

ALL SPORT HEALTH & FITNESS

CAMP FIT 2017

Dear Camp Families,

We welcome you and your family to Camp Fit 2017. Everyone at Camp Fit is very excited that you could join us this year. To all our returning families, we would like to thank you for your continued support and for allowing us to be a part of your lives. We would like to welcome all new campers to the Camp Fit family.

Your Parent Information Packet is now available on line. This packet contains complete information on what campers need to bring, the forms that have to be filled out and our general camp policies. This is being given to you well ahead of when your child begins camp so that you will have time to review the material with your camper and return the necessary forms on schedule.

Parent Information Packet includes:

- **Important Parent Information:** Information you and your camper need to know. **Camp Health Examination Form:** This must be completed by your child's physician and returned to us no later than June 1st. **NYS Department of Health mandates that no camper may be admitted to camp without a medical form/immunization record on file.**
- **Authorization for Administration of Medication:** Must be completed to dispense camper medication.
- **Emergency Contact Information:** This must also be completed and returned no later than June 1st.
- **Camp Fit Conditions of Registration, Release and Change/Cancellation/Refund Policy:** This must be signed and returned by June 1st.

In addition to these camp forms, all camp balances **must be paid in full** prior to your child attending camp. Please do not hesitate to call us at (845) 896-5678 should you have any questions or concerns prior to the start of camp or E-mail us at Karen@allsporthealthandfitness.com
We are all looking forward to great summer!

Sincerely,

Karen Feeley
Camp Fit Director



IMPORTANT PARENT INFORMATION

Camper Drop Off & Pickup –

Camp Schedule is 9:00am – 4:00pm. ½ Day Camp is 9am-12pm or 1-4pm.

Day campers should be dropped off and picked up at the All Sport Outdoor Park. **All campers must be signed in and out by a parent and/or guardian who is responsible for dropping off and picking up the child.** If someone other than yourself will be picking up your child, please send in a written note as to who will be picking up your child on a certain day.

Before & After Camp Care - All early morning care and late afternoon care campers can also be picked up and dropped off at the All Sport Outdoor Park. Morning Care begins at 7:00am. **Any camper dropped off earlier than 8:45am will be charged for care.** Afternoon Care ends at 6:00pm. **Any camper picked up after 4:15pm will be charged for care.**

Tennis and Swim Camp - Campers should also be dropped off and picked up at the Outdoor Park. They will be assigned a day camp group should they be participating in the day camp.

Teen Travel Camp – Please make sure your campers arrive at camp no later than 9:15am. Campers need to be ready to depart from All Sport at 9:30am.

Rainy Days & Hot Days- Camp will meet each day as scheduled rain or shine. Some activities might continue to take place outdoors even in a rain shower. In the event of severe weather or extreme heat, camp will be held in our indoor facility and camp schedules and activities will be altered.

Health & Safety - Are the highest priorities for summer camp activities. Most staff persons are trained in standard first aid and CPR. All pool staff are certified lifeguards. Most camp injuries are minor and are handled by our Health Director. If an injury occurs that may require further medical attention, you will be called to pick up your child. In a serious emergency, your child may be sent to the hospital with the paramedics. (Please do not send him/her to camp sick. Should your child become ill at camp, we will see that he/she is resting comfortably and call you for pick up.)

Medical Forms- NYS Department of Health mandates that all campers must have a health form on file prior to the first day of camp. **Children will not be allowed to attend camp without them. Campers taking medication must complete the Medical Administration form.**

What Your Child Should Bring To Camp - Comfortable, well-worn clothing and sneakers should be the norm. (Please no sandals or “party shoes”). **Each child should bring a backpack with a bag lunch, snack, bathing suit, and towel, water bottle and sunscreen.** Send extra clothes/rain gear on a rainy day and a sweatshirt on those chilly mornings. Remember that this is camp and children will be changing clothes, running around and losing items. **Please label items and do not send your favorites to camp.**

Lunches/Snacks- Children must bring their own bag lunches and snacks. Please provide enough for your child to have a snack during the morning/afternoon. Refrigeration will be provided. Campers also have the option to purchase lunch from the All Sport Fuel Cafe for a cost of \$35/week or on a daily basis. **We strongly suggest that campers bring a water bottle every day.** The Camp Snack Shack will be open during lunch and at the end of camp. Drinks and snacks will be available for campers for a fee.

What “Not” to Bring - It is highly recommended that camp children do not bring anything of value (ie: I-Pods, cell phones, card games, toys, electronic devices, etc.) **We are not responsible for lost or stolen items.**

Sun Safety – **We recommend that campers wear sunscreen everyday.** Campers should apply sunscreen before coming to camp each morning. If campers need sunscreen reapplied during the day, please show them how and counselors will remind them to do so.

Field Trips – While there are no field trips planned, campers may on occasion walk to Sarah Taylor Park for use of the children’s playground and soccer fields. Sarah Taylor Park is located around the corner from All Sport. Should you wish your child **not** to go to the Park, please notify the Camp Director.

Peanut Allergies – While we are not a peanut-free camp, we do have a number of campers with peanut allergies. We are asking that parents try to avoid packing peanut-based products in their lunch/snack and find other suitable alternatives whenever possible.

Swim Lesson Plus – Campers may add swim lessons to their daily activities for an additional cost of \$40 per week. Counselors will see that campers enrolled in these programs are brought to and from their camp groups.

CAMPER’S RIGHTS & RESPONSIBILITIES – For the safety and well being of all campers and staff, we need the cooperation of everyone to encourage positive behavior.

Camper’s Rights: As a summer camp participant you have the right to: (1) be free from cruel teasing and put downs; (2) have a safe, calm, clean and orderly environment; (3) be free from fear of physical harm; (4) have a fair turn in a group activity; (5) make mistakes without being ridiculed by others; (6) seek help from adults who are here to help you; (7) be treated with dignity and respect by everyone.

Camper’s Responsibilities: As a summer camp participant you are expected to: (1) avoid fights or verbal abuse of other children; (2) be fair and accepting of others eager to join any activity; (3) be truthful with everyone (4) work and play safely; (5) use appropriate, acceptable language; (6) be kind, considerate, helpful and respectful towards others; (7) share equipment and materials fairly and use them properly; (8) respect property, especially things that do not belong to you; (9) cooperate with others and with adults who are here to help you; (10) be a good sport when you win or lose; (11) speak out when you witness unfairness or offensive language or behavior of others; (12) leave valuable property and money at home. **Camp staff will contact parents of a child who behaves inappropriately during camp. If behavior is extreme, parents may be asked to take the child out of camp without a refund.**

Lost and Found - Please make every effort to label your child’s belongings. Counselors will make every effort to collect all belongings before leaving an activity. Please remind your camper it is his/her responsibility to keep track of their belongings. Lost items can be found in a bin located outside the Camp Shed.

Camp Comments & Suggestions – Your feedback is important to us and will help us improve your child’s summer camp experience. Please feel free to share you comments at the Camp Front Desk suggestion box.

E-mail us at Karen@allsporthealthandfitness.com with questions or concerns.

Important Phone Number to Remember – All Sport Health & Fitness – (845) 896-5678

ALL SPORT CAMP FIT

17 OLD MAIN STREET, FISHKILL, NEW YORK 12524
TELEPHONE: (845) 896-5678 FAX: (845) 896-5678

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS

The Dutchess County Health Department requires a physician's written order and parent or guardian's authorization for a nurse, first-aider, the camp director, program director or camp counselor to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

PHYSICIAN'S ORDER:

Date: ___/___/___

Name of Child: _____ Date of Birth: ___/___/___

Street Address: _____ City/Town _____ State _____

Condition for which drug is being administered during camp hours: _____

DRUG: Name of drug, Dose & Method of Administration: _____

When should medication be administered: Date ___/___/___ - ___/___/___ Time: _____ PRN

Relevant side effects to be observed, if any: _____

If there are side effects, plan for management: _____

Is this a controlled drug? _____

Allergies to food or drugs? Yes/No If yes, list: _____

Physician's/Dentist's Name: _____ Phone #: _____
(Type or print)

Street Address: _____ City/Town _____ State _____

Physician's Signature: _____

Authorization by Parent/Guardian for the administration of the above medication:

Date: ___/___/___

To camp director, first aider, program director or camp counselor:

I hereby request that the above named medication, ordered by the physician/dentist for my child, be administered by the camp director, first-aider, program director or camp counselor.

I understand that I must supply Camp Fit with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name.

I understand that this medication will be destroyed if it is not picked up within one (1) week following termination of the order.

Name of Parent or Guardian: _____ Signature: _____

Relationship to child: _____ Phone: _____

ALL SPORT CAMP FIT EMERGENCY CONTACT INFORMATION

17 OLD MAIN STREET, FISHKILL, NEW YORK 12524
TELEPHONE: (845) 896-5678 FAX: (845) 896-8595

TO BE FILLED OUT BY PARENTS MUST BE RETURNED NO LATER THAN JUNE 1st

1. Name _____ Sex _____ Birthdate _____ Age _____
(Last) (First)

2. Address _____ Home Phone _____
(Street) (Town) (State) (Zip Code)

3. What grade will camper be entering in September 2016? _____ Email _____

4. Mother's Name _____ Cell# _____ Work # _____

5. Father's Name _____ Cell# _____ Work # _____

6. Will your child require medication at camp? [] Yes [] No *No child will be able to self administer ANY prescription or nonprescription medication. All medications will be administered by the camp staff. See Medical Administration Form.*

7. Please provide any information you feel is important for us to know about your child. _____

Please list below *two* emergency contacts (other than your immediate family) that we could call should it become necessary in an emergency and you could not be reached:

8. Name: _____ Relationship: _____
Address _____ Phone _____
(Street) (Town) (State) (Zip Code)

9. Name: _____ Relationship: _____
Address _____ Phone _____
(Street) (Town) (State) (Zip Code)

The following 2 persons, other than myself or my spouse, are authorized to pick up my child from camp.

10. Name: _____ Phone: _____

12. Name: _____ Phone: _____

15. PARENT OR GUARDIAN AUTHORIZATION FOR HOSPITALIZATION IN THE EVENT OF AN EMERGENCY

This health history is correct so far as I know, and the person named above has permission to participate in all Summer Day Camp activities except as noted by the examining physician or me. If I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Fit to hospitalize, secure proper treatment for, and order injections or anesthesia for surgery for the person named above.

X _____ Date: _____

*****Parent/Guardian Signature Required*****

(OVER)

(OVER)

(OVER)

ALL SPORT CAMP FIT **CONDITIONS OF REGISTRATION**

The undersigned Parent/Guardian represents, warrants and agrees to the following:

1. The camper is in sound physical and mental health and is fully able to participate in all camp activities. It is agreed that All Sport will be notified of any change in the camper's physical or mental health at any time.
2. Parent/Guardian understands that part of the camping experience involves activities and interactions that may be new to the camper and that they come with certain risks and uncertainties beyond what the camper may be used to dealing with at home. The undersigned is aware of those risks and is assuming them on behalf of the camper. The undersigned agrees that the camper will be familiar with the camp's rules and that the camper will obey them. The undersigned, on behalf of himself/herself, the camper and/or the undersigned's heirs, executors and administrator's, waive and release all rights and claims for damages, personal or property, the undersigned or the camper may have against All Sport Health & Fitness Club, Inc., its employees, agents, representatives, successors and assigns for any and all injuries suffered by the camper during programs and/or activities.
3. All Sport retains the right to cancel this agreement if (a) it determines that the physical, mental, medical or emotional condition of the camper would prevent him/her from participating safely and satisfactorily in any program or interacting with any other camper or staff or (b) exhibits unacceptable behavior which prevents our staff from safely supervising the camper or proves detrimental to the camper, other campers or staff.
4. The undersigned has authority to execute this agreement and shall be responsible for payment of all camp fees. **Campers may change their weeks up to May 31st with no penalty. After June 1st, cancellations or any decrease of any weeks will incur a \$25 administrative fee.** Walk-Ins and first day of camp registrations are also subject to a \$25 administrative fee. No refunds will be made for withdrawal after June 15th. **No refunds or credit will be given due to sickness, absences or missed days.** You may switch a session for another at no cost on a space available basis.
5. The undersigned authorizes and consent to All Sport's use of the child's name, photograph, portrait or image in connection with the Camp's brochure or other promotional or advertising publication of All Sport and to the use of the child's family home address, email and phone number for program lists.

I here by enroll my child for 2017 Camp Fit season.

X _____ Date: _____

*****Parent/Guardian Signature Required*****