



# Genesee Valley Park Sports Camp Weekdays, July 1-August 23, 2013

at Genesee Valley Park Field House 1316 Genesee Street Extension

# PLEASE READ COMPLETELY AND FILL OUT FORM COMPLETELY. THIS PACKET CONTAINS:

- 1. Registration Form
- 2. Key Information, Responsibilities and Requirements
- 3. Photo Release Form
- 4. Immunization Records

# 2013 Genesee Valley Sports Camp Registration Form

Participant's Name	Birth Date		
Parent/Guardian Name			
Address	ress Zip Code		
Home/Cell Phone	ne/Cell Phone Email Address		
Employer			
Weeks Attending (If all, write	ALL, otherwise enter dates chi	ild will be attending)	
At the end of the day, my child	d may be picked up by one of th	e following:	
Name	Phone #	Relationship	
Name	Phone #	Relationship	
	ust notify staff when child t or guardian cannot be reached		
	_	Relationship	
Name	Phone #	Relationship	
for myself, my heirs, executors claims or damages of any kind successors and employees for accident occurs, I give my period the discretion of City staff, for	s and administrators to waive and I may have against the City of any and all injuries which may mission for emergency first aid for my child to be taken to a hos	be suffered by my child. If an treatment to be administered, or spital.	
I deem that my child is capab the regulations governing this		am. I have read and understand	
Parent/Guardian Signature		Date	

City residents will be enrolled first. After all City resident applicants are enrolled, if additional openings are available, non-City residents will be enrolled at double the listed fees. Preference will be given to children attending the full session.

# 2013 Genesee Valley Park Sports Camp

### **Key Information, Responsibilities and Requirements**

### **Dear Parent/Guardian:**

Welcome to the City of Rochester's Genesee Valley Summer Sports Camp. Our staff is looking forward to spending the summer with your child! Please read the important program information below. If you have any additional questions, please call 428-6755 Monday - Friday, 9 a.m. - 5 p.m.

**ELIGIBILITY:** This program is for city youth ages 6 to 13 (although non-city youth may attend at \$130 per week).

**DATES AND TIMES:** Monday-Friday from July 1 through August 23 from 9 a.m. to 5 p.m. (No camp July 4.)

Youth can sign up for just one or multiple weeks of the camp.

**PROGRAM ELEMENTS:** Youth will be exposed to soccer, basketball, football, baseball/softball, wrestling, tennis, golf, triathlon, swimming, floor hockey, and hiking. If there is inclement weather, activities may be shifted indoors to the Genesee Valley Park Sports Complex.

**TRANSPORTATION:** The Genesee Valley Park Sports Camp does not provide transportation to and from the camp with the exception of field trips, where transportation will be provided to the special sites. Drop off and pick up is always at the Genesee Valley Park Field House.

COST AND PAYMENT: Program cost is \$85 per week for city youth and \$130 per week for non-city youth. Siblings can attend for \$65 and \$110 per week. For those needing an earlier start, 8:30 a.m. drop off is available for \$100 per week (and \$80 per week for siblings). Payment must be made in advance of the week of attendance in order for your child to participate in the program; payment can be made ONLY at Bureau of Recreation headquarters, 400 Dewey Avenue 14613. Parents must pay for one full week even if the child only attends just one day. FEES CANNOT BE PRO-RATED AND FEES ARE NON-REFUNDABLE. No credits will be given if a child is ill. There is voice mail for messages to be left if staff is unavailable.

**MEDICATION:** If your child is on medication, we must be notified, but we cannot administer medication.

**PERSONAL BELONGINGS:** Please have all personal belongings labeled with your child's name.

**DAILY DEPARTURE:** Your child will remain at the site until the end of each day's program, and then depart only with a parent or designated adult or guardian. Information about all persons permitted to pick up your child must be provided on the registration form and to the site supervisor. Children will be allowed to walk home by themselves, only if a signed permission slip has been provided. A designated person will be required to sign out the child at the end of each day. A late fee of \$1.00 per minute will be assessed to those who arrive for pickup after 5 p.m.

**EXPECTATIONS OF PARTICIPANTS:** Your child is expected to follow the rules of the Genesee Valley Park Sports Camp and show proper respect toward other children and staff. For the enjoyment and safety of other participants, any child who is disruptive or becomes a disciplinary problem may be removed from the Genesee Valley Park Sports Camp following a conference with the parent.

The Genesee Valley Park Sports Camp would like to remind you that we need cooperation of staff, children and parents to assure continuation of quality programming. We ask that you sign this acknowledgment of your requirements and responsibilities.

# City of Rochester Bureau of Recreation Photograph Release Permission to Use Photographs

l,	, hereby give permission to the City of Rochester to		
record the image and voice of my	child,	for	
purposes of the City of Rochester	Department of Recreation ar	nd Youth Services.	
I have read and understand the a	bove:		
Parent or Guardian Signature			
Printed name			
Address			
Date			

# **Genesee Valley Park Sports Camp**

# **Health & Immunization Record**

Participant's Name:						
Does your child have a history of the following: (please indicate "yes" or "no"):						
Chronic ear infections	Diabetes	Chicken Pox				
Rheumatic Fever	Mumps	Rubella				
Convulsions	Asthma	Poison Ivy				
Measles						
Please indicate "yes" or "no" t	o the following questions an	d list any additional information.				
Is your child allergic to Penicilli	1?					
Is your child allergic to any other	er drugs?					
Does your child have any food	allergies?					
Has your child had any operation	ons or serious illnesses?					
Does your child have any chron	ic or recurring illnesses?					
Are there any activities that yo	ur child should be encouraged	d to do?				
Are there any activities that sho	ould be restricted for your chi	ld?				
Does your child use any self-ad	ministered medications?					
Health Insurance Carrier:						
Policy # :						
Pediatrician's Name:		Phone:				
Address:						

# Immunization Record page 2

Parent,	Guardian Signature	Date
arent'	s/Guardian's Comments:	
	Tetanus Booster	
	(Chicken Pox)	
	Varicella	
	Haemophilus Influenza Type B	
	Manager als 9	
	TINE	
	HIB	
	Hepatitis B	
	Mumps	
	Rubella	
	MMR Measles	
	OPV (Polio)	
	DPT Series	
	Dates	