



Half Day Summer Camp

Malta Summer Recreation

2021 Registration Packet

Due to COVID-19 Guidelines limited camper registrations available

Malta Residents: Registration opens April 12

Non-Residents: If spots available, registration opens May 12th





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.

Children register for the grade they enter in fall 2021

Grades K-5 Monday-Friday

Grades 6-9 Monday-Thursday

9:30 am - 12:30 pm

Camp fee is for all 6 weeks: Wednesday, July 7th- Friday, August 13th

Choose your park: Shenantaha Creek Park or Malta Community Park

Field Trips

- No field trips scheduled for 2021.

Fees

- Malta Residents: \$165 per child for 6 weeks
 - ◊ Families of 3 or more, \$330 maximum
- Non-residents: \$365 for 6 weeks of camp
- Camp fees are non-refundable
- All fees are due at the time of registration
- Financial assistance for Malta families in need

Policies and Procedures:

- Children will be placed in a static group of no more than 15 campers for the entire summer
- The different groups will have no or minimal contact with the other groups at camp
- Children are required to wear a mask at arrival and departure times and are encouraged but not required to wear a mask during the camp day
- 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.

Registration:

Due to COVID-19 Guidelines limited camper registrations available

- **Malta Residents: Registration opens April 12 to June 11 or until full**
- **Non-Residents: If spots available registration opens May 12th to June 11 or until full**
- **Must register in person at the Malta Community Center, 1 Bayberry Drive.**
- **Office Hours:**
 - Mondays 8:30am-7:00pm
 - Tuesdays 8:30am-7:00pm
 - Wednesdays 8:30am-6:00pm
 - Thursdays 8:30am-7:00pm
 - Fridays 8:30am-5:00pm
- Required documents at time of registration. If any documents are missing we will not register your child or hold a spot for them.
 - ◊ 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

Malta Summer Recreation Registration Form 2021

Registration is for 6 weeks of camp: Wednesday, July 7th to Friday, August 13th

Due to COVID-19 Guidelines limited camper registrations available
Malta Residents: Registration opens April 12 to June 11 or until full
Non-Residents: If spots available registration opens May 12th to June 11 or until full

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 2021-2022 _____

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 _____

Relationship to child _____

Work Phone _____

Cell Phone _____

Name _____

Relationship to child _____

Work 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 (Please see last page in packet if you answer Yes):

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 Malta Summer Recreation half-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.

I assume, for and on behalf of my child, all risks and hazards incidental to such participation including, but not limited to, exposure to the Novel COVID-19 virus. 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: Complete COVID-19 agreement:

COVID-19 Agreement:

Daily health screening of Malta Summer Recreation employees, campers and visitors, such as contractors or vendors:

- Screening will be coordinated to prevent individuals from intermingling in close or proximate contact with each other prior to completion of the screening.
- Screening will include a questionnaire that determines whether the individual has:
 1. knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19;
 2. tested positive for COVID-19 in the past 14 days; and/or
 3. has experienced any symptoms of COVID-19 in the past 14 days:
 - a) Fever or chills
 - b) Cough
 - c) Shortness of breath or difficulty breathing
 - d) Fatigue
 - e) Muscle or body aches
 - f) Headache
 - g) New loss of taste or smell
 - h) Sore throat
 - i) Congestion or runny nose
 - j) Nausea or vomiting
 - k) Diarrhea
- Screening will include a non-touch temperature reading

Anyone that answers yes to any of the screening questions or has a temperature reading of 100.4 degrees Fahrenheit or higher will not be allowed to enter the facility and will be sent home with instructions to contact their healthcare provider for assessment and testing.

Responsible Parties must immediately notify the state and local health department about the case if test results are positive for COVID-19.

During the camp day children who develop COVID19 symptoms will be immediately separated from other children or campers and supervised until their parent/guardian or emergency contact can retrieve them from the program facility or area.

In the event that a parent/guardian of a child/camper in the child care or day camp program must be isolated because they have tested positive for, or exhibited symptoms of, COVID-19, Responsible Parties must advise the parent/guardian that they cannot enter the site for any reason, including picking up their child.

- If the parent/guardian – who is a member of the same household as the child/camper – is exhibiting signs of COVID-19 or has been tested and is positive for the virus, Responsible Parties must utilize an alternate parent/guardian or emergency contact authorized by the parent to come pick up the child. As a “close contact,” the child/camper must not return to the child care or day camp for the duration of the quarantine.
- If the parent/guardian – who is a member of the same household as the child/camper – is being quarantined as a precautionary measure, without symptoms or a positive test, child care or day camp staff should walk out or deliver the child/camper to the parent/guardian at the boundary of, or outside, the premises. As a “contact of a contact,” the child/camper may return to the child care or day camp during the duration of the quarantine.
- If a child/camper or their household member becomes symptomatic for COVID-19 and/or tests positive for COVID-19, the child must quarantine and may not return or attend the child care or day camp program until after quarantine is complete.

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

Parent/Guardian Signature _____ Date: _____

Step 7: 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 9: Complete Payment Method:

Must register in person at the Malta Community Center, 1 Bayberry Drive.

Office Hours:

- Mondays: 8:30am-7:00pm
- Tuesdays: 8:30am-7:00pm
- Wednesdays: 8:30am-6:00pm
- Thursdays: 8:30am-7:00pm
- Fridays: 8:30am-5:00pm

Required documents at time of registration. **If any documents are missing we will not register your child or hold a spot for them.**

- Child's immunization record
- Proof of residency for Malta residents: tax bill, utility bill, lease agreement or drivers license
- Custody agreement (if applicable)

Malta Residents: \$165 per child for 6 weeks
Families of 3 or more, \$330 maximum

Non-residents: \$365 for 6 weeks of camp

Total Amount Due: _____

Cash

Check # _____ *Checks made 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)

For Office Use Only:

Date: _____ Time: _____ Initial: _____

Malta Summer Recreation Daily Camper Covid-19 Screening Questionnaire

If your child is walking or riding their bike to the park alone, they must bring a new completed sheet with them every day. Copies of this sheet are available at the Malta Community Center.

Camper Name: _____

Has the camper:

1. knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19;
2. tested positive for COVID-19 in the past 14 days; and/or
3. has experienced any symptoms of COVID-19 in the past 14 days:
 - Fever or chills
 - Shortness of breath or difficulty breathing
 - Diarrhea
 - Congestion or runny nose
 - Headache
 - Muscle or body aches
 - Cough
 - Nausea or vomiting
 - Fatigue
 - New loss of taste or smell
 - Sore throat

If the answer is 'Yes' to any of the above questions, do not send your camper to camp. Contact your healthcare provider for assessment and testing.

I attest that my answer to all three questions listed above is 'No'

Parent/Guardian Signature: _____

Date: _____

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If the answer is 'Yes' to any of the above questions, do not send your camper to camp. Contact your healthcare provider for assessment and testing.

I attest that my answer to all three questions listed above is 'No'

Parent/Guardian Signature: _____

Date: _____