



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

Summer Day Camp 2025

Summer Camp Information Checklist



Applications will not be accepted without all the
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.)
- ☐ Change Request Form (please keep, do not attach)
- ☐ One-on-One Assistance Policy

DEADLINE TO REGISTER: JUNE 13, 2025

PLEASE NOTE: Spots fill up very quickly!

Unfortunately, **we cannot guarantee a spot for your child** past June 13th. Once we reach maximum capacity, you will be placed on a waiting list.

All communication will be done via email.

Summer Day Camp 2025

Camper Application

Please print clearly. Photographed applications will not be accepted.

Camper Information

Full Name of Child _____ Gender: M or F
Date of Birth _____ Age _____ Grade (entering in fall of 2025) _____
Address _____ City _____ State _____ Zip _____
School _____ T-Shirt Size _____ (Youth S-XL, Adult S-XL)

All Campers MUST wear camp shirts on all field trips.

Parent/Guardian Information

The 1st contact will be the first person we will call if needed, the person we will send out emails to, and the person invoiced.

1st Contact

Name _____
Relationship _____
Cell Phone _____
Work Phone _____

Email address

2nd Contact

Name _____
Relationship _____
Cell Phone _____
Work Phone _____
Email address _____

Emergency Contact Information

Name _____
Relationship _____
Phone # _____

Health Information

Physician to be called in an emergency:

Name _____ Phone # _____

Health Insurance Co. _____ Policy # _____

In an emergency, if the 1st and 2nd contact as listed above is unavailable, we will call the emergency contact.

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

Authorized Pick-up Information

☐ By checking this box, you are authorizing the Boys and Girls Club of EMW to release your child(ren) to the people listed in this section without prior notice for the entirety of the 2025 summer camp. **You must check this box if adding people to your child's authorized pick-up list.**

☐ Same as emergency contact

Additional Person(s)

Name _____
Relationship _____
Phone # _____

Name _____
Relationship _____
Phone # _____

Name _____
Relationship _____
Phone # _____

Permissions: I give my child permission to have my child's pictures used in Boys & Girls Club publications, news articles, social media.

☐ Yes ☐ No

I have read and understand the Club's One-on-One Assistance Policy regarding individual support for campers. Does your child require one-on-one assistance to safely and successfully participate in camp activities? ☐ Yes ☐ No

If you checked "YES", the Camp Director will follow up with you to discuss accommodations and next steps.

Parent/Guardian Signature _____ Date _____

Boys & Girls Club of Elma, Marilla & Wales

Summer Day Camp 2025 - Camper Application

Name of Child _____

Grade Entering (fall of 2025) _____

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

Member Cost: \$45/day per camper / Cost for a full week of camp: \$41/day per camper
Non-Member Cost: \$50/day per camper / Cost for a full week of camp: \$46/day per camper

<u>Week</u>	<u>Dates</u>	<u>Days Attending</u>	<u>Total</u>	
O Week 1	June 30 – July 3	M T W Th <input type="checkbox"/>	\$_____	<u>Registration Deadline</u> June 13 th
O Week 2	July 7 – July 11	M T W Th F	\$_____	<u>Registration Deadline</u> June 27 th
O Week 3	July 14 – July 18	M T W Th F	\$_____	<u>Registration Deadline</u> July 3 rd
O Week 4	July 21 – July 25	M T W Th F	\$_____	<u>Registration Deadline</u> July 11 th
O Week 5	July 28 – Aug 1	M T W Th F	\$_____	<u>Registration Deadline</u> July 18 th
O Week 6	Aug 4 – Aug 8	M T W Th F	\$_____	<u>Registration Deadline</u> July 25 th
O Week 7	Aug 11 – Aug 15	M T W Th F	\$_____	<u>Registration Deadline</u> Aug 1 st
O Week 8	Aug 18 – Aug 22	M T W Th F	\$_____	<u>Registration Deadline</u> Aug 8 th

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

Registrations 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	Dosage	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

2025 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.

Member 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 (please print): _____

Camp Policies/Parent Contract 2025

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's 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 (SPF 15 or higher), insect repellent, and long sleeve tops and pants for hiking activities.
- _____ For safety reasons, sneakers are required for participation in gym activities. Campers who are not wearing appropriate footwear will not be allowed to participate. Crocs, sandals, flip-flops, or any open-toed shoes are not acceptable.
- _____ 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. Staff are not responsible for any lost items.
- _____ 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 I need to fill out a Change Request Form and provide it to the office staff by the deadlines in order to add or remove a day of camp and must be approved by the Camp Director. If a Change Request Form is not filled out by or before the deadlines given, and my child attends, I will be asked to come pick up my child. If a Change Request Form is not filled out by or before the deadlines given, and my child does not come on the day they are registered, I am required to make full payment for that day.
- _____ If my child is ill and cannot attend camp, you will need to provide a doctor's note and contact the Camp Director regarding a refund.
- _____ If my child does not attend a scheduled day due to a non-medical reason, I will not be refunded.
- _____ I understand that summer camp services will not be provided/and or suspended until fees are paid in full. Payment must be paid by the deadline. A late fee will be applied if not paid.
- _____ I understand that I am required to pay for the days I have my child registered for regardless of late payments.
- _____ I understand that if my child is suspended (behavioral) from camp there will be no refund of camp fees.
- _____ If cancelling less than two weeks 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 and Parent Contract.

Parent/Guardian Signature: _____ Date: _____

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 Change Request 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 summercamp@bgcemw.org to request the change. Note changes are unlimited before June 13th. After that date, you will be limited to 3 changes (two weeks prior notice) and must fill out the Change Request Form. All submissions are due by 5pm the Friday 2 weeks prior to the date/week you are changing.

Cancellations / Refunds

We require a written notice of cancellation via the Change Request Form by Friday at 5pm, 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 emergency circumstances only. A written notice of cancellation with an explanation of medical or emergency circumstances must be provided for a refund request to be considered.

Payment for registered days is required to be paid on time. A late payment will prevent your child from coming to camp until this is paid in full. A late payment will not be considered removal from camp. Payment is still required to be paid in full for days registered. It will not be assumed that your child will not be attending their registered days of camp due to late payment. A late fee will be applied to late payments.

- A Change Request Form is required to be filled out and provided to the office staff by the deadlines on the form to add or remove a day of camp and must be approved by the Camp Director.
- If a Change Request Form is not filled out by or before the deadlines given, and your child attends camp, you will be asked to come pick up your child.
- If a Change Request Form is not filled out by or before the deadlines given, and your child does not come to camp on the days they were registered, you will still

be required to make full payment for that day as the change to remove the day was not sent in and approved by the Camp Director.

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

- Changes are unlimited before June 13th. After that date, you will need to complete the Change Request Form and be allowed three changes.
- The Boys & Girls Club of Elma, Marilla, and Wales requires a form to be submitted to the Camp for changes to camp no later than two weeks in advance of the camp week dates.
- If a child is dismissed for behavioral reasons from camp, 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.

BOYS & GIRLS CLUB OF ELMA, MARILLA, & WALES

SUMMER CAMP FIELD TRIPS PERMISSION SLIP FORM

NOTE: In order for your camper to attend the scheduled field trips, payment must be paid in full to attend (field trips are an additional charge) and the camp must have this signed permission slip form on file. All field trips are scheduled in advance and listed on appropriate forms and social media. All campers must wear their camp shirts, sneakers, and bring a Ziploc bagged lunch/disposable water bottle (except for Week 3 & 6) on field trip days. All field trips are supervised by camp staff. Campers will be assigned a "buddy" and a counselor on each trip. This is to maintain the safety of all campers when off premise. There will be NO Field Trip for Week 8.

ATTENDING:

WEEK 1- WED. 7/2 DEPART @ 10:30 / RETURN @ 1:30



URBAN AIR \$45

WEEK 2 WED. 7/9 DEPART @ 10:30 / RETURN @ 3:00



MAID OF THE MIST \$32

WEEK 3 WED. 7/16 DEPART @ 10:00 / RETURN @ 2:30



GRAND ISLAND FUN CENTER \$42

WEEK 4 - TUES. 7/22 DEPART @ 11:45 / RETURN @ 2:45



WARRIOR FACTORY \$45

Rangers & Blazers

WEEK 4 - WED. 7/23 DEPART @ 11:45 / RETURN @ 2:45



WARRIOR FACTORY \$45

Explorers

WEEK 5 - WED. 7/30 DEPART @ 10:30 / RETURN @ 3:00



BUFFALO ZOO \$25

WEEK 6 - TUES. 8/5 DEPART @ 10:30 / RETURN @ 1:45



STRIKER'S BOWLING \$25

Rangers & Blazers

WEEK 6 - WED. 8/6 DEPART @ 10:30 / RETURN @ 1:45



STRIKER'S BOWLING \$25

Explorers

WEEK 7 - TUES. 8/12 DEPART @ 10:30 / RETURN @ 3:00



CAMP SKA-NO-KA-SAN \$20

Rangers & Blazers

WEEK 7 - WED. 8/13 DEPART @ 10:30 / RETURN @ 3:00



EXPLORE & MORE \$20

Explorers

Child's Name: _____ Group: **Explorers (1-3)** **Rangers (4-5)** **Blazers (6-8)**

Parent's Name: _____ Phone Number: _____

Emergency Contact (**not listed above**): _____ Phone Number: _____

I, _____ give my child _____ permission to attend the above checked field trips with the Boys and Girls Club of EMW Summer Camp. The camp will be transported via bus by the Iroquois Central School District.

Parent/Guardian Signature: _____

If you do not plan on sending your child to any of the field trips above, please check the box
Camp will operate as normal for campers not attending the field trips.



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. **Please note that this form is a request. Staff will review the form and camper attendance/staff-to-camper ratios for days that you are requesting to add and get back to you with approval for those additions.** You must fill out a new request form for every change. **Three changes allowed.**

Camper One

Name: _____

Group Name: _____

Camper Two (Optional)

Name: _____

Group Name: _____

Change/Add Request:

Select the days you want to change/add from a current registration. All submissions are due by the deadlines listed below no later than 6pm (two weeks prior to the date/week you are changing/adding). Please indicate the date you are changing by checking the corresponding box below the date for adding or removing.

Week 1: June 30 - July 3**Deadline: June 13th**

M-6/30 T-7/1 W-7/2 TH-7/3

<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 2: July 7 - 11**Deadline: June 27th**

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

<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 3: July 14 - 18**Deadline: July 3rd**

M-7/14 T-7/15 W-7/16 TH-7/17 F-7/18

<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 4: July 21 - 25**Deadline: July 11th**

M-7/21 T-7/22 W-7/23 TH-7/24 F-7/25

<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 5: July 28 - August 1**Deadline: July 18th**

M-7/28 T-7/29 W-7/30 TH-7/31 F-8/1

<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 6: August 4 - 8**Deadline: July 25th**

M-8/4 T-8/5 W-8/6 TH-8/7 F-8/8

<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 7: August 11 - 15**Deadline: August 1st**

M-8/11 T-8/12 W-8/13 TH-8/14 F-8/15

<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

Week 8: August 18 - 22**Deadline: August 8th**

M-8/18 T-8/19 W-8/20 TH-8/21 F-8/22

<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Add
<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

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: _____

One-on-One Assistance Policy
Boys & Girls Club of Elma, Marilla and Wales

Purpose

The Boys & Girls Club of Elma, Marilla and Wales is committed to creating an inclusive and supportive environment for all children. While we strive to accommodate a variety of needs, we are unable to provide one-on-one assistance during our camp programs.

Policy Statement

If a child requires one-on-one assistance or additional support during the school day, they will also need similar support at camp to ensure a safe and positive experience. Families will be responsible for hiring and funding a personal aide if such support is needed for camp participation. The Club does not have the resources to provide individual aides but welcomes families to arrange for an aide, provided the following conditions are met:

Requirements for Personal Aides

1. Parent Responsibility: Families are responsible for identifying, hiring, and compensating the aide.
2. Background Check Process
 - The Club will conduct a criminal background check on all aides in accordance with state and federal laws.
 - The process will be conducted efficiently and at no cost to families to avoid imposing an undue burden on access to camp.
3. Approval Criteria
 - Aides must meet standard safety and conduct guidelines in alignment with Club policies.
 - The Club will provide clear, written criteria outlining the grounds for disqualification.
 - Any disqualification will be communicated to the family with an opportunity for review or appeal where applicable.
4. Training & Orientation
 - Approved aides must complete a brief orientation to understand camp policies, emergency procedures, and behavioral expectations.
 - The Club will provide reasonable guidance and support to ensure aides can integrate smoothly into camp activities.

5. Non-Disruptive Participation

- The presence of an aide should enhance the child's experience without disrupting camp activities or interfering with staff responsibilities.
- Aides must adhere to all Club rules and regulations, including confidentiality, behavior management policies, and supervision protocols.

6. Timely Submission Requirement

- Families must notify the Club at least 14 days in advance if an aide is attending.
- The Club will make reasonable efforts to expedite the approval process in cases of unexpected need.

Determination of Need During Camp

1. If a child begins camp without an aide, but the Club staff determines that one-on-one support is necessary, the family will be notified immediately.
2. Reasonable efforts will be made to provide temporary support or accommodations while families arrange for an aide, however there are no guarantees we will be able to accommodate.
3. The family will be responsible for arranging an aide as soon as possible so their child can successfully participate in camp.

Exceptions & Considerations

1. The Club will make reasonable accommodations as required by law but cannot guarantee specialized or one-on-one support.
2. If a child's needs exceed the Club's capacity, families may be asked to explore alternative programs that can provide the necessary level of care.

Acknowledgment & Agreement

By signing below, I acknowledge that I have read and understand the One-on-One Assistance Policy and agree to its terms as a condition of my child's participation in camp.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Club Representative Name: _____

Club Representative Signature: _____ Date: _____