

Camp Character Pledge



Have fun and wear a smile!



Respect:

Recognize & Appreciate the value of:
Yourself, Fellow Students, & Adults



Responsibility:

You are responsible for your actions



Tolerance:

Respect the differences that exist among us



Dignity:

Promote an environment free from harassment & discrimination & demonstrate conduct that fosters civility, kindness, & acceptance



By signing the **Camp Character Pledge** I and my parents agree to uphold each of the five aspects every day at camp. I realize that by not upholding the pledge each and every day there will be consequences that could result in being suspended from camp for a short period of time to being removed from camp programs permanently.

I, _____ & _____
(Camper Signature) (Parent/ Guardian Signature)

Pledge to have a safe, fun and fantastic summer at camp! Date: _____



ORCHARD PARK RECREATION DEPARTMENT

2017 Camper Health Form

THIS FORM MUST BE COMPLETED IN FULL AND RETURNED TO THE RECREATION DEPT. 2 WEEKS PRIOR TO YOUR CHILD'S FIRST DAY OF CAMP.
Children will not be allowed to stay at camp without a completed health form.

Camper Information

Child's Name: _____ Birth Date: ____/____/____ Age: _____

Nickname: _____ Male: _____ Female: _____ Grade in Fall of 2017 _____

Camp(s) Attending (*list all including week # and color group if relevant) _____

Home Address: _____ City: _____ State: _____

Zip: _____ Email Address: _____

Siblings Names: _____ Ages: _____

Parent / Guardian Information

Parent/Guardian Name: _____ Home Phone #: _____

Cell Phone #: _____ Name of Work _____ Work Phone #: _____

Parent/Guardian Name: _____ Home Phone #: _____

Cell Phone #: _____ Name of Work _____ Work Phone #: _____

Program Waiver:

In registering for this program I attest that my child is at a level of fitness necessary to participate in the program and assume the responsibility of having my child's physical condition evaluated if any questions exist. I understand that the Town does not carry insurance to cover any medical bills that result from participating in any recreation program(s). I give my full permission for such first aid as is deemed necessary to be provided to my child on the premises or prior to transport to a hospital for further treatment. I am aware of the Recreation Department's policies regarding emergencies, refunds, program cancellations, and program changes. I have read, understand, and agree to the preceding statement.

Parent/ Guardian Signature _____ **Date:** _____

Health History (Answer and give approximate dates)

Has your child ever required counseling or hospitalization? _____

Operations or serious injuries (list dates): _____

Disability or chronic/recurring illness: _____

Other diseases or conditions: _____ Date of last physical: _____

Dietary modifications or allergies: _____

Any specific activities in which your child cannot participate: _____

Doctor / Insurance Information

Name of Family/Child Physician: _____ Phone #: _____

Do you carry family medical/hospital insurance? If so, indicate policy/group # for carrier _____

This health history is correct so far as I know and the person listed above has permission to engage in all prescribed camp activities except as noted. In the event I 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 and/or anesthesia and/or surgery for the person named above. I expect to be notified immediately.

Parent / Guardian Signature _____ **Date:** _____

Medications:

If your child requires any medications be taken and overseen at camp, please fill out the following table. All medications must be in their original container when submitted to the camp director or assistant director.

Name: _____ DOB: _____ Weight: _____

Drug	Route (orally, topically, etc.)	Dosage	Schedule and Indications	Comments/ Side Effects	Prescription Number

If your camper must have medication at camp, your physician must sign here →

Physician's Signature: _____

I hereby request that the staff of the Orchard Park Day Camp supervise my child taking the above medication as indicated.

Parent signature: _____ Date: _____

Immunization Record

If your child is attending a **FULL DAY CAMP** (*Day Camp, Adventure Camp, Adventure Camp Plus*), please attach their current immunization record available from your pediatrician. ****Parent / Guardian, please initial line below if record is attached to this form (or indicate when/how we will receive it):** _____

Camper's Name (Last, First) _____

Field Trip Acknowledgment (required for Adventure, Adventure Plus, Day, Art Explorers, Ecology, and Sports Camps)

I give my son/daughter _____ permission to attend all Summer Camp Field Trips for the sessions that he/she is registered for. I also acknowledge that the above stated information is accurate and factual.

Parent/Guardian Signature: _____ **Date:** _____

Permission to take pictures and video footage:

I authorize the Orchard Park Recreation Department Staff to take photographs and video footage of my child/ children while he/she is participating in any recreational programs being run by Orchard Park Recreation. I understand these photographs and video footage will be used for marketing purposes, Orchard Park Recreation Department Bulletins, Orchard Park Recreation Brochures, Posted on the Orchard Park Recreation Department website, seen on TV's in local business's, You Tube and other social networking sites.

Parent/ Guardian Signature _____ **Date:** _____

In case of an emergency, if parent/guardian are unavailable, please notify:

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Permission for Pick-up

Below is a table that should be filled in to include any persons you would like to have permission to pick your child up from camp. **Please include parent/guardians names in the table as well.** At pick up, staff will check IDs to assure that the appropriate people are taking your child. If a name is not listed below, camp staff will not release your child to that person. Please make every effort to list people that may be picking up your child during the program, including **YOURSELF**, grandparents, siblings, friends, etc.

Name	Relationship	Phone

Permission to Walk:

Upon completion of this section, the camp staff will allow a child to arrive and sign him/herself into camp and also be dismissed from the camp program to walk home. The child is the parent's responsibility outside of the designated camp times. Start Date: _____ End Date: _____ Days to be Walking: M T W TH F

Expected Arrival at Camp: _____ AM/PM

Time Child Should Be Released to Walk Home from Camp: _____ AM/PM

Parent/Guardian Signature: _____ **Date:** _____