



Department of Parks & Recreation – Recreation Division
101 Field Point Road - Greenwich, CT 06836-2540
Phone: (203) 618-7649 E-mail: Recreation@greenwichct.org

Greenwich Summer Adventurers

2017



Coed Ages 8 – 15

ACTIVITY NUMBERS: Session I: 201031 / Session II: 201032

DESCRIPTION: An action-adventure day camp organized by age and interest. This program includes one special field trip per week, local beach days at Greenwich Point and Island Beach, and a variety of theme weeks and activities at the Western Greenwich Civic Center. Transportation is included for all trips and beach days.

AGES: 8 to 15 years old. Participants must be 8 by June 1, 2017.

REGISTRATION:

- **Online: Saturday, April 1** - online registration is only available to Greenwich residents. To register online go to www.greenwichct.org/webtrac and select "Activity Registration."
- **Mail-in: Monday, April 17** - application should not be postmarked earlier than April 17.
- **In-person: Thursday, June 1** at the Parks and Recreation Office. Non-residents may sign-up starting June 1. Space is limited and registration is first come, first serve.

If not yet provided in 2017, residents must provide proof of residency and non-residents must provide identification and proof of address. Resident primary addressee must provide two proofs and any household member 25 years or older must provide one proof for the purchase of passes, activities or tickets. *Proofs for Greenwich residents may include: residential lease, utility bill (Gas, electric, water, oil), credit card bill, bank statement (not mortgage), cable bill, phone bill (not cell), driver's license, DMV ID. Proofs of Greenwich residential address must be current and show resident name.*

HOURS: Adventurers runs Monday through Friday from 9:00 AM – 4:00 PM.

LOCATION: Daily drop-off and pick-up will be at the **Bendheim Western Greenwich Civic Center** (449 Pemberwick Road, Greenwich, CT). Depending on the schedule for the day, participants will either be transported to Island Beach or Greenwich Point, remain at the Civic Center for planned activities, or attend an off-site field trip.

TRANSPORTATION: Transportation to/from the beach and to/from field trips is included in the camp fee.

SPECIAL TRIPS: Participants will be grouped by age and/or grade and provided one field trip per week. Trip locations will vary based on groupings. A tentative field trip schedule is provided on page 3.

CORRESPONDENCE: Some correspondence will be made via e-mail. Please make sure that your primary e-mail address is provided clearly on the registration form and that you check your messages throughout the duration of the camp program. A weekly camp newsletter will be sent out to your listed email address with information for the following camp week.

PARENT ORIENTATION: Parents are required to attend an orientation session on Tuesday, June 20 at 5:30 PM at the Bendheim Western Greenwich Civic Center, Community Room, lower level (449 Pemberwick Road, Greenwich).

SESSIONS: There are two sessions, totaling 7 weeks:

***Grade level starting Fall 2017**

ACTIVITY # 201031 **Session I: Tuesday, June 27 – Friday, July 21 (No camp Tues. July 4th)**

SECTION NUMBER	AGES	TIME
A1	Ages 8-10/*Grades 3-5	9:00 AM to 4:00 PM
A2	Ages 11 & 12/*Grades 6-7	9:00 AM to 4:00 PM
A3	Ages 13-15/*Grades 8-10	9:00 AM to 4:00 PM

ACTIVITY # 201032 **Session II: Monday, July 24 – Friday, August 11**

SECTION NUMBER	AGES	TIME
B1	Ages 8-10/*Grades 3-5	9:00 AM to 4:00 PM
B2	Ages 11 & 12/*Grades 6-7	9:00 AM to 4:00 PM
B3	Ages 13-15/*Grades 8-10	9:00 AM to 4:00 PM

FEES:

REGISTRATION DATES	FEES
Resident, Early Bird, Apr. 1 – May 31	Session I: \$400 Session II: \$365 2 nd child discount \$20
Resident, After May 31	Session I: \$435 Session II: \$400 2 nd child discount \$20
Non-Greenwich Resident, After May 31	Session I: \$450 Session II: \$415

We accept Visa, MasterCard, and Discover credit cards at the Town Hall Parks and Recreation Office & for online registration. **There are no refunds and we do not pro-rate fees. Requests for credit will only be considered if received in writing prior to the start of the program. There is a \$15.00 administrative fee for credits and a \$25.00 fee for any returned checks.**

Make checks payable to: “*Town of Greenwich*”

Please complete application (pages 4 - 7) and if mailing, send with payment to:

Adventurers
Department of Parks and Recreation
P.O. Box 2540
Greenwich, CT 06836-2540



ADVENTURERS INFORMATION AND REQUIREMENTS

- Campers will be grouped by age/grade. A schedule will be provided before the start of camp detailing the daily locations and trips for each group. Transportation will be provided to the local beaches and off-site trips; leaving from and returning to the Bendheim Western Greenwich Civic Center. The groups include:
 - ACES : Ages 8 – 10/Grades 3 – 5
 - TRAILBLAZERS: Ages 11 & 12/ Grades 6 – 7
 - MAVERICKS: Ages 13 – 15/Grades 8 – 10
- In the event of rain or questionable weather, extreme heat, high ozone levels, or the Health Department closes the beach for swimming due to heavy rainfall/high bacteria levels, etc. participants will be provided with an immediate pick-up from the beach and will be transported back to the Western Greenwich Civic Center. They will remain at the Civic Center and provided with alternate activities for the remainder of the day. In the event of a canceled trip due to weather, an alternate date or trip will be scheduled.
- WHAT TO BRING: Schedules will be provided before the start of camp. Campers will be required to plan ahead and pack what is needed based on the location for each day. For beach days, campers should bring a bathing suit, towel, and sunscreen (spray-on suggested). For field trips, communication will be sent out detailing what the campers should bring. Lunch must be brought from home daily, unless otherwise communicated. All items should be labeled and campers should have a bag that secures properly to store items. We are not responsible for valuables. Electronics should not be brought to camp. A policy on the use of electronic devices (including cell phones) will be enforced, especially if it becomes interruptive during activities or used inappropriately.
- If your child needs to take medication during camp hours, written authorization* by a parent or guardian and the child's physician is required. All medication must be maintained in the camp office and must be picked up at the conclusion of camp. *The form "Authorization for the Administration of Medication by School, Childcare, and Youth Camp Personnel" must be completed, current, and on file in our office.
- One special field trip will be planned per week. The following is a tentative schedule of trips for summer 2017:
 1. Tuesday, June 27: **The Rock Club of New Rochelle – Mavericks**
 2. Wednesday, June 28: ***NEW - Skyzone Trampoline Park – Aces & Trailblazers**
 3. Wednesday, July 5: **Lake Compounce - Mavericks**
 4. Thursday, July 6: **Rye Playland Park – Aces & Trailblazers**
 5. Tuesday, July 11: ***NEW – Kayaking and paddle boarding excursion – Mavericks**
 6. Wednesday, July 12: **Splashdown Beach & Water Park – Aces & Trailblazers**
 7. Tuesday, July 18: ***NEW - NY Hall of Science, Queens, NY – Aces**
 8. Thursday, July 20: **The Adventure Park - Trailblazers & Mavericks**
 9. Tuesday, July 25: **Grand Prix, NY – Mavericks**
 10. Thursday, July 27: **Laser Planet – Aces & Trailblazers**
 11. Tuesday, August 1: **Brownstone Exploration & Discovery Park – Trailblazers & Mavericks**
 12. Wednesday, August 2: **Quassy Amusement Park – Aces**
 13. Monday, August 7: **Palisades Mall, Dave & Buster's – Trailblazers & Mavericks**
 14. Tuesday, August 8: **Fun Fuzion – Aces**

Pages 4 - 7 required with payment



Program Registration (please print)

Program Name: **GREENWICH SUMMER ADVENTURERS** Activity # _____ Section # _____

Participant's Name _____ Gender (M/F) _____

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Specific Program Information:

Parent/Guardian _____ E-mail _____

Home Phone _____ Work Phone _____ Cell _____

In case of emergency notify the following (Must be different from parent/guardian listed above):

Name _____ Phone _____ Relationship: _____

List Physical Restriction(s):

INDEMNIFICATION AND RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the _____ program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity (ies) and authorize emergency medical treatment and transportation in my absence.

Dated at Greenwich, Connecticut, this _____ day of _____ 201_____

Signature of Participant or Parent or Guardian for participants under 18 years of age:

Adventurers is administered by the Parks and Recreation Department, which is a municipal department of the Town of Greenwich, and therefore exempt from licensing with the Office of Early Childhood (OEC) of the State of Connecticut

HH# _____ Check# _____ Receipt# _____ Proof _____ Initials _____



GREENWICH ADVENTURERS PARTICIPANT INFORMATION

Participant's Name _____
Last First

Additional Emergency Contact (Different from contact listed on registration):

Name Phone

I authorize any licensed physician to provide any proper emergency treatment for my child in the event of an emergency. I understand that this authorization is given prior to any need for medical care and is given to avoid any unnecessary delay for emergency treatment that the physician may deem advisable in the exercise of his/her best judgment. I assume a reasonable attempt will be made to contact me. I also authorize the Director/Staff of Adventurers to arrange for emergency transportation away from the program to the nearest medical facility. If emergency treatment is needed, the following information will be vital:

1. What allergies (if any) does your child have? **Please write "NONE" if there are none.**

2. Is your child taking any medication(s) on a regular basis? Will your child need to take any medication during camp hours? Please explain.

3. Does your child have any illness that a physician or our camp directors should be aware of? (i.e., seizures, heart problems, diabetes). Please include any other note you would like the directors to be aware of. (ex: weak swimmer, ADHD, peculiar birthmark)

4. Child's Swimming Ability: Non-swimmer _____ Beginner _____ Intermediate _____ Advanced _____

5. Shirt Size: Youth: M _____ L _____ XL _____
Adult: S _____ M _____ L _____ XL _____

6. Is there any other information that we need to know about your child to ensure they have a safe and fun experience?

The Parks and Recreation Department reserves the right to use program or event photographs including participants in Town media only. Please contact the Recreation Office if you object to the use of photographs in Town media.

Primary E-mail: _____
(Mandatory for correspondence. Please print clearly.)

Parent's Name (Please print)

Parent's Signature

2017

YOUTH CAMP HEALTH EXAM/RECORD

Physical Exams Are Valid for 3 Year

From Date of Last Examination

Please Return Completed Form to the Camp

Name _____ D.O.B. _____ HT _____ WT _____

Guardian _____ Phones _____

Address _____
Street Town Zip Cell _____ Home _____
 Email _____**TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:**

_____ May participate in all activities.

_____ May participate except for:

Date of Exam

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 Medications(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 individual 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: _____
Street Town State Zip_____
 Signature of Physician, PA, APRN or RN_____
 Date form Signed_____
 Telephone Number**A new Health Exam Record must be supplied each year****Page 6 of 7**



Greenwich Summer Adventurers

2017 PICK- UP PERMISSION FORM

I, _____, hereby give permission for my child
(Parent/Guardian name - PRINT)

_____ to be picked up by the following people:
(Camper name - PRINT)

Name	Relation to Camper	Phone #
*1. _____	_____	_____
*2. _____	_____	_____
*3. _____	_____	_____
*4. _____	_____	_____

(Parent/Guardian SIGNATURE)

**Still required to notify Camp Director daily when any of the above listed people will be picking up your child (ren).*

SELF-CHECK-OUT PERMISSION FORM (Only campers ages 11 – 15)

I, _____, hereby give permission for my child
(Parent/Guardian name - PRINT)

_____ to self check-out with their assigned
(Camper name - PRINT) counselor at the end of the camp day.

I confirm that my child/camper is at least 11 years of age and that once they have checked out of camp, the camp staff and The Town of Greenwich are no longer responsible for their care.

(Parent/Guardian SIGNATURE)