



# KEEPING CAMP SAFE DURING COVID-19



## Summer Camp 2022

### COVID-19 PREVENTION PROTOCOLS

Note: These protocols are subject to change as mandated by state and local health officials.

- Recommended social distancing guidelines will be implemented.
- Masks will only be required for both staff and campers during indoor activities. Campers must bring their own mask.
- Daily health screenings will be given to campers and staff before entering camp.
- Parents/guardians must remain in their vehicles and will not be permitted past the designated drop-off point.
- Parents/guardians will wait in their vehicles at a designated pick up location while campers are escorted to them at the end of the camp day.
- Parents/guardians who need to pick a camper up early must follow our normal Early Pick Up procedure, outlined in the camp handbook, but call upon arrival and wait in their vehicle at a designated pick up location until the camper is escorted to them.
- Camp groups will have a 1:10 ratio.
- Hand washing will be enforced after each activity.
- Hand sanitizer is readily available throughout the camp.
- There will be no Camp Overnights.
- Any camper who tests positive for COVID-19 while enrolled in camp or within 10 days of being at camp must be reported to the Camp Director immediately.
- In the instance a camper is diagnosed with COVID-19 while enrolled in camp or within 10 days of being at camp, the campers who were in immediate contact with the infected camper must self quarantine for 10 days from the date of last exposure unless they are fully vaccinated or have had COVID-19 in the last 90 days and can provide proof that they have had it. No credits will be issued to those families affected.
- Additional pool safety protocols will be implemented including but not limited to the sanitization of the swim bubbles and other pool equipment between swim groups.

**Please feel free to contact the camp director with any questions or concerns.**

**THANK YOU FOR HELPING US KEEP CAMP SAFE.**

# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING the YMCA of Middletown FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

## Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of the YMCA of Middletown facilities, services, equipment and premises (“Facilities”) and any participation in the YMCA of Middletown programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that the YMCA of Middletown, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

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Minor Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)

# Camp Discovery Registration

## Health & Information Sheet

YOU MUST PROVIDE A COPY OF YOUR CHILD'S MOST RECENT IMMUNIZATION RECORD.

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Grade This Fall \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Check the boxes that apply:		SESSION 1 June 27-July 8		SESSION 2 July 11-22		SESSION 3 July 25-Aug 5		SESSION 4 Aug 8-19		BONUS WEEK 1 Aug 22-26
GROUP	AGE	WK1	WK2	WK1	WK2	WK1	WK2	WK1	WK2	1 WEEK
PIONEERS	6-7									
ADVENTURERS	8-12									
L.I.T.S	13-15									

**BUS SERVICE:** If your child will be taking the bus, please complete the BUS REGISTRATION FORM in this packet.

**Authorized Release and Emergency Contacts (Any pick up person will be asked for ID)**

**It is our policy not to release your child into the custody of any person you do not specify. This includes other family members. Please list all persons that you authorize to pick up your child. These persons will also be contacted if there is any emergency. Please include yourself.**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Does your child have any physical limitations? If yes, please specify. \_\_\_\_\_

Does your child have any allergies? If yes, please specify. \_\_\_\_\_

Is your child currently under care for any emotional physical, or socialization problems? If yes, please describe. \_\_\_\_\_

Does your child wear glasses or contacts? \_\_\_\_\_ YES / \_\_\_\_\_ NO

If your child is currently taking medication, please specify what and why. \_\_\_\_\_

Please list any additional information you would like to disclose to us to help us better serve your child. \_\_\_\_\_

*I hereby enroll my child in the above program. In signing this application, I certify that my child is healthy and free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their representatives full authority to take whatever actions they deem necessary regarding my child's health and safety. I fully release the YMCA from any liability in connection therewith. I understand that I am responsible for the cost of any and all medical expenses incurred during program time and that my medical insurance is primary. I understand that my child must comply with all rules and standards of the program. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed and/or videotaped, and do hereby release those images to be used by the YMCA of Middletown in print or other media. I also give the YMCA of Middletown permission to transport my child when necessary. I acknowledge that the YMCA Camp Discovery Handbook is available online.*

**Please note there are NO REFUNDS on DEPOSITS and BUS FEES.**

Parent's/Guardian's Name (Print) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Camp Discovery Bus Registration form

Bus transportation is available to and from Camp Discovery with pick up and drop off at times available at the South Orange Family YMCA.

**There is a \$50 fee/session to ride the bus only one way and a \$100 fee/session to ride the bus both ways. Fees are applied for each child. No discounts will be applied. Bus fees and deposits are non-refundable.**

**Select the times below that your child will be utilizing bus transportation.**

Please understand that you can not change the time.

If you are running late or have prior commitments, you can pick up your child at Camp Discovery.

**BUS 1: SOUTH ORANGE FAMILY YMCA** (Please note: there is no bus available during the bonus week.)

**Session 1: June 27–July 8**

**Session 2: July 11–22**

**Session 3: July 25–Aug 5**

**Session 4: Aug 8–19**

\_\_\_ 8am Only

\_\_\_ 8am Only

\_\_\_ 8am Only

\_\_\_ 8am Only

\_\_\_ 5pm Only

\_\_\_ 5pm Only

\_\_\_ 5pm Only

\_\_\_ 5pm Only

\_\_\_ 6pm Only

\_\_\_ 6pm Only

\_\_\_ 6pm Only

\_\_\_ 6pm Only

\_\_\_ 8am&5pm

\_\_\_ 8am&5pm

\_\_\_ 8am&5pm

\_\_\_ 8am&5pm

\_\_\_ 8am&6pm

\_\_\_ 8am&6pm

\_\_\_ 8am&6pm

\_\_\_ 8am&6pm

Child's Name \_\_\_\_\_ Parent's/ Guardian's Name \_\_\_\_\_

Phone number to reach you during bus run: \_\_\_\_\_

## Bus Safety Plan

At the bus stop and on the bus:

- It is the parent's responsibility to be certain that the proper adult is at the bus stop 10 minutes before the listed time.
- Camper shall model the YMCA Character Values (caring, honesty, respect, responsibility) to all other campers, adults, and property.
- All campers must be seated, with feet on the floor at all times, facing the front of the bus.
- Pioneer campers must be seated at the front of the bus.
- Campers are not allowed to hang or throw anything out the windows including hanging their arms or any body parts out of the window.
- Consuming food, drink or chewing gum is not allowed on the bus.
- Campers need to keep their hands and feet to themselves.
- No more than two to a seat.
- All backpacks or other equipment brought to camp must not be stored in the aisles.
- BULLYING of any kind, verbal or physical, will NOT be tolerated.
- Campers are to treat bus driver, bus monitors and other campers respectfully.
- Foul language will not be tolerated.
- Older campers need to act as role models for younger campers.
- If you miss the morning bus, you will have to drive your camper to camp. You may not go to a different bus stop or catch a later bus.

I have read the bus safety plan and understand what is expected of me.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the bus safety plan and understand what is expected of my child.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Camp Discovery Late Pick Up Policy**

Failure to pick up your child by their designated pick-up time from camp or the bus stop will result in a late fee of \$1.00 per minute for every minute that you are late.

Payment must be made the following morning in order for your child to participate in camp. If your child is picked up late on a Friday, the fee must be paid by Monday morning in order for your child to participate in camp.

While we understand that you may be late on a rare occasion, our design is for parents/guardians who can pick up their child or send a designee by the designated time. You can pay when you drop your child off in the morning at the bus or at camp.

Please note that multiple late pickups will result in your child being unable to participate in camp.

Thank you.

In signing this document, as parent/guardian, I acknowledge that I have been made aware of and will abide by the Late Pick-Up Policy.

Childs' Name: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Paying by: Check\_\_ Cash\_\_ Credit Card\_\_

**You must be signed up for our automatic draft program to be able to pay a late fee with a credit card.  
This information must be already on file at the Y.**

# CAMP DISCOVERY PAYMENT AUTHORIZATION FORM

A \$50 non-refundable deposit for each session is due upon registration. Remaining camp session balances are due or may be set up to draft on the dates listed below. Payments are accepted by credit card, check, money order. Payments are also accepted from DSS or other similar agencies (if applicable). Any returned draft will incur a return fee of \$25.00.

PAYMENT DUE / DRAFT DATES:										
	June 20		July 1		July 18		Aug 1		Aug 15	
Check the boxes below that apply:	<b>SESSION 1</b> June 27-July 8		<b>SESSION 2</b> July 11-22		<b>SESSION 3</b> July 25-Aug 5		<b>SESSION 4</b> Aug 8-19		<b>BONUS WEEK 1</b> Aug 22-26	
TIME	WK1	WK2	WK1	WK2	WK1	WK2	WK1	WK2	1 WEEK	
7AM-5PM									N/A	
7AM-6PM									N/A	
8AM-5PM										
8AM-6PM									N/A	
BUS - AM									NO BUS	
BUS - PM									NO BUS	

**DEPOSIT PAYMENT OPTIONS:** Please select one.

I have included a check/money order made payable to the YMCA of Middletown for the deposit and bus fee for each of the sessions and bonus weeks selected above. **Please complete:**  
**DEPOSITS:** \_\_\_ # of sessions & bonus weeks @ \$50 each = \$ \_\_\_\_\_ **TOTAL DEPOSITS & BUS FEES:** \_\_\_\_\_  
**BUS FEES:** \_\_\_ # of bus runs @ \$50 each = \$ \_\_\_\_\_

I authorize the YMCA of Middletown to charge the credit card listed below for the deposit for each of the sessions and bonus weeks selected above. **Please complete:**  
**DEPOSITS:** \_\_\_ # of sessions & bonus weeks @ \$50 each = \$ \_\_\_\_\_ **TOTAL DEPOSITS & BUS FEES:** \_\_\_\_\_  
**BUS FEES:** \_\_\_ # of bus runs @ \$50 each = \$ \_\_\_\_\_

**PAYMENT FOR REMAINING SESSION BALANCES:** Please select one.

I will be bringing payment to the YMCA of Middletown. I understand that payments are due no later than the date listed in the above payment schedule. **Payments can not be mailed.**

Attached is the approval letter from the Department of Social Services (or other responsible agency).

I authorize the YMCA of Middletown to set up automatic payments using the credit card listed below for the remaining balance for each session selected above on the specified draft date. I understand that unless I contact the YMCA to cancel a session, charges will be processed as stated on the above payment schedule. I have provided my credit card information below.

**The parent/guardian who enrolls his/her child in camp is responsible for seeing that payment is made to the YMCA. The YMCA will not become involved in the collection of fees from non-custodial parents/guardians or others, and cannot allow delays in payments due to delays in child support or other funding.**

### AUTOMATIC DRAFT AUTHORIZATION

Child's Name (Please print) \_\_\_\_\_

Parent's/Guardian's Name (Please print) \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

**CREDIT CARD INFORMATION:**

\_\_\_\_\_ Credit/Debit Card Number

\_\_\_\_\_ Expiration Date

\_\_\_\_\_ Billing Zip Code

\_\_\_\_\_ Cardholder's Name

\_\_\_\_\_ Cardholder's Signature

\_\_\_\_\_ Date



## YMCA OF MIDDLETOWN Behavior Policy for Day Camps

One of the goals of our Day Camp program is for each child to develop a sense of respect for themselves and others. We strive to create an environment that encourages children to make positive choices, to enter and exit peer groups with increasing skill and satisfaction and to act respectfully.

Self-discipline is our goal for each camper and is the result of an evolving process occurring within the child. Through appropriate adult/child interaction, anticipatory guidance, well established guidelines for appropriated behavior, and active listening to children's responses, camp staff get to know each child and what additional adjustments might be necessary for them to thrive. Over time, our expectation is that children establish a pattern of self-control, and reasoning when adults treat them with dignity and use behavior techniques such as:

- Guiding children by setting clear and consistent limits and policies
- Visualizing mistakes as learning opportunities
- Listening to children when they voice their frustrations and feelings
- Guiding children to resolve conflict and model skills to help them problem solve
- Reminding and reinforcing the guidelines, yet listening to their rationale

### **When a problem arises, steps toward reaching these goals will include:**

1. Day camp staff will work with the child, discussing the problem, suggesting and supporting behavior changes, explaining and redirecting.
2. If a pattern of negative behavior persists, the day camp staff will speak with the parent(s)/guardian(s) in order to obtain assistance and suggestions for developing effective approaches with the child. Requested mediation and a behavior plan may be initiated.
3. If all reasonable approaches are exhausted, but the pattern of negative behavior continues, and/or the child's actions are a threat to the well-being and safety of other children, staff or even harmful to oneself, parent/guardian will be required to remove their child from camp.

Depending on the severity of the behavior, a child may be placed on a suspension step plan as follows: 1-day, 2-day, 5-day and if necessary, dismissal. Suspension steps, including dismissal can be immediate, if behavior warrants such action. Behaviors that may warrant suspension include physical violence, or the threat of physical violence, biting, bullying or swearing, constant disregard of staff direction and guidance, verbal harassment of peers or staff and unauthorized departure from the program (flight risk). In some instances, if the behavior problem is very serious, no warnings will be issued and an immediate suspension or permanent dismissal will be enforced.

**There are no refunds or credits for days a child is suspended or dismissed from camp.**

In signing this document, as parent/guardian, I acknowledge that I have been made aware of and will abide by the YMCA of Middletown Behavior Policy.

Childs' Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## YMCA OF MIDDLETOWN CAMPS TOPICAL OINTMENT & ANTISEPTIC FORM

In an effort to protect your child's safety, we ask you to review the information below and select all that are applicable to your child.

I, \_\_\_\_\_, give the YMCA of Middletown camp  
Parent's or Guardian's Name (Please PRINT)  
staff permission to apply the following on my child whenever they deem necessary.

**Please check all that apply.**

Sun Screen

Bacitracin Cream

Antibacterial Soap

Antibacterial Wipe

Hydrogen Peroxide

Hydrocortisone Cream

Bug Spray

By selecting the above, I give permission to have these items applied on my child,  
\_\_\_\_\_, whenever it is deemed necessary.

Please Print Child's Name

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date



YMCA OF MIDDLETOWN  
SUMMER DAY CAMPS  
PERMISSION TO ADMINISTER MEDICATION

I \_\_\_\_\_ give the YMCA of Middletown

Parent or Guardian's Full Name (Please PRINT)

permission to administer to my child \_\_\_\_\_

Child's Full Name (Please PRINT)

the medication(s) designated below. I understand that any medication must be in its original vial. Prescriptions must have the child's name and dosage instructions on the label. Any over the counter medication will only be given if it is in an original package and is deemed age appropriate, unless we are provided written administration directions from a physician. No medication will be given if it is out of date or has been tampered with in any way.

**MEDICATION TO BE ADMINISTERED**

Medication(s) \_\_\_\_\_

Reason for Medication(s)? \_\_\_\_\_

Dosage(s) \_\_\_\_\_

Time(s) \_\_\_\_\_

Date(s) to be given \_\_\_\_\_

Please list any special instructions/notes below:

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date