

2020  
**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

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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

**2020 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 2020 \_\_\_\_\_

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:** \_\_\_\_\_

*Return forms via mail (200 North Lake Drive), email: [oprec@orchardparkny.org](mailto:oprec@orchardparkny.org), or Fax (716-209-0210)*

**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:** Please fill out the following table if your child requires any medications be taken and overseen at camp.

All medications must be in their original container when submitted to the camp director or assistant director.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Physician's Signature: \_\_\_\_\_

*If your camper must have **medication at camp**, your physician must sign here, or attach a note signed by the doctor →*

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:** \_\_\_\_\_

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