



Town of Dover

Recreation Department

Office Location:

Boyce Park, 6420 Rt. 55, Wingdale NY 12594

Phone: 845-832-9168

Fax: 845-832-3286

Mailing Address:

126 E. Duncan Hill Rd.

Dover Plains NY 12522

Day Camp is starting on July 5, 2016, located at Boyce Park in Wingdale.

Please see attached calendar and day camp dates and fees.

We have an exciting Day Camp planned for your child. We promise to make this a fun and memorable experience. Please see our attached 2016 Day Camp Calendar for swimming and trip date information.

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION

We hope this will help with any questions you may have.

- Put names on all articles of clothing and towels.
- It is recommended that bathing suits should be worn under clothing on pool days.
- Bring extra clothes.
- Wear sneakers or closed sandals for park and pool shoes for pool.
- Bring snacks, lunch (if you are a full day camper) and **plenty of water for the entire day.**
- Bring sunscreen and bug spray. (Counselors or CIT's or other staff are not allowed to apply) Child must apply themselves or our nurse can help.
- Electronics devices are NOT allowed at camp, if brought in, it will be taken away and given back at the end of the camp day. We are not responsible for any lost, damaged or stolen items.
- Please read the attached discipline policy with your child. Excessive bad behavior will not be tolerated and will result in dismissal for the day or seasonal removal from Day Camp. No refund will be applied.
- Drop-off is at 8:30 AM and pick-up is at 12:30 PM or 4:00 PM if your child is a full day camper. Please be prompt!! Please use the Drop-off and Pick-up plan enclosed for the safety of all our children.
- **A pick-up card is required by anyone who is picking up your child. If anyone that is not on your Emergency pick-up form, you must call or send in a note and ID is required at pick-up.**

ALL REGISTRATION, MEDICAL IMMUNIZATIONS FORMS AND PAYMENTS MUST BE RECEIVED AT TIME OF REGISTRATION

DOVER DAY CAMP FEES

FULL DAY CAMP SESSION 1 (JULY 5 – JULY 15) 8:30 AM – 4:00 PM
SESSION 2 (JULY 18 – JULY 29)
SESSION 3 (AUGUST 1 – AUGUST 12)

FIRST CHILD: \$280.00 PER SESSION
SECOND CHILD: \$260.00 PER SESSION
THIRD CHILD: \$240.00 PER SESSION

HALF DAY CAMP SESSION 1 (JULY 5 – JULY 15) 8:30 AM – 12:30 PM
SESSION 2 (JULY 18 – JULY 29)
SESSION 3 (AUGUST 1 – AUGUST 12)

FIRST CHILD: \$170.00 PER SESSION
SECOND CHILD: \$150.00 PER SESSION
THIRD CHILD: \$130.00 PER SESSION

ONE WEEK FULL DAY CAMP 1ST CHILD - \$150.00 PER CHILD
2ND CHILD - \$140.00 PER CHILD
3RD CHILD - \$130.00 PER CHILD

ONE WEEK HALF DAY CAMP 1ST CHILD - \$90.00 PER CHILD
2ND CHILD - \$80.00 PER CHILD
3RD CHILD - \$70.00 PER CHILD

BEFORE CAMP CARE \$30.00 PER CHILD PER WEEK 7:00 AM – 8:30 AM
AFTER CAMP CARE \$30.00 PER CHILD PER WEEK 4:00 PM – 6:00 PM

COUNSELOR IN TRAINING \$25.00 PER CHILD PER WEEK

ALL CIT'S AND CAMPER'S MUST PAY ONE TIME REGISTRATION

FEE OF \$25.00 PER CHILD



Town of Dover Recreation Department Day Camp Registration Form

Name of Camper: _____

Address _____

Age _____ Grade Entering in fall _____ Male/Female _____

Phone # _____ Cell # _____

Date of Birth _____

(Please circle all that apply)

- | | | | |
|--------------------------|-------------------------------------|--------------------------|-------------|
| <input type="checkbox"/> | Session - 1: (July 5 - July 15) | <input type="checkbox"/> | Full Day |
| <input type="checkbox"/> | Session - 2: (July 18 - July 29) | <input type="checkbox"/> | Half Day |
| <input type="checkbox"/> | Session - 3: (August 1 - August 12) | <input type="checkbox"/> | Before Care |
| <input type="checkbox"/> | Week 1: (July 5 - July 8) | <input type="checkbox"/> | After Care |

- | | | | |
|--------------------------|--------------------------------|------------------------|------------------------|
| <input type="checkbox"/> | Week 2: (July 11 - July 15) | Camp Shirt Size | |
| <input type="checkbox"/> | Week 3: (July 18 - July 22) | (Please circle one) | |
| <input type="checkbox"/> | Week 4: (July 25 - July 29) | Child | SM MED LG |
| <input type="checkbox"/> | Week 5: (August 1 - August 5) | Adult | SM MED LG XLG |
| <input type="checkbox"/> | Week 6: (August 8 - August 12) | | |

Camp (check one)

- Day Camp (Grades K-10)
- CIT Community Service Sessions 1 2 3

\$25.00 Reg. Fee Pd.: _____ **Camp Fee Paid:** _____ **Date:** _____ **Rec. #** _____

Date: _____ **Camp Fee Paid** _____ **Receipt #:** _____

Date: _____ **Camp Fee Paid** _____ **Receipt #:** _____

Make checks payable to: The Town of Dover ****DO NOT MAIL CASH****

Release of Liability

I agree to pay in full the amount specified on my receipt from the department. I also understand that past due payments can be collected through a third party agency. In consideration for being permitted by the above department to participate voluntarily in the above activity, I hereby waive, agree to release, and discharge any and all claims for damages for personal injury, death or property damage, which I may have, or which hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance, the Town, including its officers, employees, agents, co-sponsors or volunteers, from any and all liability even though that activity may arise out of ordinary negligence or carelessness on the part of the persons or entities mentioned above now and forever. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the Town, including its officers, employees, agents, co-sponsors or volunteers, free and harmless from any loss, liability, cost, or expense which they feel may incur as a result of my death or any injury to myself or property damage that I may sustain while participating in said activity now and forever. I understand that no medical insurance is provided.

Guardian's Signature: _____ Date: _____

Photo, Web and DTV22 Release

I hereby additionally consent to my children, as listed above, participation in Town sponsored events and authorize the Town to photograph and/or video tape said activities for use in Town newsletters, on the Town website and for broadcast on Cablevision Municipal Access Channel 22 with the same terms as stated above, outlining my own participation, now and forever.

Guardian's Signature: _____ Date: _____

Email : _____ (For Town Updates Only)

A medical form must be completed for each camper. Form is available at the recreation office.

Mail registration forms to – Dover Recreation
126 East Duncan Hill Road
Dover Plains, NY 12522
Attention: Day Camp

Day Camp Medical Form (please fill out completely)

This side is to be filled out by parent or guardian.

Name: _____ Birth Date: _____ Sex _____ Age: _____
Last First Initial

Grade Entering in the fall _____

Parent or Guardian Name: _____ Phone #: _____

Home Address: _____
No. & Street City State Zip

Business Address: _____
No. & Street City State Zip

If not Available in an emergency, notify:

Name: _____ Phone: _____

Address: _____ Relation: _____
No. & Street City State Zip

Health History: (Check – giving approximate dates where indicated)

Conditions:	Allergies:	Diseases:	Date
Frequent ear infections _____	Asthma _____	Mononucleosis _____	_____
Heart defect/disease _____	Hay Fever _____	Chicken pox _____	_____
Convulsions _____	Poison Ivy _____	Measles _____	_____
Diabetes _____	Insect sting _____	German measles _____	_____
Bleeding/Clotting disorder _____	Penicillin _____	Mumps _____	_____

Prescription drugs taken on a regular basis: _____

Operations or serious injuries (dates) _____

Dietary Modifications: _____

Other diseases or details of above: _____

Name of Dentist or Orthodontist: _____ Phone _____

Name of Physician: _____ Phone _____

Date of last physical examination: _____

Do you carry family medical/hospital insurance? _____

Carrier: _____ Policy or group #: _____

Suggestions or health related information for camp personnel: _____

NO MEDICATIONS WILL BE DISTRIBUTED BY CAMP STAFF

Operations or serious injuries? (dates) _____

Disability or chronic illness? _____

Any activities to encourage or limit by physicians advice? _____

Any behavioral problems/concerns that the director or counselor should be aware of? _____

Does your child have permission to participate in swimming? _____ all sports? _____

PLEASE READ AND SIGN BELOW

Emergency Medical Authorization

In the event a minor child injured, we want to ensure that they receive prompt medical care, even if you cannot be reached. In this regard, we have a camp medic and several employees with first aid experience on staff. In the event of an emergency, the J.H. Ketcham Rescue Squad will be contacted. Please make sure you have provided your home, business and (if applicable) cell phone numbers, along with an emergency contact. In order to authorize medical care in an emergency, please complete the following statement. The camp director is available to answer any questions you may have.

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child. And, in the event that I or my designated contact person cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, and/or surgery for my child as named above. This form is copied for use out of camp.

Signature of Parent/Guardian

Release and Waiver

Participation in camp involves rigorous physical activity in sports and other recreational events. Participation often involves the risk of injury. While the Town of Dover, Dover Day Camp, its management and staff will take every precaution to reduce the risk of injury, this risk cannot be completely eliminated. We ask that the parent/guardian of each participant execute the following document.

The Parent/Guardian does hereby covenant and agree to release and hold harmless the Town of Dover and the Dover Day Camp, its employees and representatives, from and against any and all liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damages to the extent permissible by law, arising out of participation in the Dover Day Camp Program.

Date

Signature of Parent/Guardian

Immunization Record

Required immunization must be determined locally. Please record the date (month/year) of basic immunizations and most recent booster:

All immunizations must be up-to-date to participate in day care. Determined by the NY State Health Department.

VACCINES	Date of Immunization	Date of Last Booster
Diphtheria		
Pertussis (Whooping Cough)		
Tetanus		
DPT or		
Tetanus TD		
Diphtheria or		
Tetanus		
Oral polio (Sabin) TOPV		
Injectable Polio (salk)		
Measles (red, hard measles, rubella)		
Mumps		
Rubella (German measles, or 3 Day Measles)		
Hepatitis B		
Haemophilus influenza B mandatory for day camp		
Varicella - chicken pox (not needed in child has had disease)		
Most recent Tuberculin test given (TINE)		
other (specify)		

The health history is correct, and the person herein described has permission to engage in all prescribed camp activities and off-site trips except as noted.

Signature of Parent/Guardian

If you want to fax immunization forms to office, please fax to (845) 832-3286.

Dover Day Camp Emergency Pick-up Form

Emergency Contact & Authorization for Pick-up

PLEASE COMPLETE ONE FORM PER FAMILY

Family Last Name _____ Home Phone () _____
Camper s' Names _____,
Parent's Name _____ Parent's Name _____
Work Phone () _____ Work Phone () _____
Cell Phone () _____ Cell Phone () _____

***If your child is sick or needs to be picked up for any reason, we will not release your child to anyone who is not listed on this Authorization Form. This is for your child's protection. When you know your child will be picked up, you must send a signed, dated note on that day stating who will be picking up and at what time. Check one or both boxes for each contact listed below. Do not list people who live far away or aren't available during camp hours to pick-up in an emergency.

Contact in case of illness or emergency. Authorized to pick-up my child from camp.

Name _____ Relationship to Child _____
Address _____
Daytime Phone () _____ Cell Phone/Pager () _____

Contact in case of illness or emergency. Authorized to pick-up my child from camp.

Name _____ Relationship to Child _____
Address _____
Daytime Phone () _____ Cell Phone/Pager () _____

Contact in case of illness or emergency. Authorized to pick-up my child from camp.

Name _____ Relationship to Child _____
Address _____
Daytime Phone () _____ Cell Phone/Pager () _____

Contact in case of illness or emergency. Authorized to pick-up my child from camp.

Name _____ Relationship to Child _____
Address _____
Daytime Phone () _____ Cell Phone/Pager () _____

**Dover Day Camp Trip
Parent/Guardian Permission Form
July – August**

I _____ give my child,
(Please print)

_____ permission to
(Name of child and grade in camp)

participate in **ALL day trips** with the Dover Day Camp. Bus transportation
will be provided by First Student transportation.

See calendar for trip schedule

My child's attendance at camp on trip days constitutes my permission that they attend.

Parent/Guardian signature _____

Phone # during camp hour's _____

Emergency contact (name and phone #) _____

(Not yourself please) _____

Camp Shirt Size (Please circle one)	Child	SM	MED	LG
	Adult	SM	MED	LG

To All Parents:

Please go over the following with your child. It is very important that they follow all rules and regulations set forth by Dover Day Camp to help make their summer more enjoyable.

Day Camp Discipline Policy:

The Camp Director reserves the right to dismiss a child from Day Camp for the following reasons:

*No Tolerance Rule – The Camp will not tolerate bullying, offensive or abusive behavior. Children must follow counselors instructions at all times.

*Offensive Language – Any child using language not appropriate will be reprimanded immediately by child's counselor and Camp Director.

*Fighting or disruptive behavior – A child that is disruptive during Day Camp is dangerous to themselves and others. Disruptive behavior prohibits the staff from properly supervising all campers safely.

Necessary Steps to be taken:

Incident # 1

Child will be sent to a time out area at Day Camp. Supervised by the Camp Director.

Child will miss activity and activity will not be made up.

Incident # 2

The child may be asked to leave camp for the day – Suspended for 1 day.

Parent will be called in for a mandatory meeting with the Camp Counselor and Day Camp Director.

A notice will be sent home with the camper to the parent to document the incident.

Incident # 3

The child may be suspended for the entire season.

A mandatory meeting with the parent, camp director, and Recreation Director will take place to determine what needs to be done.

A notice will be sent home to the parents to document to outcome and incident.

- the camp is required to be inspected twice yearly; and
- the inspection reports and required plans are filed (address of state, county or city health department) and available for their review.

Responsibilities of Local Health Departments

- To review and approve the required written camp plans for compliance.
- To inspect camps to assure that: (1) all physical facilities are properly operated and maintained; and (2) adequate supervision exists to provide a healthy and safe environment in accordance with the New York State Sanitary Code.
- To issue a permit to operate when the required plans and inspection results are satisfactory.
- To investigate reports of serious incidents of injury, illness and all allegations of abuse or maltreatment.
- When requested, to provide parents or guardians of prospective campers an opportunity to review inspection reports and required plans.

The time and effort spent in selecting the camp your youngster will attend is important. Keep in touch, especially if it is your child's first camp experience. If possible, visit the camp before and during the camping season.

Information

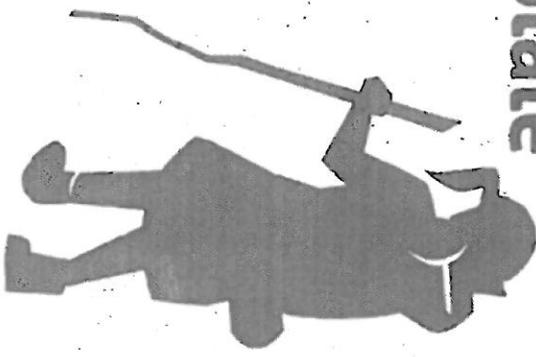
For further information about New York State health laws relating to summer camps, call the State Health Department's Bureau of Community Environmental Health and Food Protection in Troy at 1-(800) 458-1158, ext. 27500.



State of New York
Department of Health
3801

6/08

Children's Camps in New York State



In New York State, summer camps must have a state, city or county health department permit to operate legally. These permits are issued only if the camp is in compliance with the state's health regulations. The permit to operate must be displayed in a conspicuous place on the premises.

The camp must be inspected twice yearly by a health department representative. At least one inspection must be made during the time the camp is in operation. Each camp is checked to make sure that the physical facilities are safe and that supervision is adequate. When choosing a summer camp for your child, consider the following:

Staff Credentials/Supervision

What are the qualifications of the camp director?
The New York State Health Code requires that the director of an overnight camp be at least 25-years-old or hold a bachelor's degree; a day camp director must be at least 21-years-old.

All directors must have experience in camping administration or supervision. Camp directors' backgrounds are screened by the Office of Children and Family Services Central Register Database for reported incidents of child abuse and maltreatment. Their backgrounds are also screened by the Health Department for criminal convictions. Only individuals who are considered to pose no risk to campers are accepted by the Health Department as camp directors.

What are the qualifications of the camp counselors and how are campers supervised?

Counselors must have experience in camping and supervision of children or have completed an acceptable training course. Stringent counselor-to-camper ratios and staff qualifications are mandated for supervision of swimming, archery, riflery and camp trip activities.

At overnight camps, 80 percent of the camps' counselors must be at least 18-years-old; up to 20 percent may be 17-years-old. There must be at least one counselor for every 10 children aged eight years or older, and one

counselor for every eight children younger than eight years old.

At day camps, counselors must be 16 years of age or older. There must be a minimum of one counselor for every 12 children.

Camps that must provide at least 10 counselors may choose to use counselors-in-training (CITs) to meet 10 percent of the required number of counselors. These CITs must be at least 16 years of age at an overnight camp and 15 years of age at a day camp. They must work with senior staff, have had previous experience as a camper and complete a training program. Ask the camp operator if any of their counselors are CITs and how they are used to supervise campers.

Ask about the camp's staff and supervision procedures, including discipline policies. Do they meet your expectations?

Health

Ask about medical coverage and when you will be notified if your child becomes ill or injured. Is a doctor or nurse in residence or on call for campers at all times?

Physicians or nursing services must be available. All summer camps in New York State are required to have a health director and a written medical plan approved by the Health Department. The written plan must include, among other things, provisions for medical, nursing and first aid services. Injuries and illnesses must be reported to the Health Department and are thoroughly reviewed.

Does the camp require medical records for campers?

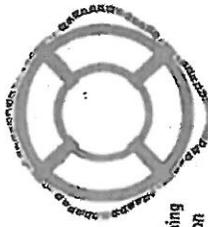
Camps must keep current medical history reports on file for all campers. Be sure to detail your child's history of immunization, illness, disability or allergy. Specify special diets and activity restrictions. Provide instruction for any medication your child must take.



Camp Safety

Are the camp facilities and activities safe?

The camp operator must develop a written plan to include maintenance of facilities, provisions for training staff members and orientation of campers, supervision of campers, campsite hazards, emergency procedures and drills, safety procedures and equipment for program activities.



Swimming

Are waterfront personnel qualified?

Are campers always supervised while in the water?

All waterfront activities at camps in New York State must be supervised by an experienced certified lifeguard or water safety instructor. On site, one qualified lifeguard is required for every 25 bathers. All aquatic staff are required to be trained in cardiopulmonary resuscitation (CPR).

Camps that use off-site pools or beaches operated by others must make special arrangements to provide a safe activity. Even off site, the camp remains responsible for supervising campers.

Some children's camps use sites for swimming that are not inspected by local health departments. Parental permission is required in these instances, and the camp must follow established guidelines to protect campers. While campers are involved in aquatic activities on site, there must be one counselor for every 10 campers eight years or older; there must be one counselor for every eight children aged six and seven; and one counselor for every six children younger than six years old. When swimming off-site, there must be one counselor for every eight campers six years or older and one counselor for every six campers younger than six years.



Are bathing areas marked off for various swimming sites? Are campers tested to determine their level of swimming ability before participating in aquatic activities? Are nonswimmers kept in water less than chest deep? Is the buddy system used? Are campers required to wear life preservers when boating or canoeing?

New York State regulation requires that the answers to all these questions must be "yes."

Camp Trips

Are camp trips supervised by counselors who have the maturity and experience to make decisions that could affect the safety of campers?

All trips must be supervised by a trip leader who is at least 18 years old and competent in the activity. Counselors must accompany trips and all staff must review the safety plan prior to the trip.

Counselors should have the skills and expertise in the camp activity (canoeing, rock-climbing, etc.) to handle any emergency that might arise. Ask whether the camp has conducted similar trips in the past without incident.

In New York State, the drivers of camp vehicles must be licensed and at least 18-years-old. Seat belts must be worn when provided and vehicle capacities not exceeded. When transporting children in a truck, only a truck cab can be used.

Sports and Activities

How are activities in craft shops supervised, especially when campers are using dangerous tools, such as power saws and lathes? Are archery and rifle ranges at a safe distance from activity centers? Are spectators protected at baseball fields and similar areas? Do players wear protective equipment?

State regulation requires that archery, rifle and horseback riding be supervised by counselors with special training in those activities.



Fire Safety

Are there periodic fire drills for both campers and staff? Does each floor of every building have fire exits in two different locations? Are flammable materials (gasoline, pool chemicals, etc.) stored away from activity centers and kept under lock and key? Are functioning smoke detectors located in every sleeping room?

All of the above are mandatory in New York State.



Location and Facilities

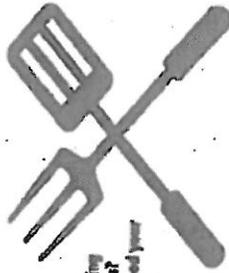
Are barriers erected against such natural hazards as cliffs and steep slopes? Are foot trails located away from such dangerous areas and from heavily traveled roads and highways? Do the camp facilities (bunkhouse, bathrooms, mess hall, recreation facilities) meet your aesthetic tastes and those of your child? Is the camp located in an area that will not require your child's activities, such as climbing or canoeing?

For information on the camp's location and facilities, visit the camp or interview the camp operator by telephone, prior to making a decision to enroll your child at the camp.

Nutrition

Are good health problems observed in the camp kitchen, dining areas and food services? Does the camp serve food your child likes?

At camps in New York State, food must be prepared from inspected sources. Food preparation and handling activities are reviewed to assure safe and sanitary practices. Kitchen employees must be healthy and follow hygienic practices. Potentially hazardous food must be maintained below 45°F or above 140°F.



Rights and Responsibilities

The regulatory program of the New York State Department of Health places specific responsibilities on camp operators, and on local health departments that enforce department regulations. Following is a summary of rights and responsibilities:

Rights of Parents and Guardians

- To be informed by the camp director, or his or her designee, of any incident involving your child, including serious injury, illness or abuse.
- To review inspection and investigation reports for a camp, which are maintained by the local health department issuing the camp permit to operate (present and past reports are available).
- To review the required written camp plans. These are on file at both the camp and the health department issuing the permit to operate.

Responsibilities of the Camp Operator

- To inform you and the local health department if your child is involved in any serious injury, illness or abuse incident.
- To screen the background and qualifications of all staff.
- To train staff about their duties.
- To provide supervision for all campers 24 hours a day at overnight camps, and during hours of operation for day camps.
- To maintain all camp physical facilities in a safe and sanitary condition.
- To provide safe and wholesome meals.
- To have and follow required written plans for camp safety, health and fire safety.
- To notify the parent or guardian, with the enrollment application or enrollment contract, that the camp must have a permit to operate from the New York State Department of Health or the designated permit-issuing official.