**2018 Campbell Summer**

**Recreation Program**

Activities: Arts, Crafts, Games,

Swimming and More.

(Snack and Lunch will be provided!)

**WHEN: Mondays & Wednesdays**

**NEW DAYS & TIME!**

**!**

**July 9 – August 1**

**TIME: 8:00 am – 3:30 pm AGES: 5 – 12**

**WHERE:** **Camp Bell Campground**, State Route 415, Campbell

* **Please send water bottle with your child.**
* Open to all residents in the Town of Campbell, Thurston and Savona.
* **PARENTS MUST PROVIDE TRANSPORTATION!**
* **Please DO NOT drop off before 8:00 a.m.**
* Children need to be signed in and out **daily** by parent or designated adult.
* A copy of participating child’s immunization records must be attached to this form per New York State. **NO RECORDS, NO RECREATION! THIS IS MANDATORY!!!**

**FILL OUT A FORM FOR EACH PARTICIPATING CHILD / ANY QUESTIONS CONTACT: PAULA AYERS 368-4270**

 **(Please DO NOT call the Camp Bell Campground)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name:

Address:

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Where parent/guardian can be REACHED during rec. program**)

Town in which you pay your Town & County Taxes in (i.e. Campbell, Thurston, Savona):

Does your child know how to swim? \_\_\_\_\_\_\_\_

Will you allow your child to swim at the Campbell Summer Recreation program? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Please list any medical information that we should be aware of (allergies, physical limitations, etc.)**

**Please explain what measures need to be taken with each allergy listed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for my child listed above to participate in the Campbell Summer Recreation Program.

Parent/Guardian Signature Date

**BRING THIS COMPLETED FORM WITH YOU ON THE FIRST DAY OF THE PROGRAM, ALONG WITH A COPY OF YOUR CHILD’S IMMUNIZATION RECORDS. (over)**

**CODE OF CONDUCT**

**Rules and Regulations for Town of Campbell 2018 Summer Recreation Program.**

**Please review these rules with your child(ren).**

1. Respect others and the Campbell Campground facilities.
2. Stay with group, sign in and sign out as needed.
3. Limit what you bring to camp (cell phones, electronic games, etc.). The staff and Campbell Campgrounds are not responsible for any lost items.
4. Wear sneakers or sandals with straps if possible.
5. Keep hands and feet to yourself.
6. Use nice words.
7. **PARENTS**
	1. When dropping off or picking up children **DO NOT BLOCK DRIVEWAY**.
	2. **PLEASE STOP at the posted stop sign in the campground**.
	3. The speed limit through the campground is **5 MPH** at all times.
	4. Please be careful and aware that there are people other than the Summer Rec program using the Campbell Campgrounds

I have reviewed the Code of Conduct with my child and we both agree to and understand the Code of Conduct.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

PRINTED PARENT/GUARDIAN NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

