

# Town of Greenwich - Department of Parks and Recreation

## KAMP KAIRPHREE 2018

Ph: (203) 637-4583 Ext. 1 (Hotline Ext. 4)

### AGES:

Coed for ages 5 - 12 years old  
(Must be 5 years old by start of session.)

### DATES, Subject to Change:

Session/Section# I: June 25-July 6 (no Kamp July 4)

Session/Section# II: July 9 - July 20

Session/Section# III: July 23 - August 3

Session/Section# IV: August 6 - August 17

WE DO NOT SPLIT SESSIONS

### HOURS:

Kamp Kairphree runs Monday through Friday  
from 9 AM to 4 PM. Pick-up is at 4 PM sharp.  
There are four 2 week sessions

### RATES:

Early-Bird (April 1 – May 31) Registration Fee:

\$290.00 per session - 1<sup>st</sup> child

\$270.00 for each additional sibling in same session

Registration June 1 or later:

\$315.00 per session - 1<sup>st</sup> child

\$295.00 for each additional sibling in same session

\$335.00 each non-Greenwich resident\*

\* Non-Greenwich resident registration begins June 1.

### NO REFUNDS

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.

### TRANSPORTATION:

Regular transportation is included in the camp fee.

The schedule of our twelve pick-up points is on the back of this sheet. **Campers must know the name and location of their bus stop, as well as their address and phone number.**

### LOCATIONS:

Kamp Kairphree's headquarters is located at the Eastern Greenwich Civic Center, 90 Harding Rd in Old Greenwich.

Sites at Greenwich Point are also used. The "Front of the Beach" is the area behind the main concession stand. The "Back of the beach" is located at the northwest corner of the lake/Eagle Pond. \*See Parent Handbook for map\*

Kamp is held at Island Beach (Ferry at Arch Street) each Wednesday, weather permitting. Drop off and Pick up are at Island Beach Ferry Dock on those days, no campers or staff will be at the Civic Center.

Call the **hotline (203) 637-4583 Ext. 4** if there is inclement weather.

Registration is limited and is available on a first-come, first-served basis. Non-Greenwich resident applications will be accepted by mail or in-person only beginning June 1, provided there is space available.

### HOTLINE:

Our hotline **(203) 637-4583 Ext. 4** is updated daily with our rotating schedule and camper unit locations. It may also be updated throughout the day due to weather or notification emergencies.

Voice-mails should not be left here. If you would like to leave a message outside of Kamp hours, please do so at (203) 637-4583 Ext 1.

### REGISTRATION

Registration for Greenwich Residents begins April 1, 2018 and may be completed online or directed to:

**Kamp Kairphree at Greenwich Civic Center**  
**90 Harding Road**  
**Old Greenwich, CT 06870**

**FORMS WILL BE RETURNED IF ANY PART IS NOT PROPERLY COMPLETED OR IF PAYMENT IS ABSENT.**

A complete registration will have:

- 1) All pages of registration form completed
- 2) Medical forms.
- 3) Proof of residency.
- 4) Full payment, **payable to the "Town of Greenwich."**
- 5) Additional for 5 year-olds only-- a copy of child's birth certificate or passport is required.

Applications can be mailed, submitted on-line at

[www.greenwichct.org/webtrac](http://www.greenwichct.org/webtrac), or in person at the Eastern Greenwich Civic Center weekdays between 9 AM - 1:30 PM.

### REGARDING MEDICALS:

A medical form is required as part of a complete registration. Medical forms must be completed by a licensed medical practitioner, stating that the child has had an examination within the past 3 years. A blank medical form is supplied in this packet but we will accept a different copy as long as the above requirements are met. In addition, the immunization records and health history will be reviewed and there must not be any apparent contraindication to participating in camp activities.

### REGARDING PROOF OF RESIDENCY:

The primary addressee of your Parks & Recreation account must provide two of the following proofs of residency every year: Residential Lease / Credit Card Bill / Bank Statement (not mortgage) / Utility Bill (Gas, Electric, Water, Oil) / Cable Bill / Phone Bill (not cell) / Driver's License / DMV ID. Proof of residential address must be current and show resident name. Non-Greenwich residents must provide identification and proof of address.

### WHAT TO BRING:

**Lunch must be brought from home.** Drinks are provided.

Please bring a bathing suit, towel, and sunscreen (spray-on suggested) daily. **\*All campers must bring water shoes to wear at the beach.** They may not be allowed in the water without them.

**Label all items and clothing** campers bring from home.

**No electronics may be brought to camp (i.e. cell phone, Nintendo DS, etc.) We are not responsible for valuables brought to camp.**

### CORRESPONDENCE:

Correspondence will be done via e-mail. A valid e-mail address for each family is required as part of registration. Please make sure **civiccenter@greenwichct.org** is on your accepted e-mail address list to avoid our messages being filtered into your spam folder.

You will receive our Chronicle and Special Event Notices for each session you are registered, as well as any other notice prepared by the Directors.

The Parks & Recreation Department reserves the right to use program or event photographs including program participants in Town media.

**\*\* KEEP THIS PAGE FOR YOUR REFERENCE \*\***

# Kamp Kairphree - 2018 BUS SCHEDULE

Please note that **Bus B** has an alternate schedule on Wednesdays. Those parents not utilizing our bus transportation must drop off and pick up at Island Beach's ferry dock on Wednesdays.

ROUTE A	DEPARTURE	RETURN
W GREENWICH CIVIC CENTER <i>Back of civic center in side parking lot</i>	8:10 AM	4:45 PM
WESTERN MIDDLE SCHOOL <i>In front of school</i>	8:15 AM	4:40 PM
SCHUBERT LIBRARY <i>Sidewalk across from front door</i>	8:25 AM	4:30 PM
ARMSTRONG COURT <i>Center of all buildings</i>	8:30 AM	4:25 PM
HAMILTON AVE. SCHOOL <i>In front on street/sidewalk</i>	8:35 AM	4:20 PM
JULIAN CURTIS SCHOOL <i>Front of school in circle</i>	8:45 AM	4:15 PM

ROUTE B	DEPARTURE	RETURN
COS COB SCHOOL <i>In front circle</i>	8:20 AM WED: 8:35 AM	4:40 PM 4:05 PM
NORTH MIANUS <i>In front circle</i>	8:30 AM WED: 8:25 AM	4:30 PM 4:10 PM
DUNDEE SCHOOL <i>In front circle</i>	8:35 AM WED: 8:20 AM	4:25 PM 4:15 PM
ADAMS GARDEN <i>In front on street/sidewalk</i>	8:40 AM WED: 8:15 AM	4:20 PM 4:20 PM
RIVERSIDE SCHOOL <i>Front square</i>	8:50 AM WED: 8:05 AM	4:10 PM 4:25 PM
OLD GREENWICH SCHOOL <i>AM: front of school, PM: side of school in parking lot</i>	8:55 AM WED: 8:00 AM	4:05 PM 4:30 PM

**\*\* KEEP THIS PAGE FOR YOUR REFERENCE \*\***



# Program Registration – Part A (please print)

Program Name KAMP KAIRPHREE 2018 Activity # 20101 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:***

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

List Physical Restriction(s): \_\_\_\_\_

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## 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:

\_\_\_\_\_

Kamp Kairphree is administered by the Parks & 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.

### OFFICE USE ONLY

HH# \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Proof \_\_\_\_\_ Initials \_\_\_\_\_

# KAMP KAIRPHREE 2018

## REGISTRATION FORM – Part B

Child's Name (please print)

Preferred Contact Phone

### **PLEASE CIRCLE SESSION(S) ATTENDING**

(We do not split sessions and cannot pro-rate based on attendance. Early Bird Rates apply April & May only. Additional sessions may be added without new forms. Prices for sessions added are subject to pre-set fee schedule.)

SESSION 1 June 25 - July 6  
**No Camp July 4**

SESSION 2 July 9- July 20

SESSION 3 July 23 – August 3

SESSION 4 August 6 –August 17

### **TRANSPORTATION**

**NOTE FOR PARENTS: WEDNESDAY PARENT PICK-UP AND DROP-OFF IS AT THE ISLAND BEACH FERRY DOCK AT 8:50 AM UNLESS THERE IS INCLEMENT WEATHER. ALWAYS CALL THE KAMP HOTLINE NUMBER FOR DAILY SCHEDULE UPDATES. BUS B RUNS ON WEDNESDAY'S SCHEDULE RAIN OR SHINE.**

**Please check appropriate bus route choice: A \_\_\_\_ or B \_\_\_\_ or Parent Pickup \_\_\_\_**

*(Bus routes & Times attached)*

**AM BUS PICK UP/DROP OFF LOCATION** \_\_\_\_\_

**PM BUS PICK-UP/DROP OFF LOCATION** \_\_\_\_\_

**INITIAL HERE IF YOU WILL BE TRANSPORTING YOUR CHILD/REN BY CAR (NO BUS STOP):** \_\_\_\_\_

**Note: DROP OFF AT THE CIVIC CENTER IS 9AM, PICKUP IS PROMPTLY AT 4PM, \*EXCEPT WEDNESDAYS\*.**

I, the undersigned, understand that my child should be at his/her bus stop at least 5 minutes prior to the scheduled bus departure in the AM and that someone must be at his/her bus stop for pick up at least 5 minutes prior to the scheduled bus return in the PM. I understand that if I am dropping my child off at the Civic Center that Kamp Kairphree has a strict Sign In/Out Procedure and a parent or guardian must accompany them into the building.

I also understand that the Department of Parks and Recreation does not assume responsibility of my child prior to and after departure of the bus and my child cannot be dropped off unattended at the Civic Center prior to 8:50 AM.

Parent's Name (Please Print)

Parent's Signature

## KAMP KAIRPHREE 2018

### REGISTRATION FORM – Part C

\_\_\_\_\_  
Child's Name (please print)

I authorize any licensed medical practitioner to provide any proper emergency treatment in the event of an emergency to my child. 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 medical practitioner 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 Kamp Kairphree 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? **Please write "NONE" if there are none.** Will your child need to take any medication during camp hours? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Does your child have any illness that a medical practitioner 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)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child has permission to participate in all activities and accompany his/her counselor on special field trips. I understand that I will be notified in advance of any camp trip or special event. I understand and agree to the aforementioned procedures.

\_\_\_\_\_  
Parent's Name (please print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

PLEASE ATTACH A COPY OF BIRTH CERTIFICATE FOR FIVE (5) YEAR OLDS.

#### Special requests:

Camper(s) you would like to request be put in unit with your child:

\_\_\_\_\_

*Please note:*

*Children must be in the same age group to accommodate request. **Not all requests can be accommodated.***

*Please do not request unit changes during the session. Kamp Kairphree will not move campers between units once assigned.*

2018

# 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 \_\_\_\_\_

Cell Home

Address \_\_\_\_\_ Email \_\_\_\_\_

*Street*

*Town*

*Zip*

Email \_\_\_\_\_

**TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:**

Date of Exam \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ May participate in all activities.

\_\_\_\_\_ May participate except for: \_\_\_\_\_

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.***



Town of Greenwich - Department of Parks and Recreation

## KAMP KAIRPHREE 2018 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 Name - (PRINT)

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

\_\_\_\_\_  
(Parent/Guarding SIGNATURE)

## SELF-CHECK-OUT PERMISSION FORM (Only campers ages 11-12)

I, \_\_\_\_\_, hereby give permission for my child  
(Parent/Guardian name – PRINT)

\_\_\_\_\_ to self-check-out with their assigned counselor at  
the  
(Camper name Name - (PRINT) 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/Guarding SIGNATURE)