



WALWORTH RECREATION
3600 LORRAINE DRIVE
WALWORTH, NY 14568
(315)986-1400 Option 7

Dear Parents/Guardians,

It is almost time for Walworth's Summer Adventure Weeks! In this letter you will find information about camp activities and the required paperwork for camp participation. Please carefully review and complete the following paperwork. All forms must be returned and completed prior to the participants' first week of camp.

CAMP SCHEDULE: (More detailed camp schedules distributed each Monday of camp weeks)

Safari Week: July 10-14, 2023

- Seneca Park Zoo

Games, Games, Games Week: July 17-21, 2023

- Red Wings Game

Beach Week: July 24-28, 2023

- Roseland Water Park

Survivor Week: July 31-Aug 4, 2023

- YMCA Camp Arrowhead Ropes Course and Challenge

Carnival Week: August 7-11

- Roc City Circus Workshop/ Performance (at camp)

ARRIVAL & DISMISSAL:

Standard Day Camp hours begin at 9:00am and end at 3:00pm. With the volume of campers arriving/departing during standard hours promptly adhering to these times greatly assists our staff. Should you need to pick up a camper(s) early on a specific day please alert camp staff in advance. Walworth Recreation reserves the right to terminate participation without refund should campers consistently fail to follow or take advantage of arrival/departure windows.

CARPOOLS

Many families establish carpool arrangements at the beginning of summer. If your camper(s) will be picked up by anyone outside the parent(s)/guardian(s) listed on camp registration forms the attached Approved Pick-Up Form (page 4) must be completed and submitted. **To facilitate another driver picking up your child these forms must be completed and submitted in advance. Additional forms will be available at the Recreation Offices or from the Camp Director throughout camp.** Any changes to these approved additional pick-up permissions must be completed in writing and in advance for staff to grant camper(s) release.

MEDICATIONS

All campers must take all prescription medications at home prior to arriving at camp. The administration of prescription medication is prohibited during camp hours. *EpiPens or Inhalers are the only exception to this rule.* All campers must complete the Day Camp Medical Form and immunization form. ***Campers will not be allowed at camp until this form has been completed and submitted to Walworth Recreation. FORMS MUST BE RECEIVED PRIOR TO YOUR FIRST WEEK OF DAY CAMP.**

DRESSED FOR FUN

We encourage you to send your child to camp in clothes they can run around, play, paint, and have fun in without worrying about keeping them pristine. It's helpful to mark your child's name on clothing items (especially any loose items of clothing). **PLEASE BRING A WATER BOTTLE AND SNEAKERS EACH DAY OF CAMP.** Hats are also recommended for sunny days. A swimsuit and towel will be needed during Beach Week and on specific days during Survivor Week. Camp staff will alert campers and guardians of specific items of clothing/supplies should they be required for different activities or special camp events outside the normal daily routine.

BRING A BROWN BAG LUNCH

Please provide a brown-bag lunch, drink, and snack each day to camp unless otherwise noted on specific camp schedules.

SNOW CONE TRUCK DAY

Sugary Delights will bring their Snow Cone truck each **Wednesday of Camp at 1:00 pm.** Snow cone cost is approximately **\$3.00** (small size only). This cost **IS NOT COVERED** in camp registration. Please remember to send cash with campers on Wednesdays.

CLOSING STATEMENTS

We strive to offer the best camp experience possible through active, fun, organized activities, and ensuring campers' safety by overseeing multiple small groups of participants as they enjoy events throughout the day. Should you have questions or concerns at any point please don't hesitate to contact the Recreation Department or alert camp staff. Thank you for signing up for Walworth Adventure Weeks. We look forward to a great summer full of fun!

Sincerely,



Jill Hannold
Day Camp Director



Town of Walworth
Department of Recreation



Emergency Contact Information Walworth Adventure Day Camp

It is important for camp staff to have accurate information should they need to reach out in the event of an emergency. Please fill out the following information below to ensure staff can efficiently contact an individual(s) if the need arises.

FOR SAFETY REASONS THIS FORM MUST BE COMPLETED PRIOR TO CAMPERS' FIRST WEEK OF CAMP. FAILURE TO DO SO WILL PREVENT PARTICIPATION IN SUMMER DAY CAMP (UNTIL ITS COMPLETION).

Child's Name: _____

Parent/Guardian Name(s): _____

Home Phone #: _____

Secondary # (cell or work): _____

Emergency Contact Name: _____
(other than parent/guardian)

Relationship to child: _____

Person's phone #: _____

Known Allergies: _____

Medical Concerns: _____

Anything we should know about your child that will help staff provide them a positive summer camp experience:



Approved Pick-Up Form
Walworth Adventure Day Camp

If your camper(s) will be picked up by anyone outside the parent(s)/guardian(s) listed on camp registration forms the following form must be completed and submitted. **To facilitate another driver picking up your child these forms must be completed and submitted in advance. Additional forms will be available at the Recreation Offices or from the Camp Director throughout camp.** Any changes to these approved additional pick-up permissions must be completed in writing and in advance for staff to grant camper(s) release.

Child's Name: _____

Additional person(s) granted permission to pick up child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If carpooling consistently, please provide the specific schedule by which alternate individuals will pick-up your child:

DO NOT RELEASE TO:

If you have concerns of a specific individual(s) potentially attempting to pick up your child(ren) from camp that **YOU DO NOT** authorize please list them here:

Name: _____ Relationship: _____

Name: _____ Relationship: _____



Medical Form

Walworth Adventure Day Camp

MUST BE COMPLETED BY PARENT OR GUARDIAN

Weeks Attending Summer Day Camp (Check ALL that apply):

SAFARI

GAMES

BEACH

SURVIVOR

CARNIVAL

Child's Name: _____

DOB: _____ Gender: M F Grade(entering) _____ Age (entering camp) _____

Parent or Guardian Name: _____ Phone #: _____

Address: _____

Street

City

State

Zip Code

If not available in an emergency, notify:

Name: _____ Relationship: _____ Phone #: _____

Address: _____

Street

City

State

Zip Code

Medical History: (check boxes below)

Allergies: No known allergies This camper is allergic to: Food Medicine Environmental (bees etc.)
(Please describe below allergy & reaction)

General Health History:

Has/Does the Child:

_____ Ever been hospitalized?	_____ Motion Sickness?	_____ Takes medications?
_____ Ever had surgery?	_____ Speech impairment?	List: _____
_____ Recurrent/chronic illnesses?	_____ Hearing impairment?	_____
_____ A recent injury?	_____ Sun Sensitivity?	_____
_____ Asthma/wheezing/shortness of breath?	_____ If female, have they menstruated?	_____
_____ Have Diabetes?	_____ If no; have they been told about it?	_____
_____ Had Seizures?	_____ Problems with diarrhea/constipation?	_____
_____ Have Headaches or migraines?	_____ Treated for ADHD or other behavior disorders?	_____
	_____ Wears glasses, contacts or protective gear?	_____

Explain Below:

Campers Primary Doctor: _____ Phone #: _____

Dentist/Orthodontist: _____ Phone #: _____

Is camper covered by medical/hospitalization insurance? _____

Carrier: _____ Policy/Group #: _____

Parent/Guardian Emergency Authorization

To the best of my knowledge. The information provided on this health form is correct and this camper has permission to engage in all camp activities, except as noted by me. **This camper also has permission to use sunscreen and or bug spray:** _____ **(Initial)**

I hereby give permission to the medical personnel selected by the camp staff to treat my child for all illness/injury, to order x-rays and routine tests necessary. In the event I cannot be reached in an emergency, I give permission to the physician to hospitalize, to secure proper treatment for, and order injection, anesthesia, or surgery for this child as medically appropriate.

Signature of Parent/Guardian: _____ Date: _____

Immunization Record:

Provide the month/year for each immunization. Copies of immunization forms from your health-care provider or state or local government are acceptable. Attach all records to this form. ***We MUST have this information for your child to attend camp. ATTACHING IMMUNIZATION RECORDS FROM PEDIATRICIAN WILL FULFILL FORM REQUIREMENTS.***

Child's Name: _____

DOB: _____

Immunization	Date of Basic Immunization	Date of Last Booster
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)		
Mumps, measles, rubella (MMR)		
Poliomyelitis (IPV)		
Haemophilus influenza type B		
Hepatitis B		
Varicella (chicken pox)		
Most recent Tuberculin test		
Other (specify):		

Physician's Signature: _____

Date: _____