

**TOWN OF TUPPER LAKE**  
**COMMUNITY SUMMER DAY CAMP**  
**SUMMER 2016**  
 RESERVATION FORM

CHILD'S NAME \_\_\_\_\_

SEX: ( ) MALE ( ) FEMALE    AGE: \_\_\_\_\_    DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PARENTS/GUARDIAN WITH WHOM CHILD RESIDES:

FATHER: \_\_\_\_\_    PHONE # (H) \_\_\_\_\_

ADDRESS: \_\_\_\_\_    PHONE # (W) \_\_\_\_\_  
 \_\_\_\_\_

MOTHER: \_\_\_\_\_    PHONE # (H) \_\_\_\_\_

ADDRESS: \_\_\_\_\_    PHONE # (W) \_\_\_\_\_  
 \_\_\_\_\_

Attendance:

Please indicate the days or weeks your child will attend camp by circling the appropriate days of the week or check the specific weeks of the summer.

Please return all forms to the Town Office. Make checks payable to the Town of Tupper Lake

1 Child	2 Children from same family	3 Children from same family
\$ 20.00/day \$ 80.00/week	\$ 30.00/day \$130.00/week	\$ 40.00/day \$ 180.00/week

# SUMMER DAY CAMP 2016

Camper's Name \_\_\_\_\_

Contact person(s) \_\_\_\_\_

Phone number \_\_\_\_\_

Emergency number \_\_\_\_\_

Please submit schedule and payment to the Town Hall no later than  
Friday prior the next week of camp.

Please circle the child's age group and days or weeks attending.

WEEK	AGE	AMOUNT PAID (include check #)	DAYS ATTENDING
July 11- 15	5-7 8-9 10-12yrs.		M T W TH F
July 18-22	5-7 8-9 10-12yrs.		M T W TH F
July 25-29	5-7 8-9 10-12yrs.		M T W TH F
August 1-August 5	5-7 8-9 10-12yrs.		M T W TH F
August 8- 12	5-7 8-9 10-12yrs.		M T W TH F
August 15-19	5-7 8-9 10-12yrs.		M T W TH F

Sorry, no refunds. However we will try to honor exchanges.

**Town of Tupper Lake Community Summer Day Camp  
Summer Program 2016  
Authorization Form (1)**

Waiver of Liability:

I hereby acknowledge that the Town of Tupper Lake community Summer Day Camp has informed me that they are not specifically insured for certain off premise activities. I agree not to hold liable the Town of Tupper Lake or its staff, the Village Tupper Lake, the Tupper Lake Central School District, Natural History Museum of the Adirondacks, or any other persons connected with the Community Summer Day Camp if an accident causing injury to body or equipment should occur.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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Authorization for Pediatric – Emergency – Medical and/or Surgical Treatment

Explanation:

It is the firm hope that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization. The authorization granted on this form will be used only when absolutely necessary.

Authorization:

I authorize the Community Summer Day Camp to call an emergency ambulance in case of accident or acute illness (the determination thereof shall rest solely with the Staff of the Camp) and to allow possible emergency care if I am not immediately available.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name of Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_

Hospitalization Policy Number: \_\_\_\_\_

Doctor/Dentist to notify in case of emergency if both parents or guardian cannot be contacted:

Doctor Name: \_\_\_\_\_ Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Friends or relative to be notified in case of emergency if parent/guardian cannot be reached:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**More Authorizations on Next Page.  
Please Return All Forms.**

**Town of Tupper Lake Community Summer Day Camp**  
**Summer Program 2016**  
*Authorization Form (2)*

Authorization for Release of Child:

Under no circumstances will a child be permitted to leave the Summer Day Camp with anyone other than his/her parents or the following people you authorize, unless a parent sends a signed note or calls the Camp.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Authorization for Excursions:

\_\_\_\_\_ has my permission to attend trips sponsored by the Community Summer Day Camp. Notification of such trips will be communicated at least one week prior to the excursion. These trips are planned with the interest and/or education of my child in mind. Should I elect not have my child attend such trips, responsibility for alternative activities lies with me. It is also my responsibility to provide to my child the required items for these trips such as lunch, hiking shoes, swim suits, etc., as communicated to me by the staff.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Photographic Authorization:

I agree to let my child's picture be taken while participating in activities with the Community Summer Day Camp. These pictures may be used for presentations and publication of the program, as well as personal collections

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Discipline Policy

I understand and agree that Camp staff will use a positive discipline approach in maintaining a semblance of order in camp. Fighting, use or possession of weapons or illegal drugs, smoking, vandalism, cursing and chronic general bad behavior will not be tolerated. The Camp Director has the right to suspend or permanently remove any camper for any of the above behaviors. In such cases the parent or designated guardian will be contacted to pick up the child from camp, and will be instructed as to when the child may return. **ABSOLUTELY NO REFUNDS WILL BE GIVEN.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return all forms.**

**TOWN OF TUPPER LAKE  
120 DEMARS BLVD.  
TUPPER LAKE, NY 12986**

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**\*COMMUNITY SUMMER DAY CAMP\***

Authorization for Administration of Medication

A. To be completed by the parent or guardian:

I request that my child \_\_\_\_\_ grade \_\_\_\_\_ receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse, or other designated person in the case of the absence of the school nurse will administer the medications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ Date: \_\_\_\_\_

B. To be completed by the licensed health care prescriber:

I request that my patient, as listed below receive the following medication:

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

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescribed Dosage, Frequency and Route of Administration: \_\_\_\_\_

Duration of Treatment: \_\_\_\_\_

Possible Side Effects and Adverse Reactions (if any): \_\_\_\_\_

Other Recommendations: \_\_\_\_\_

Name of Licensed Prescriber and Title (please print): \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

C. Does child have any allergic reaction to any food or insect bites?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so please inform Director.

# SUMMER CAMP DISCIPLINE POLICY AND PROCEDURES

As a staff, we realize that no one is perfect and therefore we do not expect anyone to be. But on the occasion, matters arise in which the environment in camp can be jeopardized if certain behaviors occur. It is not our intent to exclude anyone from summer camp, but to provide a safe, healthy, and fun environment to all children. In an attempt to avoid confusion later, the discipline policy is as follows

- ❖ This form will be signed and dated and will serve as a contract stating that you the parent/guardian understand and comply to the discipline policy that your child will follow while at summer camp. (Your child will **not** be permitted into camp unless your signature is on file.)
- ❖ **Absolutely No** refunds will be given for days when a child is sent home or suspended from camp.
- ❖ **Our** expectations are that children will behave and follow directions as if they are in school.
- ❖ Children will be given warnings before “timeout(s)” are used if the poor behavior continues.
- ❖ All discipline actions are recorded in a log and parents will be notified upon picking up their child if there was an incident involving their child.
- ❖ Children that are continually logged into the discipline book will be subject to a parent/camp director meeting to remedy the situation.
- ❖ All attempts to correct poor behavior will be provided, however, it is at the camp director’s discretion to suspend a camper from day camp.
- ❖ Positively **NO** fighting, swearing, or weapons of any kind are allowed in camp. These infractions are grounds for immediate removal from camp.

Parent Signature: \_\_\_\_\_

Camper’s Name: \_\_\_\_\_

Date: \_\_\_\_\_