

# TEEN VACATION CAMP TUESDAY-THURSDAY (APRIL 10-12, 2018)

## THE STAFF

The teen to staff ratio is 12:1. Our staff consists of college age or older individuals who have had experience working with this age group. Staff are certified in First Aid and CPR.

## THE PROGRAM

Transportation by school bus is provided for all off-site activities and trips. Trips and off-site activity costs are included in the fee for the camp.

Spending money for trips is not included in the fee.

## SIGN IN/OUT PROCEDURE

Since the schedule at the camp includes activity off of camp grounds, it is essential that staff have a complete list of campers at camp each day. Upon arrival at the camp site, campers must sign in with one of the staff members at the site entrance. At the day's end, campers must sign themselves out of camp. For your child's protection, we ask that you provide us with a written notice for the following reasons:

1. If you plan to pick your child up early.
2. If you are giving permission for your child to stay at the Teen Center after camp is over.
3. If you are authorizing someone else to pick-up or drop-off your child.
4. If your child walks or bikes to camp.  
Walkers/bikers must remain at camp until closing unless you inform us otherwise.

## DROP-OFF/PICK-UP

Drop off teens at 9:00 a.m. at the Teen Center entrance to Academy Building. This is the entrance closest to Main Street. Please do not drop children off early as we can only guarantee supervision will be provided beginning at 9:00 a.m. and ending at 3:00 p.m. Staff is not available to supervise your teen before 9:00 a.m. Time is needed in the morning for preparation and set up. It is important that teens are picked-up promptly at 3:00 p.m. unless they will be staying on-site at the Teen Center.

## TEEN CENTER

The Teen Center will be open on Tuesday-Thursday from 3:00-6:00 p.m. for program participants in grades 6-12. If you would like your child to stay on-site at the Teen Center after camp is over, and they are grade eligible, you must provide a note. You must also complete a Teen Center registration form if your child has never been to the Teen Center.

## LATE PICK UP

Please be advised that the Parks and Recreation Department reserves the right to charge a \$15 late fee to parents picking teens up 10 minutes later than the scheduled pick-up time. The staff member left to wait with your teen will be responsible for collecting the fee. Teens who have not been picked up by the time the school building closes, will be brought to the Teen Center and you will be asked to pay any admission fees that apply.

## INCLEMENT WEATHER

The camp has access to shelter in the event of rain and our staff will be ready to put rainy day plans in effect for any outdoor activity. While the camp will be held rain or shine, there may be times when we need to cancel an off-site activity because of weather.

## HEALTH/MEDICAL

The Teen Information/ Emergency form must be completed and **brought with your child on the first day of camp**. This form provides us with essential information about your child that staff need to know before the start of camp. Please make us aware in writing prior to the start of the program of any other special needs your teen might have. If your child becomes ill or injured while at camp, the parent/guardian listed on the form will be contacted immediately. If we are unable to reach a parent or guardian, the emergency contact will be called next, and so on down the list until we are able to reach someone. Please inform your emergency contact people of their responsibilities and be sure they are readily available. If your teen is on medication, or requires medication in the event of an emergency (i.e., food allergy, asthma, etc.), you must complete an Authorization of Administration of Medication Form and return it to the Parks and Recreation Office prior to the start of camp. You may also be required to provide a written treatment form from your physician with specific instructions detailing how and when medication is to be given.

## LUNCH

Teens and staff enjoy lunch together. Please send your teen with a lunch and beverage when specified. Please send adequate money with your teen if they will be purchasing lunch on a field trip.

## **INAPPROPRIATE BEHAVIOR**

Safety, respect for others, and a positive experience are our most important priorities. At the camp, the staff will discuss their expectations for appropriate behavior and the consequences if they are not followed. We will attempt to curb any inappropriate behavior, however, situations may still occur. If a problem continues, the Director of the camp will discuss the situation with you and attempt to come to a solution. While it is not our policy to discourage participation due to behavior problems, we are limited as to what we may be able to do to work with you to improve the situation. In cases where there is no marked improvement, the teen may be asked to stay home a day and/or be removed from the program.

Talk with your teen to be sure he/she is having a positive experience. Please inform the Director of any problems your teen may be experiencing.

## **PROGRAM CALENDAR**

Please read the following information carefully as it provides specific information about each individual trip.

### **Tuesday, April 10**

#### **Dave & Busters - Manchester, CT**

School bus will depart Academy Building at 10:30 a.m. Vacation Camp participants will enjoy use of the Teen Center for pool, ping pong, air hockey, Wii and board games beginning at 9:00 a.m. until it is time to depart for the trip. Campers DO NOT NEED TO BRING A LUNCH because food and unlimited beverages will be provided. The registration fee for camp also includes a \$10 game card. Please send your child with additional money if you think they may want to add money to their cards. Please make sure to pick your teen up promptly at 3:00 p.m. unless you have provided them with a note indicating they may remain at the Teen Center.

### **Wednesday, April 11**

#### **Storrs Adventure Park - Storrs, CT**

School bus will depart Academy Building at 9:00 a.m. Campers MUST bring a lunch because there are no facilities on site to buy food. Campers will participate in 2 hours of harnessed climbing and zipping in the trees. The Adventure Park offers different courses of varying degrees of challenge. The courses increase in difficulty. Campers should wear comfortable clothing and sneakers or outdoor shoes. **THIS TRIP REQUIRES A WAIVER THAT MUST BE COMPLETED ONLINE:**

<https://www.smartwaiver.com/w/53166bec8b242/web/>

**YOU MUST BRING YOUR ONLINE CONFIRMATION FORM ON THE DAY OF THE TRIP.** Please make sure to pick your teen up promptly at 3:00 p.m. unless you have provided them with a note indicating they may remain at the Teen Center.

**DON'T FORGET TO BRING ALL REQUIRED ATTACHED PAPERWORK WITH YOUR CHILD TO CAMP!**

### **Thursday, April 12**

#### **Sonny's Place - Somers, CT**

School bus will depart Academy Building at 10:00 a.m. Campers may bring a lunch or buy lunch at the on-site food shack. Admission fee covers unlimited mini golf, go-carts, rock wall, monkey motion and batting cages. Please send your child with additional money if you think they may want to play video games or purchase food. Please make sure to pick your teen up promptly at 3:00 p.m. unless you have provided them with a note indicating they may remain at the Teen Center.

GLASTONBURY PARKS AND RECREATION DEPARTMENT  
**TEEN VACATION CAMP**  
CHILD INFORMATION/EMERGENCY CONSENT FORM

This form will provide Parks & Recreation staff with the information needed to care for your child in the event of an emergency. For your child's safety and protection, it **MUST** be completed and returned with him/her on their first day of attendance at the program.

**ANY CHILD THAT ARRIVES WITHOUT A COMPLETED FORM WILL BE SENT HOME. THEY MAY RETURN WHEN THE FORM IS COMPLETED AND ON FILE.**

**CHILD INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Please provide us the name of the Parent/Guardian and where they may be **REACHED** during the program hours in case of a problem and/or emergency.

1) Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

2) Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

**SPECIAL NEEDS**

In order to better accommodate your child, please make us aware of any special needs he/she may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

---

---

---

---

**OTHER INFORMATION**

Use this space for any additional information that you feel might be helpful to the staff working with your child.

---

---

---

---

(CONTINUED ON BACK)

CHILD'S NAME \_\_\_\_\_

**EMERGENCY STATEMENT**

If in the opinion of program staff, emergency medical services are required, 911 will be called. Should emergency transportation to a hospital be required, it will be coordinated by Emergency Medical Services (EMS). Parents/Guardians will be notified by the numbers provided under the "Parent/Guardian Information" on the front of this form, as soon as possible. If a child is transported by ambulance, a staff member will accompany them until a Parent/Guardian arrives at the hospital.

**MEDICATION AT CAMP**

If your child is on any medication or requires medication in the event of an emergency (i.e. food allergy, asthma etc.) **YOU** must obtain and complete an **Authorization For Administration of Medication** form **prior to the start of the program**. Forms are available at Parks & Recreation Office or from our website ([www.glastonbury-ct.gov](http://www.glastonbury-ct.gov)) Click parks & recreation website, downloadable forms, medication).

Does your child require medication at camp?       Yes       No

**MEDICAL INFORMATION**

This information is needed to care for your child in the event of an emergency.

Medical History: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

All Medications Currently Taking: \_\_\_\_\_  
(Included Medications taken at home)

**EMERGENCY/OTHER CONTACTS**

Please provide us the name of the person(s) you want us to contact in the event the Parent/Guardian cannot be reached. Every effort will be made to contact Parent/Guardians first but if you cannot be reached the following will be contacted. Be sure to provide phone numbers where these people may be **REACHED** during the day.

1) Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

In an emergency, I give permission for the above person to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified.       Yes       No

2) Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

In an emergency, I give permission for the above person to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified.       Yes       No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_