

# Camp MAC Registration

Summer '10



## Who are we?

We are a free day camp that is funded by NYS and the surrounding townships. Children entering the 1st grade through the 6th grade are eligible to attend. We provide various recreational activities for the children. Our activities include; theme events, arts & crafts, sports, music and drama. If you live in Wawayanda, Minisink, or Greenville you may attend our camp. Those of you who reside in Otisville are not eligible to attend, as Otisville has their own camp.

## When and where is the camp held?

The camp is held at the MIDDLE SCHOOL. The camp runs from 8:30-11:30 Monday-Thursday. There are two sessions to choose from.

Please choose from one of the following:

- Session 1 July 5th - July 15th
- Session 2 July 19th - July 29th

## When is registration?

Sign up is on a first-come, first-serve basis in the C-Gym (Intermediate School). Please note that you may only sign up for one session! Registration date is June 22nd from 5:00pm to 8:00pm. SPECIAL REQUESTS TO KEEP CHILDREN TOGETHER WILL NOT BE GRANTED. Camp is a place to meet new friends!

## Do you have questions?

Contact Dan Gallo via email at [dgallo@minisink.com](mailto:dgallo@minisink.com).

There is no cost to enroll in the program. Parents must provide transportation. Funded in part by the NYS Office of Children & Family Services/Orange County Youth Bureau.

Minisink Area Summer Recreation Camper Application 2010

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Group(Camp use) \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2009: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Address (including Town and zip code) \_\_\_\_\_  
\_\_\_\_\_

Circle Town of Residency: Wawayanda Minisink Greenville

Parent/Guardian \_\_\_\_\_

Phone number during camp hours \_\_\_\_\_

Emergency Contact/phone number (other than parent-guardian)  
\_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Special notes regarding this child (allergies, medications, disabilities, restrictions,  
phobias, behavior challenges): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunization Records Attached Yes No  
Records MUST be attached in order to register for camp!

Does your child have a sibling attending this camp? Yes No

If yes, what is their name? \_\_\_\_\_

## Summer Recreation Program Parent Contract

We want to ensure that our camp program is an enjoyable one for all who attend. Please read through this sheet and sign at the bottom.

Please review the rules and regulations with your child prior to the first day of camp. Be aware that ANY physical aggression by a camper towards another camper or staff member will be immediate grounds for dismissal from camp. Also, any child who leaves his/her group without permission will be dismissed from camp. Counselors are in charge of a large group of campers and it is imperative that the campers do not wander off. Safety of our campers is a priority so our rules are in place to protect the safety of all campers and staff members in attendance.

Please be advised that camp drop off is at 8:30am and pick up is at 11:30pm. Repeated tardiness dropping off and/or picking up of campers from is disruptive to the overall operation of the camp. The director reserves the right to dismiss a camper who is late arriving/departing or has poor attendance.

Please bring in a snack for your child each day. We do not have refrigeration, so please make sure that you keep that in mind. Also, please apply sun block on your child prior to the start of camp, as many of our activities are outside.

I am aware of the session that my child will be attending. If my child cannot attend, I agree to contact the camp director to open up a spot for another child. **IF MY CHILD DOES NOT ATTEND THE FIRST DAY OF CAMP AND I HAVE NOT CONTACTED THE CAMP TO EXPLAIN THEIR ABSENCE, I AM AWARE THAT MY CHILD WILL LOSE HIS/HER SPOT.**

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camper(s) name

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parent name (print)

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parent signature

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date

Minisink Area Summer Recreation Program

Disclosure Statement

Dear Parents:

The public health law requires that the camp operator attach to the camp enrollment application forms and/or enrollment contract forms a written statement which declares:

- A) The camp is required to be licensed by the New York State Department of Health .
- B) The camp is required to be inspected twice yearly.
- C) The address where reports concerning such camp are filed. This is meant to be the office of the permit-issuing official who routinely inspects the camp and issues the permit to operate. The address is:

Orange County Department of Health  
223 Main Street  
Goshen, New York 10924

*Please Note \* The Minisink Area Summer Recreation Program has applied for a camp operating permit from the Orange County Health Department in accordance with Section 7-2.B of the New York State Sanitary Code. A current confidential medical history, immunization chart, and an emergency contact shall be kept on file for every camper and updated annually.*

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Mandatory Medical Awareness

I, the undersigned as parent and/or legal guardian of \_\_\_\_\_ understand that the Minisink Area Summer Recreation Program will include an array of both sports and recreational activities typically made available to children at summer camp. The kinds of activities will only be limited by the imagination of our counselors and staff. Necessarily these activities will include body contact sports such as: soccer, basketball, field hockey, dodge ball, volleyball, and the like. These activities and others of similar nature will involve vigorous activity on the part of the children and will be competitive in nature.

The undersigned, as parent, legal guardian or person having legal custody of the child, does hereby grant permission to the staff of the Minisink Area Summer Recreation Program to administer first aid to my child in the event on an accident/injury.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Legal Guardian

## Medication Procedure

Procedure to be followed in the event that a child requires medication while participating in the Minisink Area Summer Recreational Program:

- No child may carry on his-her person any medical substance while at the program. In the event that a child is required to ingest medicine which has been duly prescribed by a physician, then the following procedure must be adhered to:
- On the first day of camp the parent/guardian of the child must personally deliver the medication to the medical director with written instructions from a physician. The written instructions must include the following information: the dosage, time, and number of days to be given.
- Parents must provide the medical director with a written request to administer medications.
- The medication must be in a container with a professional label attached to it provided by a registered pharmacist.
- All unused medication must be picked up on the last day of camp or the medication will be discarded.

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, have read the above procedure and agree to comply with the procedure precisely as written.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**Please note: Camp is a time for children to make new friends. This year, there will be no special grouping requests granted. Please respect our new policy.**

### Application checklist

- Application?
- Immunization?
- Signed everything?
- Bring a bag of recycled materials to registration:
  - Paper towel tubes without paper towels
  - Cleaned out soda bottles with caps on
  - Toilet paper tubes without toilet paper
  - Newspaper
  - Cereal boxes
  - Egg cartons
  - Shoe boxes

Please bring your completed application on either May 13 & 14th from 5-7pm in the C-gym located in the Intermediate School. Contact Dan Gallo for more info at 355-5100 x8222 or email him at [dgallo@minisink.com](mailto:dgallo@minisink.com).