

Edgewood Summer Camp 2021



100 N. Benson Road
Middlebury CT 06488

The Edgewood Summer Day Camp offers campers entering kindergarten to 11 a fun and exciting summer. Daily programs include swimming, tennis, games, crafts, playtime and theme specific activities. Camp runs from June 28th to August 6th . Camp per week attendance is limited to 30 children. After this a waiting list is formed. There is a \$10 non-refundable deposit to be on the waiting list. **Payment is due upon registration unless special arrangements have been made. Charging an Edgewood account is no longer an option for camp.**

Our camp director is Kate Cunningham. She is in her 4th year teaching and currently an 8th grade teacher at Swift Middle School in Watertown. Kate became a teacher because she loves seeing children grow, develop and experience new things. During past summers she worked at Edgewood in the office and is therefore a familiar face around the Club. She lives in Watertown with her husband and two children who are 9 and 6 years old. Kate is CPR/AED and first aid certified accompanied by her counselors which are each red cross lifeguard certified.

Camp Specifics:

Ages Entering Kindergarten to 11

Monday through Friday rain or shine

5% multi-week discount (must sign-up and pay for at same time)

Drop-off time begins at 8:45 am

Pick-up time 4:00 pm

Before and after camp care is available (see registration form)

Children on the Edgewood Swim Team will be moved to camp after practice

Lunch can be brought or purchased for \$35 per week

7 day cancellation policy for full refund, see details in pages below.

Please refer to the Edgewoodbtc.com for further details and forms. Camp information is found on the Recreation tab on the top of the page.



Parent Authorization for Administration of Non-Prescription Bug Repellent and Sunscreen Bug Repellent

_____ I give the employees of Edgewood Day Camp permission to assist my child with the application of Off bug repellent to my child in accordance with the instructions of the manufacturer's recommendations to prevent against mosquitoes and ticks.

_____ I do not wish for my child receive bug repellent

SUNSCREEN ADMINISTRATION

_____ I give the employees of Edgewood Day Camp permission to apply Coppertone Kids Continuous Spray or similar Sunscreen to my child.

_____ I do not wish for my child to receive sunscreen.

Child's Name

Sessions Attending

Parent Signature/Date



Code of Conduct Guidelines

The Edgewood Summer Day Camp staff is looking forward to providing every child with a fun, memorable, and safe summer camp experience. Each camper has a responsibility to act in a way that assures a positive experience for all. All campers are required to follow these guidelines.

Behavior Guidelines

Campers shall be responsible for their words and actions.

Campers shall be respectful of others.

Campers shall follow directions from staff members.

Campers shall leave all electronic devices at home. (A parent/guardian must seek permission from the camp director in order for the camper to be able to carry a cell phone for emergencies).

Prohibited Behaviors

Endangering the health and safety of themselves, other campers, and/or staff or volunteers.

Stealing, damaging, or failing to care for facility or personal property.

Continual disruption of the program.

Refusal to follow the behavior guidelines.

Inappropriate physical contact.

Using profanity or inappropriate language or displaying clothing or other personal items with offensive content.

Bullying or acts of aggression or violence.

Possession or use of illegal substances, tobacco, or alcohol.

Possession of weapons - any object that may cause harm to another, or place another person in fear of his/her safety, may be considered a weapon.

Cancellation Policy

If a Parent wishes to cancel a week of camp they may do so with 7 days or 168 hours notice from the 9:00am Monday of the desired week in order to receive a full refund. If there is less than 7 days notice then a refund will **not** be granted.

Health Policy

If a child is ill they may not be in camp. If a child becomes ill during the camp hours a call will be made to the parents and arrangements will be made to have the child picked up. We define illness according to the "YMCA Youth Day Camp Policy" including but not limited to ...

- "Communicable Disease
- Persistent Vomiting within a 24 hour time period
- Diarrhea
- Persistent runny nose and/or Cough
- A contagious or undiagnosed rash
- A temperature of 100 degrees Fahrenheit or higher
- Upper respiratory infection"

Failure to comply with the Code of Conduct may result in the removal from the program and/or additional fees. There will be no refunds given for campers who are removed from the program due to violations of the Code of Conduct.

Based on Princeton University Day Camp Code of Day Camp Conduct

I have read and agreed to all of the above x _____ DATE Signed

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, PA, APRN or RN

DATE Signed



100 N. Benson Road
Middlebury CT 06762
203-528-0234 www.edgewoodbtc.com

MINOR RELEASE

I, THE PARENT AND/OR LEGAL GUARDIAN OF _____, UNDERSTAND THE NATURE OF TENNIS, SWIMMING EXERCISE ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH

ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EDGEWOOD BATH & TENNIS CLUB FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER

AGREE THAT IF, DESPITE THIS RELEASE, IF, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: _____

Address: _____

(Street)

(City)

(State) (Zip)

Phone: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____

Date: _____



EDGEWOOD SUMMER DAY CAMP CHECK LISTS

Registration:

Registration Form and Payment Submitted

Physical Form Submitted

Minor Release Form Submitted

Code of Conduct Reviewed with Camper

Sunscreen/Bug Application Authorization Form Submitted (if needed)

Daily Camp Check List:(child should bring everyday)

Put child's name on all items

Swimsuit and flip flops

Towel

Floaties (if necessary)

Bag or backpack

Sneakers and socks

Sunscreen and bug spray

Hat – sunglasses are optional

Lunch – bring your own or purchase for the week

Water Bottle

Snack (please no nut products)

Mask

Day Camp Registration Form - 2021

Participant Information				
Full name			Nickname	
Birth day (MM/DD/YYYY)				
Parent Information				
Parent's Name(s)				
Address				
Parent E-mail Address Cell				
5% Discount for multiple Weeks Must enroll and pay at same time Summer Camp *Themes Subject to Change*	Session	Member Cost \$235	Non-Member Cost \$ 302	Total
Session 1	June 28 - July 2nd			
Session 2	July 5 – 9			
Session 3	July 12 – 16			
Session 4	July 19 - 23			
Session 5	July 26 – 30			
Session 6	Aug. 2- 6			
EXTRAS	Number of Weeks:(for below)			
Lunch \$35 Per Week				
Before Camp \$60 Per Week				
After Camp \$60 Per Week				
Both Before and After Camp \$120 Per Week				
			Final Cost	

Payment

___ Check enclosed for total cost (Check # _____) ___ Charge Credit

Name on Card: _____ Type of Card: _____ Card
 Number: _____ Expiration Date: _____ CVV Code: _____

Authorization

Edgewood Bath and Tennis, the Town of Middlebury and any other associated groups, their officers, members or associates., appointed or volunteer, do not accept any liability for loss of life or property, personal injury or damage caused or rising out of any activity engaged in during the Sports Camps/Activities for any reason whatsoever. By Participating in this Edgewood Bath and Tennis program, I as parent or legal guardian of the above named participant am knowledgeable of the inherent risk in the sport of the participant. I grant my child permission to engage in these activities with full knowledge that there is an element of danger involved. I also agree to assume the risks for myself and my child and agree to hold Edgewood Bath and Tennis and its officers, employees and volunteers harmless and free of any liability for damage or injury my child may incur arising from these activities. I hereby give Traverse Edgewood Bath and Tennis the irrevocable right to use my picture or photography in all forms and media and in all manners, including composite or manipulated representations, for advertising, promotion, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s) including written copy that may be created and appear in connection therewith.

Signature: _____

Date: _____

Edgewood Bath and Tennis Club 100 North Benson Road Middlebury, CT 203-528-0231