

Adventure Day Camp

Parent Information Packet - Summer 2025

Walworth Recreation Department • (315) 986-1400 (Option 7)

Greetings Adventure Day Camp families! Enclosed please find information regarding camp activities and required paperwork for participation. Please carefully review this information and complete the Medical Form, Immunization Record, Approved Pick Up Form, and Camp Rules & Behavior Guidelines Form for all participants registered under your name. **ALL FORMS MUST BE RETURNED AND COMPLETED PRIOR TO JUNE 20TH, 2025.**

ADVENTURE DAY CAMP SCHEDULE - SUMMER 2025

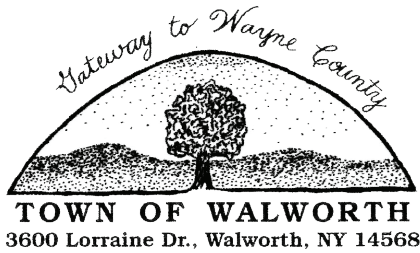
Survivor	MONDAY, 7/7 THROUGH FRIDAY, 7/11	Field Trip: YMCA Camp Arrowhead 20 Arrowhead Rd Pittsford	Standard Hours: 9:00am -- TO -- 3:00pm
Beach	MONDAY, 7/14 THROUGH FRIDAY, 7/18	Field Trip: Roseland Water Park 250 Eastern Blvd Canandaigua	
Carnival	MONDAY, 7/21 THROUGH FRIDAY, 7/25	Field Trip: Roc City Circus 1344 University Ave Rochester	Extended Wrap-Around Hours: 8:00am -- TO -- 5:00pm
Ninja Warrior	MONDAY, 7/28 THROUGH FRIDAY, 8/1	Field Trip: Warrior Factory 3150 W Henrietta Rd Rochester	
Lego	MONDAY, 8/4 THROUGH FRIDAY, 8/8	Special Daily Guest: 31 Bricks Fairport	

ARRIVAL & DISMISSAL

With a large volume of campers arriving and departing during Standard Hours, adhering to arrival times and arriving promptly for pick-up greatly assists our staff. Should you need to pick up a camper(s) early on any specific day please alert camp staff in advance.

Walworth Recreation reserves the right to terminate participation without refund should campers consistently fail to follow and/or take advantage of arrival/departure windows.





Adventure Day Camp

Parent Information Packet - Summer 2025

Walworth Recreation Department • (315) 986-1400 (Option 7)

CARPOOLING

Many families establish carpool arrangements at the beginning of summer. To grant permission for another driver outside the parent(s)/guardian(s) listed on camp registration forms to pick up your camper(s) you must submit an Approved Pick Up Form with your camp paperwork prior to the first week of camp your camper(s) are scheduled to attend.

Any changes to these approved additional pick-up permissions must be completed in writing and in advance for staff to grant camper(s) release.

PERSONAL ELECTRONIC DEVICES

Adventure Day Camps operate primarily as an electronic free zone. Cell phones, tablets, and/or game consoles must be stored in campers' bags during standard camp hours (9:00am-3:00pm). Electronic devices can be used by those utilizing Wrap-Around services during those hours **ONLY**. Counselors may also choose to allow campers to use electronic devices during lunch as well. In the event of an emergency or extenuating circumstance campers may be granted access to devices for communication purposes. **Please Note: Walworth Recreation is not responsible for any damaged, lost, or stolen items.**

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 Medical Form and Immunization Form. Campers are restricted from camp until this form has been completed and submitted to Walworth Recreation. FORMS MUST BE RECEIVED PRIOR TO YOUR FIRST WEEK OF CAMP to ensure participation.

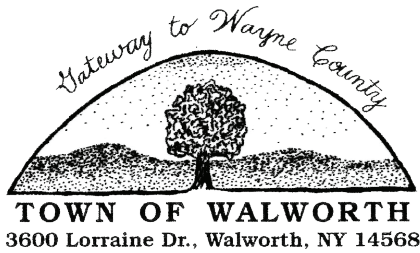
DRESSED FOR FUN

We encourage you to send your child to camp in clothes suitable for outdoor activity, active play, arts and crafts, and fun without worries of them remaining pristine. It's helpful to mark your child's name on clothing (especially any loose items). **PLEASE BRING A WATER BOTTLE AND SNEAKERS EACH DAY OF CAMP.** Hats are also recommended for sunny days.

A swimsuit and towel are required for Beach Week and on certain days during Survivor Week. Camp staff will alert campers and guardians of any specific items of clothing and/or additional supplies should they be necessary for activities or any camp events outside the normal daily routine.

LUNCHES & SNACKS

Please provide a bag lunch, drink, and snack during each day of camp unless otherwise noted on detailed camp schedules. A microwave and fridge are available when on site for use each week of camp.



Adventure Day Camp

Parent Information Packet - Summer 2025

Walworth Recreation Department • (315) 986-1400 (Option 7)

KONA ICE

Kona Ice visits with their snow cone truck one a week following lunch. Campers have the option to purchase a small size snow cone for around \$6.00. **This cost IS NOT COVERED in the camp registration and comes at an additional cost to each camper.** Please remember to send cash with your camper(s) each Kona Ice day should you wish to participate.

ADVENTURE DAY CAMP BEHAVIOR POLICY

We expect campers to act respectfully at all times when they are on our property or participating in our programs. Campers are to behave in a mature, responsible way and respect the rights and dignity of others.

Campers should talk to a counselor or any Walworth Recreation staff member if they are uncomfortable with any experiences or need assistance while at camp at any point.

A signed Rules & Behavior Guidelines Form must be returned prior to the first week of camp acknowledging these rules and expectations for all campers.

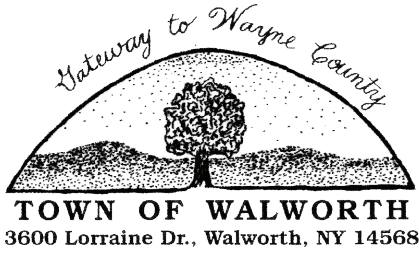
Walworth Recreation strives to offer the best camp experience possible through active, fun, organized activities, and ensuring campers' safety by overseeing multiple small groups of participants as they enjoy events throughout the day.

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 registering for Walworth Recreation Summer Adventure Day Camp - we look forward to a wonderful summer full of fun!

Jill Hannold
Director - Summer Adventure Day Camp

Town of Walworth
Department of Recreation

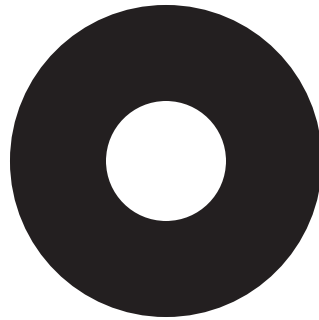


Adventure Day Camp

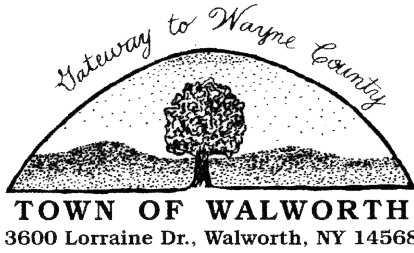
Summer 2025

Walworth Recreation Department • (315) 986-1400 (Option 7)

Adventure Day Camp Forms



**Please return all forms with a
black circle/white dot to the
Recreation Department prior to your
first scheduled week of camp.**



Adventure Day Camp

Medical Form

Walworth Recreation Department • (315) 986-1400 (Option 7)

MUST BE COMPLETED BY PARENT/GUARDIAN & RETURNED PRIOR TO CAMPER'S FIRST WEEK OF CAMP

Please Indicate Any/All Weeks Camper is Registered for Adventure Day Camp:

Survivor Challenge

Beach

Carnival

Ninja Warrior

Lego

GENERAL INFORMATION

Child's Name: _____

DOB: ___/___/___ Gender: M F Grade (Fall 2025): _____ Age (Entering Camp): _____

Parent/Guardian Name: _____ Best Phone #: _____

Address: _____ Zip Code: _____

Email Address: _____

Emergency Contact Information (If Above Is Not Available in an Emergency):

Name: _____ Relationship: _____ Best Phone #: _____

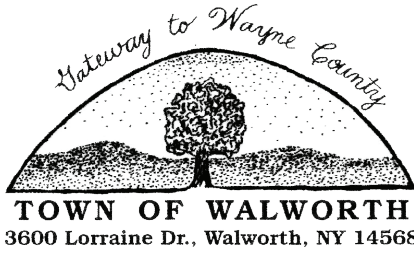
Address: _____ Zip Code: _____

ALLERGIES

No known allergies

This camper is allergic to the following: Food Medicine Environmental (Bees, etc.)
(Please describe allergy and reaction below)

Additional Sensitivities/Reactions:



Adventure Day Camp

Medical Form

Walworth Recreation Department • (315) 986-1400 (Option 7)

Does Child Have Past or Current Experience with Any of the Following (Check for YES)?

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hospitalization
<input type="checkbox"/> Surgery
<input type="checkbox"/> Recurrent/Chronic Illnesses
<input type="checkbox"/> Recent Injury
<input type="checkbox"/> Asthma/Wheezing/Shortness of Breath
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Seizures
<input type="checkbox"/> Headaches or Migraines
<input type="checkbox"/> Glasses or Contacts | <input type="checkbox"/> Motion Sickness
<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Sun Sensitivity
<input type="checkbox"/> Diarrhea/Constipation
<input type="checkbox"/> ADHD
<input type="checkbox"/> Other Behavior Disorder

<i>Females Only:</i>
<input type="checkbox"/> Menstruation |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If no; Have They Been Told About It?
 Yes No

If YES, Please Explain Below:

Please List Any Current Medications Below:

Primary Care Physician: _____ Best Phone #: _____

Dentist/Orthodontist: _____ Best Phone #: _____

Is this camper covered by Medical/Hospitalization Insurance? Yes No

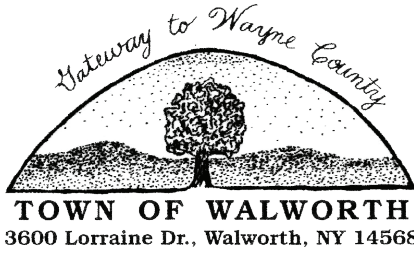
Carrier: _____ Policy Number: _____

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, unless as noted by me. **THIS CAMPER ALSO HAS PERMISSION FOR USE OF SUNSCREEN AND/OR BUG SPRAY:** _____ (INITIAL). I hereby give permission to the medical personnel selected by camp staff to treat my child for all illness/injury. 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.

Parent/Guardian Signature: _____ Date: ____/____/____





Adventure Day Camp Immunization Record

Walworth Recreation Department • (315) 986-1400 (Option 7)

Please provide the month/year for each immunization. Copies of immunization forms from your health-care provider or state or local government are also acceptable. Please attach all records to this form. Immunization records are required for your child to attend camp.

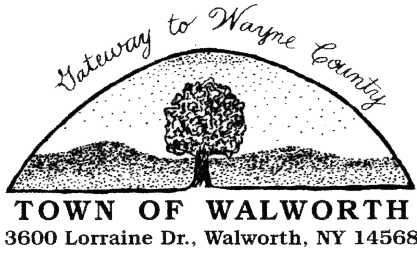
ATTACHING IMMUNIZATION RECORDS FROM YOUR PEDIATRICIAN FULFILLS FORM REQUIREMENTS.

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 Signature: _____ Date: ___/___/___





Town of Walworth

Approved Pick Up Form

Walworth Recreation Department • (315) 986-1400 (Option 7)

The following form must be completed and submitted in advance should you wish to have your camper(s) picked up by anyone outside the parent(s)/guardian(s) listed on the initial camp registration form. Any changes to documented additional pick-up permissions must be completed in writing and in advance for staff to grant camper(s) release. Additional forms will be available at the Recreation Offices or from the Camp Director throughout camp should you need to update forms.

ADDITIONAL PICK-UP FORM

Child's Name: _____

Additional person(s) granted permission to pick up my camper(s) from camp:

Name: _____ Relationship: _____ Best Phone #: _____

Name: _____ Relationship: _____ Best Phone #: _____

If carpooling with another camper, please provide the specific schedule by which alternate individuals will pick up your camper(s) from camp:

Monday Name: _____

Tuesday Name: _____

Wednesday Name: _____

Thursday Name: _____

Friday Name: _____

DO NOT RELEASE TO:

If you have concerns over a specific individual(s) attempting to pick up your camper(s) from camp please list them below:

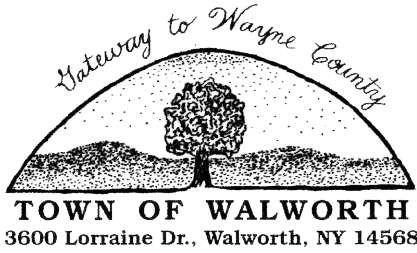
I DO NOT AUTHORIZE THE RELEASE OF MY CAMPER(S) TO THE FOLLOWING INDIVIDUALS:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: ___ / ___ / ___





Town of Walworth

Camp Rules & Behavior Guidelines

Walworth Recreation Department • (315) 986-1400 (Option 7)

Walworth Recreation aspires for all campers to enjoy a safe, enjoyable experience while attending our Adventure Day Camp Weeks. We expect all campers to follow camp rules and guidelines.

Camp staff will reinforce appropriate behavior through positive reinforcement and redirection. Rules and expectations for all campers will be reviewed at the beginning of each week of camp. We expect campers to act responsibly and respectfully at all times - whether on our property or off-site as a guest at a third-party site.

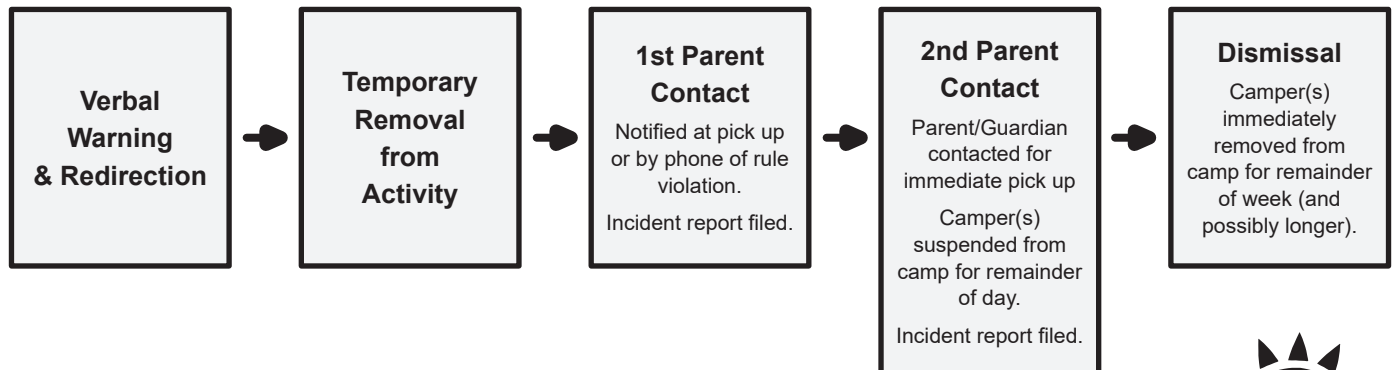
Campers should talk to a counselor or any Walworth Recreation staff member if they are uncomfortable with any experiences or need assistance while at camp at any point.

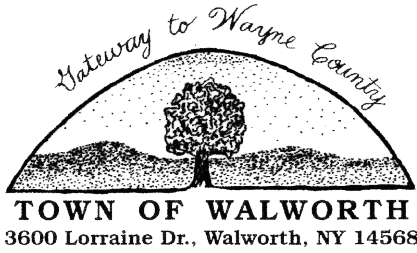
A signed Rules & Behavior Guidelines Form must be returned prior to the first week of camp acknowledging these rules and expectations for all campers.

CAMP RULES & BEHAVIOR GUIDELINES

1. Always follow camp rules as presented and displayed by staff.
2. Consistently demonstrate respect for all campers, staff, equipment, and property.
3. Keep hands and feet to yourself (unless part of a staff-led activity).
4. Always remain with assigned staff members during camp and other scheduled activities. Campers may not return to the lodge, move to another activity, or transition to another area on or off-site without a staff member present or verbal consent.
5. Use appropriate language - No cursing, vulgar, or inappropriate language.
6. Uphold camp rules and expectations when off-site (such as while on field trips and/or on the bus).
7. Facilitate a safe and clean camp site by keeping your area tidy, returning items to their assigned spaces when not in use, and assisting others in clearing areas after use, play, activities, or the conclusion of the day.
8. **ABSOLUTELY NO BULLYING OF ANY KIND IS TOLERATED AT CAMP.** Immediately let a staff member know should you witness or be subject to any form of bullying, discussion, or activity that leaves you feeling unsafe or uncomfortable in any manner.
9. Be safe, have fun, and be kind to one another!

BEHAVIOR MANAGEMENT POLICY





Town of Walworth

Camp Rules & Behavior Guidelines

Walworth Recreation Department • (315) 986-1400 (Option 7)

Incident reports document all behavior violations. Should a report be filed against a camper(s), parents/guardians are notified of said report during pick up or by phone.

The Camp Director, in coordination with Recreation Staff, reserves the right to make decisions regarding current and future participation in the Adventure Day Camp Program based on the Behavior Management Policy outlined on page 9.

Violations of Camp Rules & Guidelines are taken seriously and our priority remains cultivating a safe, enjoyable environment for all campers and staff.

Please let us know if there is anything we should know about your child that will assist camp staff in providing the most positive camp experience possible:

I HAVE READ, ACKNOWLEDGE, & AGREE TO SUPPORT THE RULES & BEHAVIOR GUIDELINES AND BEHAVIOR MANAGEMENT POLICY FOR WALWORTH RECREATION ADVENTURE DAY CAMPS

Parent/Guardian Signature: _____ Date: ___/___/___

