



**SUMMER DAY CAMP 2018**  
**Children ages: 6 – 12 years old**  
**Location: Centennial Farm**

Come join the fun and excitement during the Summer Day Camp Program! This outdoor supervised program has been created to provide a wide variety of planned activities. Crafts, outdoor games, sports, special events, nature education, swimming and much more will be planned this summer.

**Monday through Friday, June 18 - August 10, 2018 (No Camp on July 4)**

**9:00 am- 4:00 pm**

**Drop off 8:45 am, Pick up 4:00 pm**

**FEES:**                      **Residents: \$140 M-F**                      **\$100 (3 day per week)**  
                                 **Non-Residents: \$155 M-F**                      **\$115 (3 days per week)**

\*3 day a week minimum payment, 4 days will require full payment.

**Registration: Parents must register their child(ren) by June 8<sup>rd</sup> in order to attend the Summer program.** A completed emergency medical form and liability release form must be on file in order for your child(ren) to participate. Program registration will be taken at the Parks and Recreation Department at Water's Edge 25215 West River Rd. Grosse Ile, MI 48138

**Program Hours:** Counselors will **NOT** assume responsibility for participants before or after scheduled camp hours. Parents **MUST** pick child(ren) up from the farm no later than 4:00 pm, if this rule is violated **twice** your child(ren) will be removed from the camp program. Prompt pickup is required to continue participation in the program. Alternative pick up forms must be filled out if someone other than the legal guardian is picking up your child.

**Age Verification: Summer Camp** program is for children 6 – 12 years of age. No child younger than six years of age or older than 12 years of age may attend the program. **Age verification (Child's birth certificate or school record) is required at time of registration.**

**Lunches:** Your child(ren) must bring their own sack lunch/drink in a labeled bag. Refrigerators are available with limited space. Water bottles are required with child's name on them. Water bottles will be kept on site during the week and sent home each Friday cleaning. Lunch will be served daily from 11:30 am-12:00 pm

**Snacks:** An afternoon snack will be served at 1:45 pm. Snack list will be provided. Sharing of snacks from home will be prohibited due to allergies. You are permitted to send in a snack with your child in a labeled snack bag.

**Sunscreen:** Please provide a labeled bottle of sunscreen (lotion only), no spray, for your child. Sharing of sunscreen will be prohibited.

**Electronic Devices:** Cell phones are permitted at camp, but must be kept in bag throughout the day. Director will determine usage times.

**Safety:** Every precaution will be taken for the Safety and welfare of your child. Camp Counselors are certified in First Aid and CPR/AED. The Camp staff will make every effort to include each child in the planned activities and will encourage all children to participate. In the event a child becomes disruptive and/or violent the **parent will be contacted immediately and will be asked to pick up child for the day. A follow up with meeting to discuss the situation with camp director will be scheduled.** Emergency medical forms must be completed!

**Swimming Day:** Wednesday's Camp will meet at Water's Edge Pavilion at 9:00 am. Kids will have regular scheduled activities in the morning, then open swim from 1:00-4:00 pm. If you child is a non-swimmer please provide a PDF each Wednesday.

**Contact Information:** Please feel free to contact the Recreation Director or Camp Director with any questions and/or concerns. 734-675-2364. Kim O'Farrell, Recreation Director Danielle West, Camp Director

**Registration Form**  
**Program Dates June 18, 2018 – August 10, 2018 9 am – 4pm**

**Ages: 6 – 12 years old**  
Age verification required

<b>Saw BC</b>  <b>Initials</b> _____
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**Circle** the days your child will be attending:    **M**    **T**    **W**    **TH**    **F**    **ALL DAYS**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth Certificate/Age Verification Required at Registration

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child resides with: (mother, father, other guardian's name) \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

School attending in the fall \_\_\_\_\_ Grade \_\_\_\_\_

Special notes about child \_\_\_\_\_

My Child is a swimmer \_\_\_\_\_ non swimmer \_\_\_\_\_ **Requires a PFD Yes** \_\_\_\_\_ **NO** \_\_\_\_\_ **personal floatation device**

List any Allergies/Medical Conditions:

List any Medications currently taking \_\_\_\_\_

Child's Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Primary Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Child's Name \_\_\_\_\_

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in the Grosse Ile Summer Camp Program when parents or guardians cannot be reached.

**TO GRANT CONSENT:**

In the event of an emergency, reasonable attempt to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (name of other Parent/Guardian) at \_\_\_\_\_ (phone number) have been unsuccessful, I hereby give my consent for (1) the admission and or any treatment deemed necessary by a licensed physician or dentist and (2) the transfer of the child to \_\_\_\_\_ (hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**PARTICIPATION WAIVER**

I, the parent or legal guardian of the participant, a voluntary participant in this program sponsored by the Grosse Ile Parks & Recreation Department, I am aware that there are certain risks of injury involved in any sport or recreational activity. Bearing in mind, and with full knowledge of the physical capabilities or limitations of myself/child, I hereby agree to assume for myself/my child such risk of injury. I further agree to indemnify and hold harmless the Grosse Ile Township, its administrators, employees or agents against any claim for injury to persons or property which may result from my/my child's participation in this program. I agree that my child shall abide by the rules and supervision of the Parks & Recreation Department. Finally, I understand that by registering for any Grosse Ile Parks & Recreation Department program, I agree to allow publication of any photos taken at any program, event, or facility of the Parks & Recreation Department. I agree to all of the above authorizations, consents and waiver.

\_\_\_\_\_  
Please Print (Parent/Guardian)

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date