



Sweden Clarkson Recreation **SUMMER CAMP 2021**



1 Packet required for each registrant

Upon registration please submit the following forms:

Completed registration form, Medical information form, Immunization Records, conduct policies form, and before/after care form (if needed)

4927 Lake Road

Brockport, NY 14420

Phone: (585)-431-0090 Fax: (585)-431-0052



Sweden/Clarkson Recreation

Summer Camp 2020

Welcome!

Here at Sweden/Clarkson Recreation, we are pleased to offer a summer camp in the Brockport area! For 17 years we have provided a safe, fun and engaging place for children ages 5-13 (kindergarten – 7th grade) to spend their summer and make wonderful memories.

Our trained and experienced staff encourage our mission to make our community smaller through recreation; bringing people together in a positive atmosphere to encourage growth, imagination, and development.

At Sweden/Clarkson Recreation's Summer Camp, we strive to nurture children's development, improve health and self-confidence, and continue to provide outstanding opportunities for our young community members!

We thank you for allowing us to be a memorable part of your summer!

If you have any questions or concerns, please contact the Camp Director:

Joe Kincaid at 585-431-0088 or joek@townofsweden.org

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Summer Camp Dates

Week #	DATES	Activity
Week 1	6/28-7/2	NONE
Week 2	7/5-7/9	Painting and Pizza
Week 3	7/12-7/16	NONE
Week 4	7/19-7/23	Sweden Town Park Cookout
Week 5	7/26-7/30	NONE
Week 6	8/2-8/6	TBD
Week 7	8/9-8/13	NONE
Week 8	8/16-8/20	TBD
Week 9	8/23-8/27	NONE

CIT & Jr. Counselor Information:

CIT's –Completed 7th grade though starting 9th grade

Jr. Counselor's –Completed 9th grade through starting 11th grade

Both CIT and Jr. Counselor positions are required to register and pay the daily or weekly rate as above.

CIT's and Jr. Counselors will gain that title **IF** appointed by the Summer Camp Director.



Program Information

Regular Camp Hours: Monday-Friday 8:30am-4:30pm

Early Care: 7-8:30am Late Care: 4:30-6pm

Parents/Guardians MUST sign camper(s) in & out of camp each day

LOCATION: Sweden/Clarkson Community Center 4927 Lake Rd Brockport, NY 14420

WHEN: Please register by Thursday prior to the week in which your child(ren) will be attending. Payments may be made weekly or in a total sum. Payments received after the prior Thursday will be subject to a \$10 late fee. Campers may come for a full week, or specific days.

COST: Residents: \$30 daily without fieldtrip. \$40 on a fieldtrip day.

Non-Residents: \$35 daily without fieldtrip. \$45 on a fieldtrip day.

► Early/Late Care \$8 each

\$14 for both on the same day or \$60 for entire week

A \$1.00 fee will be charged per minute if you are late picking up your child.

Cash and checks accepted. Please make checks payable to "Town of Sweden". (No credit card payments accepted).

REFUND POLICY: Requests for cancellations must be made before the start of the program. Please see our refund policy in our Recreation Brochure or call 585-431-0090 for more information. Credits will only be given in the event of illness, in which case a doctor's note will be needed.

CHANGES DUE TO COVID-19: Campers will be adhering to social distancing guidelines and will be provided with sanitizer and face masks. Camp will be following state guidelines. If you want to see what they are, you can see them here, <https://forward.ny.gov>. We appreciate your patience with these changes!



Program Information Continued..

WHO MAY ATTEND: Any child who has completed kindergarten through the completion of sixth grade. Town or school district residency is not required. Please be aware of resident and non-resident pricing.

LUNCH/SNACK: Children must provide their own lunch, beverages, and snack. Refrigeration is not available. Please label child's lunch. Vending machine use is available to campers, (however be aware of potential vending machine malfunctions).

CLOTHING: Shorts, jeans, t-shirts, and closed-toe shoes. Please do NOT wear sandals or flip-flops due to the amount of outdoor camp activity. Campers should bring bathing suits and towels daily. **No electronics.**

FIELDTRIPS: If transportation becomes available, we will look at incorporating off-site field trips into camp.

Please see attached fieldtrip page for all detailed information.

BEHAVIOR: Each camper is expected to adhere to rules and regulations of our camp. Please see the "Conduct Policies" form and turn it in with registration.

MEDICATION: A Summer Camp RTE Certified Staff member will assist a camper with their medication with parent and doctor permission. Medication must be packaged (single dosage only), and include written instructions for administering. On fieldtrips medication will be carried personally by the certified staff. At the Recreation Center, medication is locked in a secure and accessible location (in compliance with Monroe County Health Department specifications).

Please also note; most Summer Camp Staff are CPR/AED/RTE/First Aid certified.



Medical Information

Child's Name: _____ Grade Just Completed: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____

Emergency Phone: (____) _____

Emergency Contact Name _____

1. **PLEASE LIST ANY MEDICAL CONDITIONS:** (restrictions, special needs, allergies, special diet, etc.).

2. **AUTHORIZATION FOR DISPENSING MEDICATION:**

Medication Name: _____ Prescription #: _____

Dosage: _____ Time to be given: _____

Instructions: _____

3. **Copy of Immunizations Record:**

Doctor's Name (who wrote prescription): _____

License Number: _____

Parent/Guardian Name _____ Signature: _____

Date: _____



SUMMER CAMP REGISTRATION FORM

4927 Lake Road Brockport, NY 14420 Phone:(585)431-0090 Fax:431-0052

Web: swedenclarksonrec.com

Name	Birthdate	Gender	Pant/Shirt Size	Program Name	Program #	Cost
Make Checks Payable To: *Town of Sweden*						Total

****Pick-Up:** Names & Phone numbers of individuals allowed to pick up campers and transport them home:

Name	Phone Number

Household Information: Parent Names:

Email	Home Phone	Cell Phone	Work Phone
Address	City	State	Zip

Emergency Contact: Name:

Relationship to Child	Home Phone	Cell Phone	Work Phone
Address	City	State	Zip

Waiver of Participation/Refund Policy/Photo Release:

Waiver/Refund Policy must be read and signed before registration is accepted. In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent in some recreational programs, I hereby, for my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of Sweden and its representatives, successors, and assigns and/or Town of Clarkson and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups or at any recreation facility, including the skate park. I also fully realize that I must provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Town of Sweden to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Sweden Clarkson Recreation Department Refund Policy. Refunds are subject to processing fee. **Refund Policy:** Please refer to our brochure. **Photo Release:** I understand that photos may be taken of participants during the activity. These photos will become the property of the Town of Sweden and Recreation Department and may be used to promote the program and department.

Signature: _____ **Date:** _____

Please be sure to have entire form completed.
 Incomplete payment or information will cause a processing delay for your child's registration.
Thank You!

Received By: _____ **Date:** _____



Summer Camp Conduct Policies

Please make certain that both you and your child are completely familiar with the policies listed. The Recreation Director; upon notification of parent/guardian, may suspend or terminate all activities and participation in the program for the following misconduct:

1. Leaving the Recreation Center premises without permission or going into posted unauthorized areas.
2. Using foul language or being rude and discourteous to other participants or staff.
3. Defacing recreation center property, buildings and grounds.
4. Engaging in fighting for any reason.
5. Verbally and/or physically abusing another participant or staff.
6. Possessing or using illegal substances at the Recreation Center, parks & grounds.
7. Stealing or defacing another participant's or staff's personal property.
8. Refusing to follow check in/out procedures.
9. Refusing to remain with the group in designated areas.
10. Consistently arguing with staff and intentionally not following directions.
11. Violating other participant and staff's personal space.

This policy has been developed to provide a safe environment for each participant enrolled in the program. My child and I have read the Conduct Policies of the Sweden/Clarkson Recreation program and understand and agree to abide by these policies.

Parent/Guardian Signature: _____

Child Signature: _____

Sweden/Clarkson Summer Camp Program Agreement

I have received a copy of the parent handbook stating the policies of the program and I agree to abide to the terms.

Parent/Guardian Signature: _____

Date: _____



Weekly Camp Sign-Up Form

WEEK # _____

DATES _____

Regular Camp Hours
8:30am-4:30pm

Early/Late Care
7-8:30am/4:30-6pm

Monday

Tuesday

Wednesday

Thursday

Friday

M Early \$8 Late \$8 BOTH \$14

T Early \$8 Late \$8 BOTH \$14

W Early \$8 Late \$8 BOTH \$14

TH Early \$8 Late \$8 BOTH \$14

F Early \$8 Late \$8 BOTH \$14

Both early and late care for entire week \$60

****Must be submitted with payment the Thursday prior to week registering for****

COST: Residents: \$30 daily without fieldtrip/Activity. \$40 on a fieldtrip/Activity day.

Non-Residents: \$35 daily without fieldtrip/Activity. \$45 on a fieldtrip/Activity day.

In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent to some recreation programs, I hereby, for my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Town of Sweden and its representatives, successors and assigns and/or Town of Clarkson and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups or at any recreation facility, including the skate park. I also fully realize that I must provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Town of Sweden to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Sweden Clarkson Recreation Department/Refund Policy. Refunds are subject to a processing fee.

Childs Name: _____ **Parents Name:** _____

Signature: _____ **Date:** _____ **Amount Paid:** _____

Staff Name: _____