



ArtSmart & Youth Sports

Summer Camp Registration

Believe.



City of Rochester, NY
Lovely A. Warren, Mayor
Rochester City Council

Make it a Summer of **AWESOME!**



Sign your child up for a fun and active summer at the City of Rochester's ArtSmart and GVP Youth Sports Camps. Camps are open Monday – Friday 8:30 a.m. - 5:30 p.m., July 5 – August 26, for youth ages 6 – 13 at the unbeatable price of \$100/week*.

ArtSmart Summer Camp in Cobb's Hill Park

Get ready for an imaginative and active summer at the ArtSmart Camp. This camp will keep your child creative, active and engaged with field trips, group games, theatre, dance, arts and more.

Youth Sports Camp in Genesee Valley Park

Get in the game this summer at Youth Sports Camp! Kids will learn a new sport each week with a summer-long emphasis on teamwork, and sportsmanship and demonstrating positive behavior on and off the playing field. Kids can also enjoy field trips and even meet professional athletes.

To get started, please fill out the enclosed form and submit with payment for the first week's tuition to:

**Bureau of Recreation
400 Dewey Avenue
Rochester, NY 14613**

For more information, call **428-6755** or visit cityofrochester.gov/summercamps.

**\$100 per week for city residents and \$145 per week for those living outside the city. Additional siblings can join in the fun at a \$25 discount.*

2016 ArtSmart and Youth Sports Camp Registration

For Office Use Only

Date Received _____

Amount Paid _____

Instructions: Please complete one of these forms per child and return with

\$100 deposit to: City of Rochester Bureau of Recreation, 400 Dewey

Avenue, Rochester, NY 14613 - Fax: 585-428-6021 Phone: 585-428-6755

Please return this form only. Keep other material for your reference.

Number of Registered Children: _____

Names: _____

Camper Information

Camper Name: _____ ☐ M ☐ F Birth Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

T-Shirt Size: Youth - S M L Adult - S M L XL Is this your first summer with us? ☐ Yes ☐ No

How did you hear about ArtSmart and GVP Youth Sports Camps? _____

Parent/Guardian Information

Parent/Guardian 1 Information

Relationship to Camper: _____

Name: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Parent/Guardian 2 Information

Relationship to Camper: _____

Name: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Pickup Authorization and Emergency Contacts

Is Parent/Guardian 1 authorized to pick up? ☐ Yes ☐ No Is Parent/Guardian 2 authorized to pick up? ☐ Yes ☐ No

Other individuals authorized pick my child:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

In an emergency, when parent or guardian cannot be reached, please contact:

Name: _____ Relationship: _____ Phone Number: _____

Camp Date Selection

Please indicate (X) summer camp session choices below:

* Parents must notify staff when child will be absent.

	7/4 - 7/8	7/11 - 7/15	7/18 - 7/22	7/25 - 7/29	8/1 - 8/5	8/8 - 8/12	8/15 - 8/19	8/22 - 8/26
ArtSmart @ Lake Riley Lodge								
Sports Camp @ GVP Field House								

Health & Immunization Records

Health History

_____ Asthma
_____ Chicken Pox
_____ Convulsions
_____ Ear infections
_____ Diabetes

_____ Measles
_____ Mumps
_____ Poison Ivy
_____ Rubella
_____ Rheumatic Fever

Allergies

_____ Nuts
_____ Insect Stings
_____ Poison Ivy
_____ Penicillin
_____ Other Drugs
_____ Latex
_____ Other

Immunization History

☐ I certify that all of my child's immunizations are up to date
☐ I understand that I must submit a full copy of my child's immunizations before he/she can attend camp.
Immunization history should be provided to the Bureau of Recreation by **June 11, 2016**

Health Insurance Carrier: _____ Policy#: _____

Pediatrician's Name: _____ Phone #: _____

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Address: _____

Health & Immunization Records (Continued)

Please indicate "yes" or "no" to the following questions and list any additional information.

Does your child use any self-administered medications?

☐ No ☐ Yes (Please Describe) _____

Do you give your child permission to carry and apply sunscreen? (sunscreen must be FDA-approved, over the counter, and provided by parent/guardian to camper) ☐ No ☐ Yes

Has your child had any operations or serious illnesses?

☐ No ☐ Yes (Please Describe) _____

Does your child have any chronic or recurring illnesses?

☐ No ☐ Yes (Please Describe) _____

Are there any activities that your child should be encouraged to do?

☐ No ☐ Yes (Please Describe) _____

Are there any activities that should be restricted for your child?

☐ No ☐ Yes (Please Describe) _____

Please provide the staff with any additional health, emotional, developmental, and behavioral information that may assist summer camp staff in caring for your child:

RECREATION PERSONNEL CANNOT ADMINISTER MEDICATIONS TO CHILDREN. IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE BRING IT TO CAMP IN THE ORIGINAL PRESCRIPTION BOTTLE WITH DOSAGE INSTRUCTIONS. IT WILL BE KEPT IN A LOCKED CABINET, AND YOUR CHILD WILL BE REMINDED TO TAKE IT AT THE APPROPRIATE TIME. The City of Rochester does not discriminate on the basis of handicap status in its programs, activities or employment.

Parent/Guardian Agreement

Please initial in the spaces provided and sign below:

- _____ I hereby state that all the information included on this form is accurate and my child is capable of participating in this program.
- _____ I agree to notify the summer camp staff immediately of any changes in address, phone number, places of employment, or persons authorized to pick up my child, etc.
- _____ I will provide the staff with any pertinent health, emotional, developmental, and behavioral information that may assist summer camp staff in caring for my child.
- _____ I understand that not fully disclosing the above may put my child's health and safety at risk.
- _____ I have read and understand the information in the Summer Camp registration packet.
- _____ I am responsible and agree to cooperate with summer camp policies including but not limited to payment procedures and deadlines, hours of operation, and behavior policy.
- _____ I understand that summer camp staff reserves the right to remove my child from the program for failure to follow the policies and procedures of the program and the Bureau of Recreation at their discretion.
- _____ I give full permission for my child to attend and participate in all summer camp activities, including off-site field trips under staff supervision.
- _____ I intend to be hereby legally bound, for myself, my heirs, executors and administrators to waive and release any and all rights and claims or damages of any kind I may have against the City of Rochester, its representatives, successors and employees for any and all injuries which may be suffered by my child.
- _____ If an accident occurs, I give my permission for emergency first aid treatment to be administered, or at the discretion of City staff, for my child to be taken to a hospital.
- _____ I give consent that the City of Rochester Department of Recreation and Youth Services may use photographs, slides, and video of my child, as may be needed for its records or promotional purposes including website material to promote the interests of the department.

X

Parent or Guardian Signature

Date

Key Information, Responsibilities, & Requirements

Please keep this document for your records.

Dear Parent/Guardian:

Welcome to the City of Rochester's ArtSmart and GVP Youth Sports summer camps! Our staff is looking forward to spending the summer with your child. Please read the important program information below. If you have any additional questions, please feel free to call the city of Rochester's Bureau of Recreation at 428-6755 Monday - Friday, 9 am to 5 pm.

ELIGIBILITY: This program is for city youth in grades K-6 or ages 6-13 (although non-city youth may attend at \$145 per child should space be available).

DATES AND TIMES: Monday through Friday, 8:30 a.m. to 5:30 p.m., from July 5, 2016 through August 26, 2016.

PROGRAM ELEMENTS: Youth will take part in an array of arts activities including theater, dance, storytelling, painting, group games, field trips, and sports including soccer, football, baseball, tennis, swimming and more! Participants will be served breakfast and lunch.

TRANSPORTATION: Summer Camps do not provide transportation except to and from designated off-site field trips.

COST AND PAYMENT: Program cost is \$100 per week for City residents and \$145 for non-City residents. Siblings can attend for a reduced rate of \$75 per week for City residents and \$120 for non-City residents. For those needing an earlier start, an 8 a.m. drop off is available for an additional \$15 per week per youth. **Payment must be made on the Friday before the week of attendance in order for your child to participate in the program.** Parents must pay for one full week even if the child does only attends just one day. **FEES CANNOT BE PRO-RATED AND FEES ARE NON-REFUNDABLE.** No credits will be given if a child is sick or suspended. Parents must notify us at 428-6755 if the child will be absent. There is voicemail for messages to be left if the facility is not open or staff is unavailable.

MEDICATION: If your child is on medication, we must be notified. We cannot administer medication.

PERSONAL BELONGINGS: Please have all personal belongings labeled with your child's name. A backpack is perfect to keep all belongings together.

DAILY DEPARTURE: Your child will remain at the site until the end of each day's program, and then depart only with a parent or designated adult or guardian. Information about all persons permitted to pick up your child must be provided on the registration form and to the site supervisor. Children will be allowed to walk home by themselves, only if a signed permission slip has been provided. A designated person will be required to sign out the child at the end of each day. A late fee of \$1.00 will be charged for each minute that the child remains at the center past 5:30 p.m. If late pickups become a chronic problem, you may be asked to remove your child from the program.

EXPECTATIONS OF PARTICIPANTS: Your child is expected to follow the rules of the summer camps and show proper respect toward other children and staff. For the enjoyment and safety of other participants, any child who is disruptive or becomes a disciplinary problem may be removed from the summer camps following a conference with the parent.

THE SUMMER CAMP STAFF WOULD LIKE TO REMIND YOU THAT WE NEED THE COOPERATION OF STAFF, CHILDREN AND PARENTS TO ASSURE CONTINUATION OF QUALITY PROGRAMMING.

R-Centers Code Of Behavior

1

Follow all center rules.

2

Show good sportsmanship and invite others to join in.

3

Go to staff if you need help resolving a problem or dispute.

4

Use appropriate language and gestures that respects the feelings of others.

5

Respect City and private property.

6

Respect the decisions of all coaches, referees and staff.

7

Keep yourself and others safe by not bringing weapons into the center.

8

Demonstrate self control to avoid hurting yourself or others.