



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

Summer Day Camp 2023

NEW THIS YEAR

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)

Summer Day Camp 2023

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 2023) _____

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 2023 - Camper Application

Name of Child _____

Grade Entering (fall of 2023) _____

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

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

<u>Week</u>	<u>Dates</u>	<u>Days Attending</u>	<u>Total</u>	
O Week 1	June 26 – June 30	M T W Th F	\$ _____	<u>Registration Deadline</u> June 16 th
O Week 2	July 3 – July 7	M ■ W Th F	\$ _____	<u>Registration Deadline</u> June 23 rd
O Week 3	July 10 – July 14	M T W Th F	\$ _____	<u>Registration Deadline</u> June 30 th
O Week 4	July 17 – July 21	M T W Th F	\$ _____	<u>Registration Deadline</u> July 7 th
O Week 5	July 24 – July 28	M T W Th F	\$ _____	<u>Registration Deadline</u> July 14 th
O Week 6	July 31 – Aug 4	M T W Th F	\$ _____	<u>Registration Deadline</u> July 21 st
O Week 7	Aug 7 – Aug 11	M T W Th F	\$ _____	<u>Registration Deadline</u> July 28 th
O Week 8	Aug 14 – Aug 18	M T W Th F	\$ _____	<u>Registration Deadline</u> August 4 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	<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

2023 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: _____

Camp Policies/Parent Contract 2023

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)



SUMMER CAMP FIELD TRIPS



**Boys & Girls Club
of Elma, Marilla, & Wales**

ATTENTION:

Please fill out and mark the boxes for the field trips that you would like your child to attend; one form per child. Pricing of the field trips include admission and bus fare. **Field Trips and times are subject to change. If a field trip has a (*) next to it, that requires a waiver to be signed. Please visit the website for each and fill out the waiver, if not, your child will not be able to participate.** If we have enough time on the field trips and there is a gift shop **NOTE:** Registration for the field trips are due the Wednesday prior to the date of the field trips. We have to give a final count to the establishments and we will not be able to accept late registrations. Thank you!

Check	Field Trip Date	Location	Depart/Arrive @ Club	Cost per Camper	
<input type="radio"/>	Wednesday, June 28th	Urban Air *	9:30 - 12:30 Rangers & Blazers	12:30 - 3:45 Explorers	\$32.00
<input type="radio"/>	Wednesday, July 5th	Hidden Valley Animal Adventure	9:15 - 1:30		\$26.00
<input type="radio"/>	Wednesday, July 12th ^Subject to change ^	Planetarium—Buffalo State ^Subject to change ^	9:15 - 12:30 Rangers & Blazers	12:30 - 4:00 Explorers	\$20
<input type="radio"/>	Wednesday, July 19th	Maid of the Mist / Niagara Falls	9:15 - 2:30		\$27
<input type="radio"/>	Wednesday, July 26th	Buffalo Zoo	9:30 - 2:00		\$25
<input type="radio"/>	Wednesday, August 2nd	Strong Museum of Play	9:15 - 4:00		\$27
<input type="radio"/>	Wednesday, August 9th	Warrior Factory*	11:45 - 3:00		\$40



SUMMER CAMP FIELD TRIP PERMISSION FORM



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

Emergency Contact: _____ 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

Office Use Only
Cash: _____
CC: _____
Invoice: _____
Check: _____

Waiver Information

Week 1 Field Trip - Urban Air

1 Walden Galleria Drive
Buffalo, New York 14225
Phone: 716-568-7083

- 1.) Visit <https://www.urbanair.com/>
- 2.) Make sure your location is Buffalo, NY or zip code is 14225. Located in the top right corner



- 3.) Scroll over the tab 'My Park', click on 'Sign Waiver'
- 4.) Complete waiver

Website Link: <https://my.urbanairparks.com/waivers/8cadba71-4490-4315-a38d-c88e48fe9760>

Week 7 Field Trip – The Warrior Factory

4691 Transit Rd
Williamsville, NY 14221
Phone: 716-276-3491

- 1.) Visit <https://www.buffalo.thewarriorfactory.com>
- 2.) Click the link 'Sign Our Waiver'
3. Fill out New Adult with Minor Participant(s)

Website Link:
<https://www.buffalo.thewarriorfactory.com/>

New Adult with Minor Participant:

<https://www.waiverking.com/print/34836>