



Due ONE MONTH prior to Camp Start Date
Late Forms incur \$10 fee per form and delay child's start date

2018

CAMPER BACKGROUND FORM

This page to be filled out by parent/guardian
29 Recreation Center Road, Hopewell Junction, NY 12533 845-227-5783 845- 227-9685(fax)
email: recassistant@townofbeekmanny.us

Truthful information on this form will help us to serve your child better!

Session: [] 1 [] 2 [] 3 [] 4 Camp Program: [] Pee Wee [] Squirts [] Juniors [] Seniors [] Sports [] Leadership

Camper's Last Name Camper's First Name Nickname if any

Grade in Fall Birthdate School

Please list the members of your child's household and their relationship to them:

Table with 4 columns: Member, Relationship, Member, Relationship

Has your child been to day camp before? Where

What concerns, if any, do you have about sending your child to camp?

Describe any habits, characteristics or phobias we should be aware of to help us better care for your child:

Explain any fears you or your child has about water:

Explain any significant losses or changes in the household or in in your child's circle of friends, classmates and extended family has recently experienced

What are some strategies we could use to make your child more comfortable at camp?

Please explain any special needs your child may have so we can be prepared to make their stay as comfortable as possible

Does your child receive any special services during the school year? yes no If yes, please explain

As per amendments made in 2016 to the NYS DOH Children's Camp Code camps have been advised to "identify camper disability information (developmental and/or physical disabilities) during the camp's enrollment process..."

Does this child have a severe chronic disability attributable to (quoted from the Code) "mental retardation, cerebral palsy, epilepsy, autism or neurological impairment" as determined by a qualified practitioner with a relevant Master's Degree or Doctorate in Psychology? Yes No

If yes, does the child have an individual treatment, care, or behavioral plan? Yes No

If yes, would you like to share it with us to help us better be able to serve your child? Yes No



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CAMPER HEALTH HISTORY

2018

RECREATION & PARKS

29 Recreation Center Road, Hopewell Junction, NY 12533 845-227-5783 845-227-9685(fax)
 email: recassistant@townofbeekmanny.us

Camper Last Name _____ Camper First Name _____ Date of Birth ____/____/____ Date of last physical examination: _____

Session: 1 2 3 4 Camp Program: Pee Wee Squirts Juniors Seniors Sports Leadership

Family medical/hospital insurance carrier _____ Policy/Group No _____

Parent/Guardian #1 First & Last Name _____ Parent/Guardian #2 First & Last Name _____

Parent/Guardian #1 Phone numbers: home, cell, work _____ Parent/Guardian #2 Phone numbers: home, cell, work _____

Parent/Guardian #1 Business Name and Address _____ Parent/Guardian #2 Business Name and Address _____

Other than the parents/guardians listed above, list 2 Adults (or more on back) who will be available during program to pick up child within 15 minutes.

Name _____ Relationship _____ Home Phone _____ Work Phone _____

Address _____ Cell Phone _____

Name _____ Relationship _____ Home Phone _____ Work Phone _____

Address _____ Cell Phone _____

If an emergency arises and neither parent nor alternative persons can be reached at once, I authorize Beekman Day Camp to take all measures that they consider necessary for the protection of the health and safety of my child, including hospitalization.

Health History (check, giving approximate dates where indicated):

Conditions:	Allergies:	Diseases:	Dates
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Asthma	<input type="checkbox"/> Mononucleosis:	_____
<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chicken Pox:	_____
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Measles:	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Insect Sting	<input type="checkbox"/> German Measles:	_____
<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Mumps:	_____

Other diseases or details of above: _____

List food allergies: _____

Operations or serious injuries (dates): _____

For females: Has this child menstruated? _____ If not, has she been told about it? _____ If so, is her menstrual history normal? _____

Prescription drugs taken on regular basis: _____

Dietary Modifications: _____

Suggestions or health related information or restrictions for camp personnel: _____

Physician Name	Dentist Name	Orthodontist Name
Physician Phone	Dentist Phone	Orthodontist Phone

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted. I understand and agree to abide with the restrictions placed on camp activities. **Emergency Authorization:** I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests and treatment for me or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injections or anesthesia and/or surgery for me or my child as named above. This form may be for use out of camp.

Signature of parent or guardian: _____ Date: _____

Town of Beekman Recreation & Parks

29 Recreation Center Road
Hopewell Junction, NY 12533
845-227-5783 845-227-9685F

recassistant@townofbeekmanny.us www.beekmanrec.com



Program Behavior Guidelines

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The mission of the Town of Beekman Recreation & Parks Department is to provide recreational opportunities which will encourage a healthy and active lifestyle. We strive to promote lifelong leisure skills and to enhance the quality of life and sense of community for all residents of the Town of Beekman.

Expectations of Parents

- Child's health and emergency information will be kept up to date; the Rec Office will be informed of any changes
- Children with a fever or contagious illness must be kept home
- For programs requiring a "sign-out" a parent, or designated adult as indicated on registration materials, will come with photo ID and sign child out
- Parents will ensure child is signed out on time or pay the late sign out fees
- Parents will support Beekman Rec expectations of children and the discipline policy
- Parents will be available, or have an emergency contact that is available, to pick up their child immediately in the event of an injury, a health, or a discipline issue

Expectations of Children

We expect the children in our programs to be a positive part of our caring community: staff model, and children are guided, to be kind, considerate, caring and helpful

- Children will be honest
- Children are responsible for their own belongings
- Children are responsible for controlling their own behavior keeping their hands and bodies to themselves
- Children will be toilet trained unless in "Care giver and Me" programs
- Children are respectful to staff and listen to staff with a caring heart
- Children are respectful to each other conducting themselves in a courteous manner; there will be no bullying
- Children will treat belongings, equipment and the park with care
- Children will discard their own garbage
- Children will not bring valuables or electronic equipment to the program
- Indoors, there will be no running, cart wheels, or throwing balls; but we will have time for that outside!
- Children will stay with the group

If the above rules are not followed we will adhere to the discipline policy below

Discipline Policy

The staff will create a warm and caring atmosphere with established rules to ensure the emotional and physical safety of all. There will be consistent consequences to children who have difficulty following the rules that include, verbal warning, time out, exclusion from activity, parental consultation, early pick-up by parent, suspension and/or removal from the program without refund.

1st Offense - the child will be warned verbally by a staff member.

2nd Offense - the child will be warned along with a 5-10 minute time out from the activity to reflect on their behavior.

3rd Offense - a parent will be called for immediate pick-up from a short term program and for a consultation in a long term program. If after the consultation there is a 4th Offense the parent will be called for immediate pick-up.

The Recreation Director reserves the right to ban any child from attending Rec programs based on repeated offenses at Rec programs.

In registering my child for a Beekman Recreation programs, I am agreeing to explain the expectations to my child and to support the Expectations and the Discipline Policy.

Child's Name Printed

Child's Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature



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**Medical Records for Day Camp
 IMMUNIZATION RECORD**

This page to be signed by Physician along with attaching Physician's Record

29 Recreation Center Road Hopewell Junction, NY 12533 845- 227-9685(fax)
 email: recassistant@townofbeekmanny.us

 Camper Last Name Camper First Name DOB

 Camper Street Address Town State Zip

Session: 1 2 3 4 Camp Program: Pee Wee Squirts Juniors Seniors Sports Leadership

Dear Physician:

Please attach an Immunization Record for the child named above and sign below.

I certify that the attached list of immunizations submitted reflect the required/recommended immunizations for the following diseases:

- Diphtheria
- Haemphilus influenza B
- Hepatitis B
- Measles
- Mumps
- Pertussis
- Poliomyelitis
- Rubella
- Tetanus
- Varicella – chicken pox

Physician's Signature: _____ Date: _____



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Medical Records for Day Camp MANDATORY PHYSICIAN'S ORDERS

This page to be filled out by Physician

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 email: recassistant@townofbeekmanny.com

Individualized Orders for:

Camper Last Name _____ Camper First Name _____ DOB _____

Camper Street Address _____ Town _____ State _____ Zip _____

Session: 1 2 3 4 Camp Program: Pee Wee Squirts Juniors Seniors Sports Leadership

Standard Over the Counter/PRN Medications (The following medications are available and will be administered at the discretion of the Health Director or designee, if approval is indicated by the camper's Healthcare Provider.)

Drug Name	Route	Dosage and Instructions	Indications	Physician's Order	Comments
Antibiotic Ointment	Topical	Per label Instructions	Superficial Cuts/abrasions	Yes No	
Hydrocortisone Cream	Topical	Per label Instructions	Allergic Reactions, (contact dermatitis, insect bites)	Yes No	
Calamine Lotion (or Generic)	Topical	Per label Instructions	Allergic reactions (hives, insect bite)	Yes No	
Saline Solution/ Eye Wash		Per label Instructions	Dust/Sand In Eyes	Yes No	
Sting Stop	Topical	Per label Instructions	Insect bite	Yes No	
Alcohol Wipes	Topical	Per label Instructions	Superficial Cuts/ Abrasions	Yes No	

Prescription Medications This includes Epi-Pen's, Ritalin, etc. **Camper MUST BE able to SELF-ADMINISTER.** Please complete with the patient's current regimen for both scheduled and PRN medications.):

Drug Name	Route	Dosage and Schedule	Indications	Camper Health Care Provider Order	Comments

This form must be completed and signed by the child's physician.

This form must be filled out and signed for all campers. Campers taking any prescription medications while at camp must be able to self-administer the medication under the supervision of the Camp Health Director/Designee. Camp Health Directors are only permitted to dispense medications that are listed on this form by the child's doctor.

Physician's Name: _____ Phone#: _____

Address: _____ License#: _____

Signature: _____ Date: _____

User last name printed

User first name printed

Corcl Rules

Rules amended 6/15/2017 and are subject to revision

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29 Recreation Center Road, Hopewell Junction, NY 12533 845-227-5783 845- 227-9685(fa
email: recassistant@townofbeekmanny.us RECREATION & PARKS

1. A **CORCL RULES form must** be signed for each user.
2. Beekman Recreation is not responsible for the loss of any personal items.
3. CORCLs are designed for users to be under 200 lbs.
4. Anyone using CORCL and paddle must be swim tested with a pfd on prior to first use.
5. Young children may be pulled in a CORCL by an adult or camp counselor when there is an area so designated that there are no swimmers in that area
6. There is to be no swimming in boating area.
7. Users must wear coast guard approved floatation device provided by the Beekman Rec (given out by Gate or Camp Staff) appropriate for their weight and girth; weights will be determined on a Rec provided scale and recorded.
 - a. Under 50 pounds
 - b. 50-90 pounds
 - c. 90-200pounds
8. Boats must be operated within the view of a Beekman Rec Lifeguard in the area designated for boating.
9. Users must stay seated within the boat.
10. No foul play in CORCLs.
11. No diving, jumping, falling, or fishing in the water.
12. No Bumping into other CORCLs.
13. Paddles must only be used to propel boat.
14. Any misuse of the boats by any operator(s) will cause suspension and Revocation of privileges. Also operator(s) assumes full responsibility for the boat issued to them, and will pay for any damages caused by themselves or their guests.
15. Lifejackets must be returned to gate to be hung up to dry.
16. All damages and injuries must be reported immediately.
17. In the event of thunder and lightning, guests must leave the water and seek shelter immediately; there will be no refunds.
18. CORCLs are to be used by the public only during the designated times which will develop as the summer progresses and will be posted at the Gazebo each day.
19. CORCLs will only be rented to guests with wrist bands.
20. CORCL rental fee is \$3 for 30 minutes and \$5 for an hour (except for campers during camp).

Please sign your name below agreeing to the rules and regulations above:

User Signature

User Age

User Weight

PFD Size

User PFD Swim Test Result

This box to be completed by Staff

If user is a minor:

Parent last name printed

Parent first name printed

Parent Signature

Date