

KAMP KAIRPHREE 2019

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 24-July 5 (no Kamp July 4)

Session/Section# II: July 8 - July 19

Session/Section# III: July 22 - August 2

Session/Section# IV: August 5 - August 16

WE DO NOT SPLIT SESSIONS

HOURS:

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

RATES:

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

\$290.00 per session - 1st child

\$270.00 for each additional sibling in same session

Registration June 1 or later:

\$315.00 per session - 1st child

\$295.00 for each additional sibling in same section

\$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 Road 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.

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 Dates for Greenwich Residents:

Online: begins Monday, April 1, 2019

Mail-in: begins Monday, April 22, 2019

In-person: begins Monday, June 3, 2019 and accepted weekdays between 9 a.m. and 1:30 p.m.

Registration for Non-Greenwich Residents: begins June 1, 2019 (provided space is available) and cannot be submitted online.

Registration is limited and available on a first-come, first-served basis. Registration for each section closes the Thursday prior to each section's start date or when the section has filled.

Register online at: <https://www.greenwichct.gov/webtrac>

Direct physical forms 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 and legible
- 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.

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:

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. 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-Greenwich residents, the primary family member must provide identification and proof of address. Non-resident participants under 25 years of age require a copy of birth certificate passport, or guardianship.

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 email. **A valid email address for each family is required as part of registration.** Notices from the Director will be sent home via email only. Please make sure **civiccenter@greenwichct.org** is on your accepted email address list to avoid our messages being filtered into your spam folder.

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 - 2019 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 a.m.	4:45 p.m.
WESTERN MIDDLE SCHOOL <i>In front of school</i>	8:15 a.m.	4:40 p.m.
SCHUBERT LIBRARY <i>Sidewalk across from front door</i>	8:25 a.m.	4:30 p.m.
ARMSTRONG COURT <i>Center of all buildings</i>	8:30 a.m.	4:25 p.m.
HAMILTON AVE. SCHOOL <i>In front on street/sidewalk</i>	8:35 a.m.	4:20 p.m.
JULIAN CURTIS SCHOOL <i>Front of school in circle</i>	8:45 a.m.	4:15 p.m.

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

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



Program Registration – Part A (please print)

Program Name KAMP KAIRPHREE 2019 Activity # 20101 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:

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:

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 2019

REGISTRATION FORM – Part B

Child's Name (please print) _____

Preferred Contact Phone _____

PLEASE CLEARLY MARK 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/Section# I:** June 24-July 5 (no Kamp July 4)
- Session/Section# II:** July 8 - July 19
- Session/Section# III:** July 22 - August 2
- Session/Section# IV:** August 5 - August 16

I (parent/guardian) _____ 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.**

3. Will your child need to take any medication during camp hours or carry emergency inhaler, etc.?
 YES NO ***If yes, you will be required to complete additional form*
4. 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: ADHD, peculiar birthmark)

5. SELECT CHILD'S SWIMMING ABILITY:
 NON-SWIMMER BEGINNER INTERMEDIATE ADVANCED

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 _____

Special requests:

Kamper(s) you would like to request be put in unit with your child (MAXIMUM 2):

*Please note: Children must be in the same age group to accommodate request. **Not all requests can be accommodated.** Kamper units are assigned in advance and we will not move campers between units once assigned.*

KAMP KAIRPHREE 2019

REGISTRATION FORM – Part C

Child's Name (please print)

TRANSPORTATION

CLEARLY SELECT TRANSPORTATION CHOICE FOR BOTH MORNING AND AFTERNOON:

MORNING (Select one)

- NO BUS, PARENT DROP OFF
- BUS A: W GREENWICH CIVIC CENTER, 8:10 a.m.
- BUS A: WESTERN MIDDLE SCH, 8:15 a.m.
- BUS A: SCHUBERT LIBRARY, 8:25 a.m.
- BUS A: ARMSTRONG COURT, 8:30 a.m.
- BUS A: HAMILTON AVE. SCH, 8:35 a.m.
- BUS A: JULIAN CURTIS SCH, 8:45 a.m.
- BUS B: COS COB SCH, 8:20 a.m. (WED: 8:35 a.m.)
- BUS B: NORTH MIANUS, 8:30 a.m. (WED: 8:25 a.m.)
- BUS B: DUNDEE SCH, 8:35 a.m. (WED: 8:20 a.m.)
- BUS B: ADAMS GARDEN, 8:40 a.m. (WED: 8:15 a.m.)
- BUS B: RIVERSIDE SCH, 8:50 a.m. (WED: 8:05 a.m.)
- BUS B: OLD GREENWICH SCH, 8:55 a.m. (WED: 8 a.m.)

AFTERNOON (Select one)

- NO BUS, PARENT PICK UP
- BUS A: W GREENWICH CIVIC CENTER, 4:45 p.m.
- BUS A: WESTERN MIDDLE SCH, 4:40 p.m.
- BUS A: SCHUBERT LIBRARY, 4:30 p.m.
- BUS A: ARMSTRONG COURT, 4:25 p.m.
- BUS A: HAMILTON AVE. SCH, 4:20 p.m.
- BUS A: JULIAN CURTIS SCH, 4:15 p.m.
- BUS B: COS COB SCH, 4:40 p.m. (WED: 4:05 p.m.)
- BUS B: NORTH MIANUS, 4:30 p.m. (WED: 4:10 p.m.)
- BUS B: DUNDEE SCH, 4:25 p.m. (WED: 4:15 p.m.)
- BUS B: ADAMS GARDEN, 4:20 p.m. (WED: 4:20 p.m.)
- BUS B: RIVERSIDE SCH, 4:10 p.m. (WED: 4:25 p.m.)
- BUS B: OLD GREENWICH SCH, 4:05 p.m. (WED: 4:30 p.m.)

NOTE FOR PARENTS:

**Parent drop off at the Civic Center is at 9 a.m. and pickup is PROMPTLY at 4 p.m.
WEDNESDAY PARENT PICK-UP AND DROP-OFF IS AT THE
ISLAND BEACH FERRY DOCK AT 8:50 a.m. 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.**

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 a.m. 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 p.m. 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 a.m.

Parent's Name (Please Print)

Parent's Signature

2019

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, Guardian, Address, D.O.B., Phones, HT, WT, Cell, Home, 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:

Table with 6 columns: Disease (Measles, Mumps, Rubella, Chickenpox, Tetanus, Hepatitis B, Diphtheria, Pertussis, Pneumococcal Conjugate, Polio) and YES/NO columns.

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.



KAMP KAIRPHREE 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 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
(Camper name Name - (PRINT) 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/Guarding SIGNATURE)