="radio"/>	Wednesday, June 26th	Urban Air(*)	9:00 - 12:45	\$45.00
<input type="radio"/>	Wednesday, July 3rd	Maid of the Mist / Niagara Falls	9:00 - 2:45	\$30.00
<input type="radio"/>	Wednesday, July 10th	Grand Island Fun Center (*^)	8:30 - 2:00	\$42.00
<input type="radio"/>	Wednesday, July 17th	Strong Museum (Rochester)	8:45 - 4:15	\$35.00
<input type="radio"/>	Wednesday, July 24th	Buffalo Zoo	9:15 - 2:00	\$25.00
<input type="radio"/>	Wednesday, July 31st	The Kelkenberg Farm	9:15 - 2:00	\$25.00
<input type="radio"/>	Wednesday, August 7th	The Warrior Factory (*)	8:30 - 12:00 (Explorers) 11:30 - 2:45 (Rangers & Blazers)	\$45.00



SUMMER CAMP FIELD TRIP PERMISSION FORM



Child's Name: _____ Group: Explorers Rangers Blazers Age / Grade: _____ / _____

Grade: 1 - 3 4-5 6-8

Emergency Contact Name: _____ Phone Number: _____

I, _____ give my child _____ permission to attend the
(Parent's Name) (Child's Name)
 above checked field trips with the Boys and Girls Club of EMW Summer Camp.

Parent/Guardian Signature: _____

If you do not plan on sending your child to any of the field trips above, please check the box

Additional Information: _____

Office Use Only

Cash: _____

CC: _____

Invoice: _____

Check: _____

Change of Date / Cancellation Policy

Please register your child and select camp dates as soon possible to secure your place. Once capacity is reached for a specific day, you will no longer be able to choose to register for that date. We pride ourselves on our flexibility but please understand that we hire staff, schedule activities, and arrange field trips based upon the number of campers in each age group BEFORE the start of camp. Please be considerate in your cancellations and let us know **two weeks** prior.

- Campers are limited to **3 changes** made to the schedule (i.e. changing one date for another; depending on availability). Please fill out the Registration Change Form to add or remove dates. This form will be on our website www.bgcemw.org and emailed in our weekly newsletter.
- We will not accept any incomplete packets, please refer to the checklist. We cannot guarantee a spot at camp.

To add or remove dates, please contact the Club at 716-652-9292 or email alyssa.edstrom@bgcemw.org to request the change. Note changes are unlimited before June 7th. After that date, you will be limited to 3 changes (two weeks prior notice) and must fill out the Registration Change Form. All submissions are due by 12pm the Friday 2 weeks prior to the date/week you are changing.

Cancellations / Refunds

We require a written notice of cancellation via the form below by Friday at 12pm, 14 days prior to the start of the camp session.

No refunds or credits will be given for absences, withdrawals, disciplinary suspensions, or removal of a camper.

Weekly day camp fees will not be refunded or credited for missed days if it is not confirmed without two weeks' notice. Refunds may be granted for medical or emergencies circumstances only. A written notice of cancellation with an explanation of medical or emergencies circumstances must be provided for a refund request to be considered.

Cancellation/Change Policy: Effective Immediately. Please complete the form for each registered camper in your family.

- Changes are unlimited before June 7th. After that date, you will need to complete the Registration Change Form and be allowed three changes.
- The Boys & Girls Club of Elma, Marilla, and Wales asks for a form to be submitted to the Camp for removals or changes to camp no later than two weeks in advance of the camp week dates.
- If a child is dismissed from camp for any reason, there will be no refund for the remainder of the camp.
- No refund or credit will be granted for a cancellation requested less than 2 weeks prior to the start of the registered camp session.

Office Use Only

Total: 1 2 3

Initials:

Change Request Form

Camper Information:

Please provide the name and group of the camper(s). Camper one's information is required. If there are more than two campers, please provide additional information in the comment section at the bottom of this form. You must fill out a new request form for every change. **Three changes allowed.**

Camper One

First Name: _____

Last Name: _____

Group Name: _____

Camper Two (Optional)

First Name: _____

Last Name: _____

Group Name: _____

Date Change: _____ to _____

Change/Add Request:

Select the days you want to change/add from a current registration. All submissions are due by Friday at 12pm, two weeks prior of the date/week you are changing/adding.

Week 1: June 24-28

Deadline: June 7th

M-6/24 T-6/25 W-6/26 TH-6/27 F-6/28

Note: _____

Week 2: July 1-3

Deadline: June 21st

M-7/1 T-7/2 W-7/3

Note: _____

Week 3: July 8-12

Deadline: June 28th

M-7/8 T-7/9 W-7/10 TH-7/11 F-7/12

Note: _____

Week 4: July 15-19

Deadline: July 5th

M-7/15 T-7/16 W-7/17 TH-7/18 F-7/19

Note: _____

Week 5: July 22-26

Deadline: July 12th

M-7/22 T-7/23 W-7/24 TH-7/25 F-7/26

Note: _____

Week 6: July 29-August 2

Deadline: July 19th

M-7/29 T-7/30 W-7/31 TH-8/1 F-8/2

Note: _____

Week 7: August 5-9

Deadline July 26th

M-8/5 T-8/6 W-8/7 TH-8/8 F-8/9

Note: _____

Week 8: August 12-16

Deadline: August 2nd

M-8/12 T-8/13 W-8/14 TH-8/15 F-8/16

Note: _____

Contact Information:

Please provide the contact information of the parent or guardian of the camper(s). All fields are required.

First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

Comments: _____
