



Half Day Summer Camp

Malta Summer Recreation

2020 Registration Packet



DEPARTMENT OF PARKS,
RECREATION & HUMAN SERVICES



Malta Summer Recreation is a NYS Health Department licensed program.

Campers will enjoy fun-filled activities such as sports, crafts, games, and playground time. Each week brings a new theme and new activities.

Grades K-5th: Monday-Friday
Grades 6th-9th: Monday-Thursday

9:30 am - 12:30 pm

Camp fee is for all 6 weeks: Wednesday, July 8th- Friday, August 14th

Choose your park: Shenantaha Creek Park or Malta Community Park

Children register for the grade they enter in fall 2020

Field Trips

- Register separately for weekly off-site trips
- Fees, registration dates and more information is found in the field trip packet
- Registration due July 1st for the first field trip
- Camp runs as scheduled on field trip days for those not attending field trips

Fees

- Malta Residents: \$115 for 6 weeks of camp
 - ◊ Families of 3 or more, \$230 maximum
- Non-residents: \$315 for 6 weeks of camp
- Field trip cost varies
- Camp fees are non-refundable
- All fees are due at the time of registration
- Requests for a field trip refund must be made a full week in advance. There is a \$10 service charge for a refund via check and no service charge for accepting a credit on your account. Only amounts greater than \$10 are refundable via check.

Registration:

- Wednesday, April 15 to Friday, June 12
- Required documents at time of registration:
 - ◊ Child's immunization record
 - ◊ Proof of residency for Malta residents.
 - ◆ Tax bill, utility bill, lease agreement or drivers license
 - ◊ Custody agreement (if applicable)
 - ◊ All fees payable in full

Policies and Procedures:

- Prior to the start of Camp, all campers and parents must obtain the Summer Recreation Handbook. This book will review all necessary information, procedures and policies.
- All campers are expected to follow the rules of camp and show proper respect toward staff.

Summer Recreation Shirts:

- Children in grades K-5 must wear a Malta Summer Recreation T-shirt on all field trips.
- T-shirts are available for purchase at the Malta Community Center for \$5.

Malta Summer Recreation Registration Form 2020

Registration is for 6 weeks of camp: Wednesday, July 8th to Friday, August 14th

Step 1: Check which park you are registering for. Payment is due in full at time of registration.

Malta Community Park
285 Plains Rd

Shenantaha Creek Park
376 Eastline Rd

Step 2: Malta Residents provide a copy of one proof of residency:

Non-Resident Tax Bill Utility Bill Lease Agreement Driver's License

Step 3: Provide copy of child's current immunization

Step 4: Complete camper information:

Child's Name _____

Sex M F Date of Birth _____ Grade for 2020-2021 _____

Address: _____

Parent/Guardian Contact .

Name _____	Date of Birth _____
Address (if different from child) _____	
Work Phone _____	Cell Phone _____
Email _____	

Name _____	Date of Birth _____
Address (if different from child) _____	
Work Phone _____	Cell Phone _____
Email _____	

Authorized Pick up and Emergency Contact

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

Child's Medical Information

Insurance Group Name _____ Insurance ID number _____

List any allergies or medical conditions _____

Physician's Name _____ Phone _____

I give permission for my child to ride their bike, walk or skate on their own to Malta Summer Recreation:

Yes

No

Do you have a custodial agreement?

Yes (A copy of your custody agreement must be supplied)

No

Step 5: Complete waiver and provide any information that your child's counselors need to know:

Waiver:

I hereby grant permission for my child to participate in the Camp Malta full-day summer camp and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines _____ **(Please initial)**.

I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. Although the Town of Malta endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program or the premises in which it is held is totally free of exposure to nuts and nut products.

I agree to indemnify and hold harmless the Town of Malta, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the program. The scope of this agreement extends to any actions taken by the Town of Malta Parks & Recreation Department, the Town of Malta, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

I verify that I have read and understood and agree to the waiver:

Parent/Guardian Signature _____ Date _____

Special Accommodations: The Town of Malta Parks and Recreation Department supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate and someone will contact you. Use a separate sheet if necessary.

Medical Information: Describe any allergies, medical conditions, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet if necessary.

Personal Information: Describe any personal situations that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary.

Step 6: EpiPen or Inhaler use form Your child’s physician must complete the bottom portion of this form

Medication Authorization for the use of EpiPen or Inhalers

The Department of Health regulations prohibit the administration of medicine by camp staff, including but not limited to Benadryl, Tylenol, aspirin, Advil, or Motrin by an unlicensed individual. The two exceptions are asthma inhalers and EpiPens which camp personnel are permitted to assist in administering. This form is for permission to carry only EpiPens and/or inhalers. No other medication can be brought to camp.

You are required to bring your child into the Department of Parks, Recreation and Human Services office to either; demonstrate that they can self-administer the EpiPen and/or inhaler or, if they are too young, to demonstrate that they can tell people around them about their allergy and what they can do in the event of an emergency (for example, notify their counselor of an exposure, any trouble breathing, etc). This is required before Thursday, June 25, 2020 or your child will not be allowed to attend camp.

My child has has not been trained to self-administer their EpiPen.

Physician’s Information Name _____

Address _____

Phone Number _____

Expiration date of Medication _____

I have read and agree to the medical authorization above.

Parent/Guardian Signature _____ Date _____

The following must be completed by the physician

Diagnosis for which EpiPen and/or inhaler is given: _____

Name of Medication _____

Form _____ Dose _____

If EpiPen and/or inhaler is to be given “WHEN NEEDED” describe indications _____

How soon can medication be repeated? _____

Has child been trained to self administer? _____

List significant side effects _____

Other Information _____

Physician Signature _____ Date: _____

Step 7: Complete Payment Method:

Malta Residents: \$115 for 6 weeks of camp

- Families of 3 or more, \$230 maximum

Non-residents: \$315 for 6 weeks of camp

Total Amount Due: \$_____

Check # _____ *Make checks payable to: Town of Malta*

Visa Mastercard Discover *We do not keep credit card information on file*

Cardholder Name: _____

Authorized Signature: _____

Credit Card Number: _____ - _____ - _____ - _____

Exp. Date: _____ CVC Code: _____ (Card Verification code)

If paying with cash contact the Department at 518-899-4411 to set up an appointment to drop off payment.

Step 9: Mail or Fax completed packet and payment to:

Malta Parks, Recreation and Human Services
One Bayberry Drive
Malta, NY 12020

Fax number: 518-899-4448