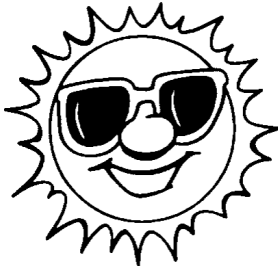


**WICKLIFFE RECREATION DEPARTMENT
440-943-7120**



SUMMER DAY CAMP 2022

JUNE 6TH – JULY 29TH

Summer Day Camp is held from 8:00 A.M. to 5:00 P.M. Monday through Friday (Except July 4th & 5th)

**For children entering 1ST through 6TH grade
for the 2022-2023 school year**

By registering my child for Summer Day Camp through the Wickliffe Recreation Department, it is understood that there are risks associated with COVID-19 in relation to public gatherings and agree to follow the most current CDC, state, and local guidelines pertaining to social gatherings and the associated health risks. These risks are acknowledged, assumed, and waived by registering and participating in the Summer Day Camp Program.

If you are accessing the Summer Day Camp Application ONLINE, please print pages 3-6 and fill them out in a blue or black INK pen, front side only (pages 1-2 are for your reference); each camper is required to have an individual application completed. A week's payment for camp (no matter what week is attended as the first week) is due at the time that the application is dropped off to Wickliffe City Hall, in person. NO EXCEPTIONS. Summer Day Camp applications WILL NOT be accepted if they are submitted electronically. Any questions, please email the camp director at wickreccamp@gmail.com

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

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

Register in person at the Wickliffe Recreation Dept., 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, ONE PER CHILD****

**DEADLINE FOR ALL APPLICATIONS: Thursday,
June 2, 2022**

What to Bring to Camp each Day:

- Lunch in a cooler, extra beverages
 - Appropriate weather attire
 - Snack or snack \$ in a change purse
 - Swimming suit and towel in a backpack or duffle bag
 - A face mask (with lanyard, if possible)
- **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, via email. Please be sure to provide an accurate daytime email address at the time of registration. **The cost of weekly field trips is extra, paid the day of the field trip in cash.**

Summer Day Camp Activities:

Basketball	Baseball	Softball	Swimming
Soccer	Volleyball	Relay Races	Playground
Kickball	Crafts	Frisbee Golf	Tennis
Tournaments	Field Trips	Competitions	Adventure Mystery Games





SUMMER DAY CAMP FEES 2022

Week 1 – June 6 – June 10	Week 5* – July – 6-8*
Week 2 – June 13 – June 17	Week 6 – July 11 – July 15
Week 3 – June 20 – June 24	Week 7 – July 18 – July 22
Week 4 – June 27 – July 1	Week 8 – July 25 – July 29

(*No Camp on Monday/Tuesday, July 4th and 5th ... Weekly fee discounted, see bottom of page)

DEADLINE FOR ALL APPLICATIONS: Thursday, June 2, 2022

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 are made (in person) at the Recreation Department from 8:00A.M. - 4:30 P.M. Monday thru Friday.

You can also drop your non cash payment (check or money order) 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 contact the Recreation Department or see the Camp Director, once camp begins.

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, typically Wednesdays**). Single day attendance is not an option.

A week’s payment for camp (no matter what week is attended as the first week) is due at the time that the registration paperwork is dropped off to Wickliffe City Hall, in person. **NO EXCEPTIONS.

Wickliffe Residents

Weekly Rate:

\$125.00 per week for the first child in a family
 \$90.00 per week for each additional child in a family

Two Day Rate:

\$90.00 per week for the first child in a family
 \$70.00 per week for each additional child in a family

Non-Residents

Weekly Rate:

\$165.00 per week for each child in a family

Two Day Rate:

\$115.00 per week for each child in a family

Due to staffing Extended Hour Service will not be available this season.

Camp begins promptly at 8:00am, no camper drop offs before 8:00am. Normal morning drop off at the Coublby Park pond pavilion is between 8:00am-9:00am, please check in at the Attendance Table. Normal afternoon pick up at the Coublby Park pond pavilion is between 4:00pm-5:00pm, please check out at the Attendance Table.

***No Camp on Monday, Tuesday July 4th and 5th (Special Fees for Week 5 ONLY below)**

Wickliffe Residents

3 Day Rate for Week 5 Only*

\$90.00 for this week for the first child in family
 \$65.00 for each additional child in family
 No Two Day Rate Offered for this Week

Non-Residents

Weekly Rate for Week 5 Only*

\$120.00 for this week for each child in family
 No Two Day Rate Offered for this Week

If you are accessing the Summer Day Camp Application ONLINE, please, please print pages 3-6 and fill them out in a blue or black INK pen, front side only (pages 1-2 are for your reference); each camper is required to have an individual application completed. A week’s payment for camp (no matter what week is attended as the first week) is due at the time that the application is dropped off to Wickliffe City Hall, in person. NO EXCEPTIONS. Summer Day Camp applications will not be accepted if they are submitted electronically. Any questions, please email the camp director at wickreccdaycamp@gmail.com

(OFFICE USE) R _____ NR _____ # of Campers _____ Payment \$ _____ Weeks _____ Days _____

2022 WICKLIFFE RECREATION SUMMER DAY CAMP JUNE 6TH – JULY 29TH

PLEASE FILL OUT ONE FORM PER CHILD. **PAYMENT FOR FIRST WEEK DUE AT TIME OF REGISTRATION.**

***PRINT LEGIBLY**

Child's Name _____ Age _____ Sex _____ Grade in fall 2022 _____

Circle Shirt Size: YS (6-8) YM (10-12) YL (14-16) Adult S Adult M Adult L Adult XL

Address _____ Parents' Names _____

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

Cell Phone (Mom) _____ (Dad) _____

****Family E-MAIL ADDRESS(ES)** _____ ******

Alternate local person to contact in case of emergency _____

Relationship to child _____ Daytime Phone _____

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

Week 1 - June 6 - June 10 **Week 2** - June 13 - June 17 **Week 3** - June 20 - June 24 **Week 4** - June 27 - July 1

Week 5* - July 6-8* **Week 6** - July 11 - July 15 **Week 7** - July 18 - July 22 **Week 8** - July 25 - July 29

TRANSPORTATION INFORMATION: Parents or guardians must provide transportation for campers to and from camp. List regular daily transportation for your child here. Designated pick-up person is not required to show a photo ID. Alternate rides require note & ID.

#1 _____
Name Relationship Work Phone Cell Phone

#2 _____
Name Relationship Work Phone Cell Phone

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

PERMISSION SLIP FOR ALL FIELD TRIPS & BUS TRANSPORTATION DURING CAMP

My child (named at the top of this page) has my permission to attend all scheduled field trips and bus transportation 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

PLEASE NOTE: Field trip prices are not included in the weekly fees. Payment in CASH is expected the morning of the trip. Weekly field trip information will be provided every Monday, via email, in the "Weekly Schedule."

****PLEASE CONTINUE ON THE NEXT PAGE****

CAMPER'S NAME _____ AGE _____ BIRTHDATE _____

2022 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.

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:

SIGNATURE OF PARENT OR GUARDIAN _____ **Date** _____

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 OR GUARDIAN _____ **Date** _____

****PLEASE CONTINUE ON THE NEXT PAGE****

2022 SUMMER DAY CAMP SWIM RELEASE

In order to insure proper care for your camper, 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 at 10 AM at the Wickliffe Aquatic Center.
- 4. My child will be taking swimming lessons this summer at 11 AM at the Wickliffe Aquatic Center
- 5. My child is on the swim team.
- 6. I feel that my child is an adequate swimmer.
- 7. I feel that my child is a strong and confident swimmer.

****Parents are responsible for signing up their children for swimming lessons at the Wickliffe Aquatic Center.**

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 below****

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 _____

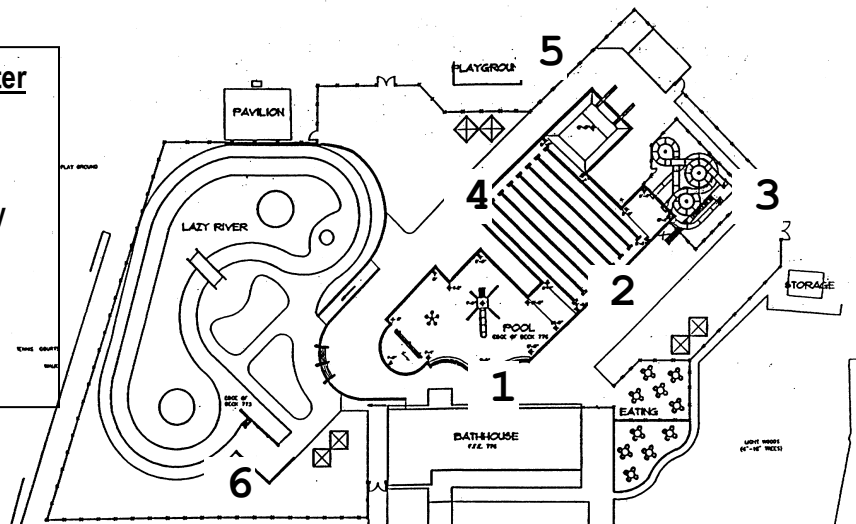
REFUSAL TO CONSENT:

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**



WICKLIFFE RECREATION DEPARTMENT SUMMER DAY CAMP 2022
PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE

NOTICE THIS LEGAL BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to recover compensation or obtain any other remedy for personal injury or property damage however caused rising out of participation in Wickliffe Recreation Department Summer Day Camp now or at any time in the future

Acknowledgement of Risk

I hereby acknowledge and agree participation in Wickliffe Recreation Department Summer Day Camp activities comes with inherent risks. I have full knowledge and understanding of inherent risks associated with Wickliffe Recreation Department Summer Day Camp participation, including but in no way limited to (1) slips, trips, and falls (2) aquatic injuries, (3) athletic injuries, and (4) illness including exposure to infection with virus or bacteria. I further acknowledge that the proceeding list is not limited to all possible risks associated with Wickliffe Recreation Department Summer Day Camp participation and that said list in no way limits the operation of this Agreement.

Coronavirus/COVID-19 Warning and Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily from person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Wickliffe Recreation Department Summer Day Camp programs or accessing Wickliffe Recreation Department Summer Day Camp facilities could increase the risk of contracting COVID-19.** Wickliffe Recreation Department Summer Day Camp in no way warrants that COVID-19 infection will not occur through participation in Wickliffe Recreation Department Summer Day Camp programs or accessing Wickliffe Recreation Department Summer Day Camp facilities.

Waiver Release Indemnification & Covenant Not to Sue

In consideration of participation in Wickliffe Recreation Department Summer Day Camp, I, _____, the undersigned guardian/participant agree to release on behalf of myself, my heirs, representatives, executors, administrators, and assigns HEREBY DO RELEASE Wickliffe Recreation Department Summer Day Camp, its officers, directors, employees, volunteers, agents, representatives, and insurers (Releasees) from any cause of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, executors, administrators and assigns may have, now or in the future against Wickliffe Recreation Department Summer Day Camp on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Wickliffe Recreation Department Summer Day Camp facilities/equipment or participation in Wickliffe Recreation Department Summer Day Camp programs whether that participation is supervised or unsupervised however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of participation in Wickliffe Recreation Department Summer Day Camp, I, the undersigned participant/guardian, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims and demands, losses, or costs of any nature whatsoever arising out of or in any way related to Wickliffe Recreation Department Summer Day Camp participation.

I hereby certify I have full knowledge of the nature and extent of the risks inherent in Wickliffe Recreation Department Summer Day Camp participation and that I and my representatives are voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death sustained while participating in Wickliffe Recreation Department Summer Day Camp and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damages, or death. I further certify that participants are in good health and have no conditions or impairments which would preclude participation in Wickliffe Recreation Department Summer Day Camp.

Participant/Guardian Signature

Name (Print Clearly)

Date