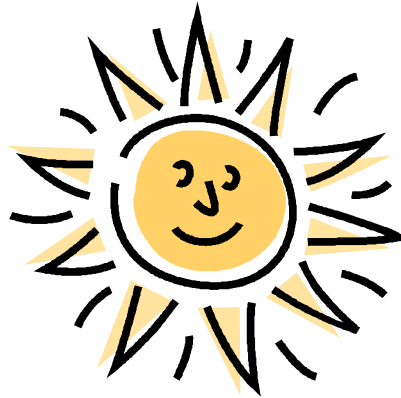


WICKLIFFE RECREATION DEPARTMENT
440-943-7120



SUMMER DAY CAMP 2009

JUNE 15TH – AUGUST 7TH

Summer Day Camp is held from 8:00 A.M. to 5:00 P.M.

For children entering 1ST through 6TH grade
for the 2009-2010 school year

Recreation Director: Timothy E. Stopp
Camp Director: Michelle Jones

Summer Day Camp is held at Coulby Park located at 28730 Ridge Road, Wickliffe. Camp is centered around the pavilion near the pond.

Register at Wickliffe Recreation Department located in Wickliffe City Hall, 28730 Ridge Road.

Fees: See Summer Day Camp Fees on the back of this page for Residents and Non-Residents.

Attendance options are available for Wickliffe residents and non-residents. The weekly attendance options will consist of two days (excluding field trip days) or a full week. *Single day attendance is not available.*

****PLEASE TAKE TIME TO ACCURATELY AND COMPLETELY FILL OUT THIS SUMMER DAY CAMP APPLICATION****

What to Bring to Camp:

- Lunch in a cooler, extra beverage
- Appropriate weather attire
- Snack or snack \$ in a change purse
- Swimming suit and towel in a backpack or duffle bag
(Put full name on all items)

****DO NOT SEND POOL PASS TO CAMP****

The Wickliffe Recreation Department is not responsible for lost articles or money brought to Day Camp. Please leave electronic devices and "fantasy" card games at home.

All campers must purchase a pool pass.

Parents are responsible for transportation to and from camp.

The weekly activity schedule & field trip notice will be sent home on Monday afternoons. *The cost of weekly field trips is extra, paid the day of the field trip in cash.*

Summer Day Camp Activities:

Basketball	Baseball	Softball
Soccer	Volleyball	Relay Races
Kickball	Crafts	Fishing
Swimming	Playground	Tournaments
Tennis	Golden Glove	Field Trips
Team Competitions	Adventure	Mystery Games



SUMMER DAY CAMP FEES 2009



Week 1 - June 15 – June 19
Week 2 - June 22- June 26
Week 3 - June 29 – July 3
Week 4 - July 6 – July 10

Week 5 - July 13 - July 17
Week 6 - July 20 - July 24
Week 7 - July 27 - July 31
Week 8 – August 3 – August 7

PAYMENT PROCEDURE: Please make sure that you are paying for Day Camp the FRIDAY before the week that your camper will be attending. Please adhere to the following guidelines when making a payment:

1. Checks should be made out to the "City of Wickliffe."
2. Your camper's name and the week that you are paying for should be clearly written on the memo line of your check.
3. Payments can be made at the Recreation Department from 8:00A.M. - 4:30 P.M. Monday thru Friday.

You can also drop your payment off in the Recreation Department mailbox in an envelope that is clearly labeled. Also, if you are using the two day rate, you MUST specify what days your camper will attend camp. It is very important that these guidelines are followed for attendance purposes. There will be no refunds or daily credits given. Your anticipated cooperation regarding Day Camp payments is greatly appreciated. If you have any questions, please see the Camp Director.

Attendance options are available for Wickliffe residents and non-residents. The weekly attendance options will consist of a full week or two days (*excluding field trip days*). Single day attendance is not an option.

Wickliffe Residents

Weekly Rate:

\$85.00 per week for the first child in a family
\$55.00 per week for each additional child in a family

Two Day Rate:

\$60.00 per week for the first child in a family
\$40.00 per week for each additional child in a family

Non-Residents

Weekly Rate:

\$130.00 per week for each child in a family

Two Day Rate:

\$90.00 per week for each child in a family



Extended Hour Service Rates

For drop-off between 7:30 A.M. and 8:00 A.M., it will be an additional \$5.00 per child per day. For pick-up between 5:00 P.M. and 5:30 P.M., it will be an additional \$5.00 per child per day. This fee should be paid in advance of the weeks that the service will be used.



PLEASE KEEP THIS PAGE FOR REFERENCE

(OFFICE USE)

R ____ NR ____ # of Campers _____ Payment \$ _____ Weeks _____ Days _____

2009 WICKLIFFE RECREATION SUMMER DAY CAMP JUNE 15th – AUGUST 7th

PLEASE PRINT LEGIBLY. PLEASE FILL OUT ONE FORM PER CHILD.

Child's Name _____ Age _____ Sex _____ Grade in fall '09 _____

<u>Circle Shirt Size:</u>	YS (6-8)	M (10-12)	YL (14-16)	Adult S	Adult M	Adult L	Adult XL
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Address _____

Parent's Names _____

Home Phone _____ Work Phone (Mom) _____ (Dad) _____

Cell Phone (Mom) _____ (Dad) _____

Alternate local person to contact in case of emergency _____

Relationship to child _____ Daytime Phone _____

PLEASE CIRCLE THE WEEKS YOUR CHILD WILL BE ATTENDING CAMP (REQUIRED):

Week 1 - June 15 – June 19 Week 2 – June 22 – June 26 Week 3 - June 29 – July 3 Week 4 - July 6 – July 10
Week 5 - July 13 – July 17 Week 6 - July 20 - July 24 Week 7 - July 27 - July 31 Week 8 – August 3 – August 7

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TRANSPORTATION INFORMATION: Parents or guardians must provide transportation for campers to and from camp. Who will provide regular daily transportation for your child?

#1 _____

Name	Relationship	Work Phone	Cell Phone
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#2 _____

Name	Relationship	Work Phone	Cell Phone
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I RELEASE WICKLIFFE RECREATION AND THE CITY OF WICKLIFFE OF ANY FINANCIAL RESPONSIBILITY FOR INJURIES MY CHILD MAY RECEIVE WHILE PARTICIPATING IN SUMMER CAMP.

SIGNATURE OF PARENT OR GUARDIAN

DATE

HOSPITAL INFORMATION IN CASE OF EMERGENCY

Is your child allergic to penicillin?	Yes () No ()
Is your child allergic to other drugs?	Yes () No ()
Does your child have a heart condition?	Yes () No ()
Does your child have epileptic seizures?	Yes () No ()

Facts concerning the child's medical history including ALL allergies, medications being taken and physical impairments to which a physician should be alerted:

PLEASE CONTINUE ON THE NEXT PAGE

CAMPER'S NAME _____ AGE _____ BIRTHDATE _____

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while at Summer Day Camp, when parents or guardians cannot be reached.

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me at home (phone) _____

or work (phone) _____ or my spouse at work (phone) _____

or by cell phone (Mom) _____ or (Dad) _____ have been

unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by

Dr. _____ Phone _____ (preferred physician) or

Dr. _____ Phone _____ (preferred dentist), or

in the event the designated practitioner is not available, by another licensed physician or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists,

concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including ALL allergies, medications being taken and physical impairments to which a physician should be alerted:

Signature of parent/guardian _____ Date _____

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PART II: REFUSAL TO CONSENT (DO NOT COMPLETE IF TO GRANT CONSENT ABOVE IS COMPLETED)

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the Camp authorities to take no action or to:

Signature of parent/guardian _____ Date _____

PLEASE CONTINUE ON THE NEXT PAGE

2009 WICKLIFFE RECREATION SUMMER DAY CAMP
PERMISSION SLIP FOR ALL FIELD TRIPS

My child _____ has my permission to attend all scheduled field trips with the Wickliffe Recreation Department's Summer Day Camp. I hereby waive and relinquish any and all claims, demands, and/or causes of action whatsoever against the City of Wickliffe and all personnel associated with the activity. I, likewise waive all claims, demands, and/or causes of action against any persons who will be accompanying my child to the field trip for which the camper is registered.

In case of emergency, I give the supervisors and/or the counselors my permission to take my child to the emergency room of a hospital for treatment.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Emergency Phone Numbers:

Parent / Guardian Name: _____

(Home): _____ (Work): _____ (Cell): _____

Spouse/ Guardian: Name: _____

(Home): _____ (Work): _____ (Cell): _____

Alternate Contact: Name: _____ Relation: _____ Phone: _____

PLEASE NOTE:

Field trip prices are not included in the weekly fees. Payment in CASH is expected the morning of the trip.

PLEASE NOTE: YOU WILL FILL OUT AND SIGN ONE PERMISSION SLIP FOR THE ENTIRE SUMMER.

Weekly field trip information will be provided every Monday



PLEASE CONTINUE ON THE NEXT PAGE

2009 SUMMER DAY CAMP SWIM RELEASE

In order to insure proper care for your camper/campers, the following must be signed and returned before your child will be allowed to swim at the Wickliffe Aquatic Center during Summer Day Camp.

Please check all that apply:

- ____ 1. I feel that my child is not a very strong or confident swimmer.
- ____ 2. My child has had swimming lessons.
- ____ 3. My child will be taking swimming lessons this summer.
(Taken at the Aquatic Center from 11 A.M. – 12 P.M.)
- ____ 4. I feel that my child is an adequate swimmer.
- ____ 5. I feel that my child is a strong and confident swimmer.

I give my child permission to swim in the following areas of the pool:

- ____ 1. zero-depth (1-2 ft.) Must be 8 years old and under only.
- ____ 2. shallow lane area (3-4 ft.)
- ____ 3. slide (3 ft.) Must be 48" tall or pass a test by lifeguard.
- ____ 4. deep lane area (5-6 ft.)
- ____ 5. diving area (12.5 ft.)
- ____ 6. lazy river (3-4 ft.) Must be 42" tall or pass a test by lifeguard.

****If you have any questions regarding the depths or areas of the pool, please refer to the map that is attached****

CONSENT:

I have read and I understand this release form. I give my camper permission to swim while at Summer Day Camp.

Camper's Name

Parent Signature

Date

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REFUSAL TO CONSENT:

I have read and I understand this release form. I do not give permission for my camper to swim while at Summer Day Camp.

Camper's Name

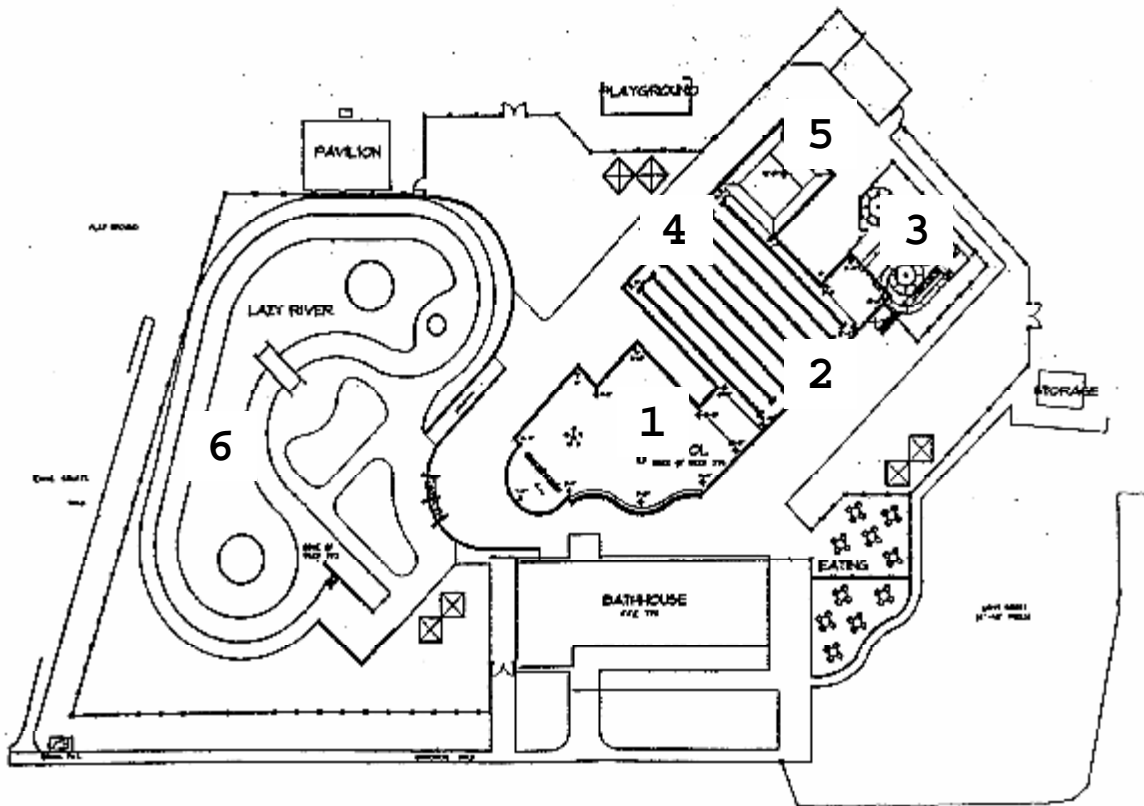
Parent Signature

Date



Areas of the Outdoor Family Aquatic Center

1. zero-depth (1-2 ft.) Must be 8 years old and under only
2. shallow lane area (3-4 ft.)
3. slide (3 ft.) Must be 48" tall or pass a test by lifeguard
4. deep lane area (5-6 ft.)
5. diving area (12.5 ft.)
6. lazy river (3-4 ft.) Must be 42" tall or pass a test by lifeguard



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