

Newington Parks & Recreation Presents



Camp RECreate,
where we
REcreate fun!



Summer Camp RECreate

June 21 - August 6, 2021

7:30 AM to 5:30 PM

Children Entering Kindergarten through Grade 8

Newington Parks & Recreation, 200 Garfield Street, Newington, CT 06111

Phone: 860-665-8666



Fax: 860-665-8739

<https://www.newingtonct.gov/ParksandRec>

Summer Pool and Camp Hotline: 860-665-8766

THEME WEEKS

- WEEK 1: Around the World
- WEEK 2: Super Sports
- WEEK 3: Awesome Animals
- WEEK 4: Carnival Week
- WEEK 5: Water Wars
- WEEK 6: Music Week
- WEEK 7: Amazing Adventures

Camp T-Shirt
Field Trips & Entertainers
Swim Lessons & Free Swim
Tennis & Dance Lessons
Cook Outs
Pizza Parties



Sibling Discount:
10% off second child
20% off third child
(and above)



Early Bird Registration March 1 - May 17

Early Bird Resident Pricing:

- All 7 Weeks: \$980
- Any 1 Week: \$200

Early Bird Non-Resident Pricing:

- All 7 Weeks: \$1,225
- Any 1 Week: \$250



Don't miss out on a summer of fun at
Camp RECreate!



Campers entering grades K - 4
 Join us for S'More swimming,
 S'More games, S'More crafts &
 S'More fun!!!

When:
 August 9 - August 13
Fee:
 Residents - \$170
 Non-residents - \$190

Participant Information:

First Name _____ Last Name _____ Gender _____ DOB ____/____/____

Street Address _____ City _____ State _____ Zip _____

*If any participant has special medical concerns, allergies or special needs that we should be aware of, please describe:

Parent/Guardian Information:

Home Phone (____) _____ Work Phone (____) _____ Extension _____

Cell Phone (____) _____ Email Address _____

Emergency Contact #1 _____ Relationship _____ Phone (____) _____

Emergency Contact #2 _____ Relationship _____ Phone (____) _____

Concussion Information: <https://www.cdc.gov/headsup/index.html>

READ CAREFULLY AND SIGN BELOW

Assumption of Liability: Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. During the COVID-19 pandemic, I also understand that I must adhere to all CDC, state, and local COVID-19 guidelines, including all social distancing, temperature checks, personal protective equipment requirements, and sanitation protocols. I acknowledge that there is a risk of transmission when in a group or class setting, even with personal protective equipment. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, social media, brochures, pamphlets, and/or flyers. No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibit active participation in the program. Refund Requests must be accompanied by a note from the participant's physician. The amount refunded will be pro-rated to reflect the number of classes remaining at time of request.

ADULT SIGNATURE: _____

DATE: _____

Payment Type: Cash Check Credit Card Debit

Activity Fee Subtotal: \$ _____

Credit Card Type: Visa Mastercard Discover

"ROUND UP" For Youth Recreation + \$ _____

Please note that there is a \$10 minimum for all credit card transactions.

Rounding up your program fee helps provide financial assistance for those unable to afford the program fees for youth activities.

Signature for Credit Card Use: _____

Date: _____

CREDIT CARD #: _____ EXP. DATE ____ / ____

Security Code: _____

TOTAL AMOUNT: \$ _____

Frequently Asked Questions

WHAT TO BRING

All participants should bring a mask, water bottle, bathing suit, towel, sunscreen, hat, lunch, ice pack, and a snack every day. **Be sure to label all of your child's belongings.** We are not responsible for lost or stolen items. For safety reasons, all bags are subject to search. Participants will be required to apply sunscreen without assistance from staff.

NOTIFICATIONS

The Camp RECreate staff will be using an app to communicate with all parents/guardians. This app will allow us to send information about field trips, special guests, or changes in schedule to keep the parents/guardians of our participants the most up to date at all times. Information about the app we are using will be sent home prior to camp. We ask that **one** parent/guardian per participant sign up.

SUNSCREEN

Participants should apply sunscreen prior to coming to camp. Be sure to pack spray on sunscreen, as counselors cannot assist with sunscreen application. Frequent sunscreen breaks are mandatory throughout the day. Please speak with your child about the importance of sunscreen application and how to properly apply. Please label your child's sunscreen with a sharpie.

ARRIVAL AND DISMISSAL

Participants can be dropped off in the designated area at their site no earlier than 7:30 AM and picked up no later than 5:30 PM. PLEASE BE PROMPT. Any participant not picked up by 5:30 PM will be escorted to the Newington Police Department. A participant cannot leave the program early for any reason (on a bike or walking) unless written permission is granted from the parents/guardians.

STAFF TRAINING

The Newington Parks and Recreation Department requires all staff to attend extensive training to prepare them for the needs and demands of the program. Our staff consists of high school and college aged counselors, who are excited to work with children during the summer.

For more answers to our most frequently asked questions, please visit our website:

www.newingtonct.gov/parksandrec

PICK-UP AUTHORIZATION:

I hereby authorize the following person(s) to pick up my child from Newington Parks & Recreation's Camp RECreate program. If there are any changes in these arrangements, I will give written notice in person (with proper identification) in the Parks & Recreation office. Only people listed here and/or Emergency Contact are authorized to pick up your child. If you would like to authorize additional people, please attach their information on a separate piece of paper. **Changes cannot be made at individual camp sites or over the phone. This is strictly enforced for your child's safety.**

Parent/Guardian Name: (1) _____ (2) _____

Name: _____ Phone: _____ Relationship: _____

Camp RECreate 2021 Registration Form

(REVISED)

(Please complete all areas of this form)

PARTICIPANT INFORMATION:

Child's FIRST Name: _____ LAST Name: _____ Gender: _____ DOB: _____

Child's Shirt Size (Youth Sizes): XS S M L Age: _____

(please circle size) (Adult Sizes): S M L XL XXL

HOUSEHOLD INFORMATION: (Only authorized to pick up if listed under Pick-Up Authorization)

Parent/Guardian 1 Name: _____ Cell: _____ DOB: _____

Address: _____ Town: _____ Zip Code: _____

Parent/Guardian 2 Name: _____ Cell: _____ DOB: _____

Address: _____ Town: _____ Zip Code: _____

Email (1): _____ Email (2): _____

Emergency Contact Information: Please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached and that is allowed to pick your child up from the Newington Parks & Recreation Camp RECreate program.

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

During the COVID-19 pandemic, proper safety protocols will be followed. I understand that the participant must adhere to all CDC, state, and local COVID-19 guidelines. This includes all social distancing, temperature checks, personal protective equipment requirements, and sanitation protocols. I acknowledge that there is a risk of transmission when in a group setting, even with personal protective equipment. In the event of a positive COVID-19 case, the participants will be required to follow the current CDC quarantining guidelines.

Parent/Guardian Initials: _____

CURRENT SCHOOL: _____ **GRADE ENTERING IN AUGUST 2021:** _____

Grade child is entering	Week 1 June 21 - 25	Week 2 June 28 - July 2	Week 3 July 6 - 9 (no program 7/5)	Week 4 July 12 - 16	Week 5 July 19 - 23	Week 6 July 26 - 30	Week 7 Aug. 2 - 6
Kindergarten & Grade 1 Mill Pond Park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Code: 2010101-A1	Code: 2010101-B1	Code: 2010101-C1	Code: 2010101-D1	Code: 2010101-E1	Code: 2010101-F1	Code: 2010101-G1	
Grades 2 & 3 Mill Pond Park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Code: 2010102-A1	Code: 2010102-B1	Code: 2010102-C1	Code: 2010102-D1	Code: 2010102-E1	Code: 2010102-F1	Code: 2010102-G1	
Grades 4 & 5 Churchill Park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Code: 2010203-A1	Code: 2010203-B1	Code: 2010203-C1	Code: 2010203-D1	Code: 2010203-E1	Code: 2010203-F1	Code: 2010203-G1	
Grades 6 - 8 Churchill Park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Code: 2010204-A1	Code: 2010204-B1	Code: 2010204-C1	Code: 2010204-D1	Code: 2010204-E1	Code: 2010204-F1	Code: 2010204-G1	

Checks Payable to: Newington Parks and Recreation

Total Amount Due: _____

	By May 17	After May 17
Resident Fees		
All 7 Weeks:	\$980	\$1,127

~ Signature(s) required on the back of this form ~

Please Note: The person(s) signing this form is/are the only person(s) authorized to make changes on this registration form. All changes must be made in the Parks & Recreation Office with proper identification. Changes cannot be made at individual camp sites.

	By May 17	After May 17
Non-Resident Fees		
All 7 Weeks:	\$1,225	\$1,409

Sibling Discounts:

10% off for second child
20% off for third child (and above)

To be eligible for the discounted rates for multiple weeks, you must register and pay for all 7 weeks at the same time. If weeks are not purchased at the same time, individual weekly rates apply.

Register by mail, fax (860-665-8739) or in person

Credit Card # _____

Date: _____

Security Code # _____ Exp. Date _____ / _____ Signature for Credit Card Use: _____

Terms and Conditions of Registration

CHILD'S NAME: _____

Incomplete forms will not be accepted.

Assumption of Liability: Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my/their ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, websites, social media, brochures, pamphlets, and/or flyers. No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibits active participation in the program. A completed Refund Request Form must be accompanied by a note from the participant's physician. The amount refunded will be pro-rated to reflect the number of days remaining that were paid for at time of request. There will also be a \$20 processing fee for any approved refund.

At any time before the Camp RECreate program begins, the Camp RECreate program staff shall have the right to cancel enrollment if it determines, in its sole judgment; the child's parent(s)/guardian(s) make an unreasonable demand on the Camp RECreate program. Once the program has begun, the Camp RECreate program staff shall have the right to terminate enrollment and dismiss the child, if it determines in its sole judgment that the child's: (1) behavior proves detrimental to himself/herself, other participants or staff or property, or (2) behavior displays bigotry, bullying or inappropriate sexual acts, or (3) parent(s)/guardian(s) make an unreasonable demand upon the Camp RECreate program and/or staff, or (4) program fee has not been paid in full prior to the start of the program unless prior arrangements have been made with the Department. Children participating in Camp RECreate are to be picked up no later than 5:30 PM. After three occurrences of late pickup, the Newington Parks & Recreation Department reserves the right to apply a minimum fee of \$25.00 for each occurrence.

Emergency Medical and Surgical Treatment Release

Release: The information contained herein is accurate to the best of my/our knowledge. By my/our signature below, I/we consent to the following:

- A. Release any and all medical, insurance and/or other records to third party, which are in the possession of the Town of Newington or any other party referred to herein.
- B. For the Town of Newington to acquire medical insurance, and/or other data from third parties to be added to this record, and for those third parties to release such information to the Town of Newington.

I/we authorize duly-licensed physicians, nurses and allied health professionals to provide such necessary medical care and to administer such routine diagnostic tests and procedures in the judgment of the authorized personnel as deemed necessary or advisable for the care of the individual person herein. If the information contained herein refers to an individual other than ourselves, I/we am/are their authorized legal representative and/or guardian(s) and am/are hereby authorized to submit this material and execute this release form.

Participants with Medications / Special Needs

You must complete and submit Supplemental Forms for children with special needs and/or if medications need to be taken during Camp RECreate program hours. Supplemental Forms MUST be submitted at the time of registration. Forms are available at the Parks & Recreation Office or online at www.newingtonct.gov/parksandrec (found in the forms tab). These forms are designed to aid in your child's successful participation.

Written in the space below is my child's history of medical conditions or surgical procedures, special needs, therapy programs and/or regularly taken prescription medications:

____ **No Medical Concerns**

Initials _____

____ **No Special Needs**

Initials _____

Concussion Information: <https://www.cdc.gov/headsup/index.html>

Screen Free Summer

At Camp RECreate we are committed to building strong relationships between our campers and staff. To help foster a community of teamwork, trust, and respect we are enforcing a screen free summer for all campers attending Camp RECreate. Cell phones, smart watches and any other communication devices may NOT be used during camp hours. If you feel your child must have a cell phone, it must remain in their backpack, TURNED OFF while at camp. Campers may bring their cell phone at their own risk. The Newington Parks & Recreation Department is not responsible for any missing devices. Texting, videotaping and photography are NOT permitted anytime during the camp hours. Failure to follow these guidelines will result in confiscation of the cell phone and your child will receive a one day suspension effective the following day. The cell phone may be retrieved by the parent/guardian at the end of the day. In the event of an emergency, any requests to use the cell phone will be monitored by a staff member. Thank you in advance for helping us to enforce this policy. We appreciate your cooperation and support.

I/we have read, understand and agree to the above terms and conditions.

The parent(s)/guardian(s) who sign(s) this contract will be responsible for payment of all fees charged by the 2021 Camp RECreate program.

SIGNATURE OF PARENT/GUARDIAN 1

PRINTED NAME

DATE

SIGNATURE OF PARENT/GUARDIAN 2

PRINTED NAME

DATE

Only the individual(s) signing this form is/are authorized to make additions or revisions.
All changes must be made in person (with proper identification) in the Parks & Recreation office.