



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

Greenwich Summer Adventurers

2019



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, 2019.

REGISTRATION:

- **Online: Monday, April 1** - online registration is only available to Greenwich residents. To register online go to www.greenwichct.gov/webtrac and click on the Parks and Recreation logo.
- **Mail-in: Monday, April 22** - application should not be postmarked earlier than April 22.
- **In-person: Monday, June 3** at the Parks and Recreation Office. Non-residents may sign-up starting June 3. Space is limited and registration is first come, first serve.

Greenwich residents are required to provide proof of residency once per calendar year for all Parks and Recreation programs.

The primary family member is required to provide two current proofs of Greenwich residency. Family members participating in this program who are over 25 years of age require one current proof of Greenwich residency. Acceptable proof documents with resident name, date and Greenwich address are as follows: Residential Lease; Utility bill (Gas, Electric, Water, Oil); Cable, Telephone, or Internet bill (not cell phone); Credit Card or Bank Statement (No Mortgage Statement); Driver's License or DMV CT State ID.

Family members participating in this program who are under 25 years of age, require a copy of their birth certificate, passport, or guardianship on file.

For non-residents, the primary family member as well as all participating family members who are over 25 years of age must provide identification and proof of address. Non-resident participants under 25 years of age, require a copy of birth certificate, passport or guardianship.

HOURS: Adventurers runs Monday through Friday from 9:00 a.m. – 4:00 p.m.

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 three.

CORRESPONDENCE: Some correspondence will be made via email. Please make sure that your primary e-mail address is provided clearly on the registration 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 Monday, June 17 at 5:30 p.m. at the Bendheim Western Greenwich Civic Center, Community Room, lower level (449 Pemberwick Road, Greenwich).

SESSIONS: There are two sessions, totaling seven weeks:

***Grade level starting Fall 2019**

ACTIVITY # 201031 **Session I: Tuesday, June 25 – Friday, July 19 (No camp Thu. July 4th)**

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

ACTIVITY # 201032 **Session II: Monday, July 22 – Friday, August 9**

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

FEES:

REGISTRATION DATES

FEES

Resident, Early Bird, Apr. 1 – May 31	Session I: \$465.00 Session II: \$400.00 2 nd child discount \$20.00: Applied only for the same session
Resident, After May 31	Session I: \$500.00 Session II: \$435.00 2 nd child discount \$20.00: Applied only for the same session
Non-Greenwich Resident, After May 31	Session I: \$525.00 Session II: \$460.00

We accept Visa, MasterCard, American Express, 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 four - seven) and if mailing, send with payment to:

Greenwich 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 Bendheim 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 2019:
 1. Tuesday, June 25: **NEW Rock Climb Fairfield** – Mavericks
 2. Wednesday, June 26: **Laser Planet** – Aces & Trailblazers
 3. Tuesday, July 2: **Boundless Adventures** - Mavericks
 4. Wednesday, July 3: **Boundless Adventures** – Aces & Trailblazers
 5. Tuesday, July 9: **NEW Urban Air Adventure Park** - Aces & Trailblazers
 6. Wednesday, July 10: **NEW Urban Air Adventure Park** – Mavericks
 7. Tuesday, July 16: **Lake Compounce Amusement Park** – Trailblazers & Mavericks
 8. Wednesday, July 17: **Quassy Amusement Park** – Aces
 9. Tuesday, July 23: **NEW RPM Raceway** – Mavericks
 10. Wednesday, July 24: **NEW RPM Raceway** - Aces & Trailblazers
 11. Tuesday, July 30: **Brownstone Exploration & Discovery Park** – Mavericks
 12. Wednesday, July 31: **Splashdown Beach Water Park** – Aces & Trailblazers
 13. Wednesday, August 7: **Rockin' Jump Trampoline Park** – Aces & Trailblazers
 14. Thursday, August 8: **Rockin' Jump Trampoline Park** – Mavericks



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 _____ Email _____

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



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 Email: _____
(Mandatory for correspondence. Please print clearly.)

Parent's Name (Please print)

Parent's Signature

2019

YOUTH CAMP HEALTH EXAM/RECORD

Physical Exams Are Valid for 3 Years
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



Greenwich Summer Adventurers

2019 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)