

Higher Standards Summer Camp Initiative



Welcome to Syracuse Community Connections Higher Standards Summer Camp. Summer programming will begin on Monday July 8th through Thursday August 15th from 8:30am-4:30pm. The cost per camper is \$100.00. Payments of \$25.00 can be made up until May 17, 2019. There are no refunds and your full payment must be made by June 14, 2019. No personal checks please. Cash, a money order and a credit card are acceptable payments.

Once registered, all youth will be assigned to age appropriate groups. As a group your child will participate in various scheduled social, recreational and educational activities on and off site. Youth are required to remain in their assigned group under the supervision of their group leader during the course of this summer camp. Please make sure that your child (ren) arrive no later than 8:30am each morning to avoid delay or interruptions in the daily schedule or off-site activities. Timely arrival is important as a strict program schedule will be followed.

Although registrations will be accepted at the S.C.C. April 10, 2019 thru June 5, 2019 the maximum capacity is 130 participants. **There will be a mandated orientation for parents/guardians on June 1, 2019 from 6pm-7:30pm in the Syracuse Community Connections Commons area.** At least one parent or guardian must attend this orientation in order for your child (ren) to participate in the Higher Standards Summer camp. During the orientation SCC staff will be available to assist you with registration and to inform you about your child's summer camp activities. However, you may stop by at any time to pick up a summer camp packet. Registration forms will be available at the SCC front desk or by contacting Valerie Hill at 671-5803.

Participants are prohibited from wearing flip-flops and sandals except during swimming sessions. Please send your child to camp with sneakers every day. For outdoor activities we are asking that you provide your child with sun screen to protect them from sun burns or rashes. Please label your child/rens belongings.

Breakfast and lunch will be available to all youth on a daily basis. A menu will be provided for your viewing. If you or your child is not in favor of the meal menu; it will be the responsibility of the guardian or parent to provide for your child (ren). **No child will be allowed to go to the store during program hours (no exceptions).**

Breakfast will be served:*	Monday- Friday	8:30 am-9:00 am
Lunch will be served:*	Monday- Friday	12:00 pm – 1:00 pm

Staff will not be responsible for children who leave the building without permission (parents will be called and child suspended). Staff will not be responsible for the supervision of youth prior to 8:30 am. Please do not leave your child (ren) unattended on the playground or anywhere on the SCC premises. All children must be picked up by 4:30pm (\$15.00 fee will apply to any child left at the center after 5pm) or the Syracuse City Police Department and or Child Protection Services will be contacted.

This registration form is to be completed by the parent/guardian of any child ages 5 – 14 participating in The Higher Standards Summer Camp Program at the SCC.

Name of Child (ren): _____	Age _____	Gender	M	F
_____	Age _____	Gender	M	F
_____	Age _____	Gender	M	F
_____	Age _____	Gender	M	F
_____	Age _____	Gender	M	F

How will your child (ren) get home? Please check your choice:

- Will be picked up by parent/guardian by 4:30 pm each day.
 Will walk home and depart from Syracuse community Connections at 4:30 pm each day.

What address will your child walk to _____

I, _____ give permission for my child (ren) _____,
and _____ to walk home from the Syracuse Community Connections.

I, _____ understand that by signing this waiver that I release and hold
Parent/Guardian's Name

Harmless Syracuse Model Neighborhood Facility, Inc. known as the Syracuse Community Connections from any liability as a result of personal injury and/or property damage, occurring while the above named child (ren) is/are participating in 2017 Higher Standards Summer Camp at S.C.C. I authorize the staff to transport the above named child (ran) to the agreed upon locations during the course of summer programming.

I understand that I will be required to show photo identification when picking up my child (ren).

Allergies/Medications/Health Conditions:

Child's Name: _____ has the following allergy: _____
Physicians name: _____ Number: ___ - ___ - ___

Medication(s) taken: _____
Limitations: _____

Child's Name: _____ has the following allergy: _____
Physicians name: _____ Number: ___ - ___ - ___

Medication(s) taken: _____
Limitations: _____

Child's Name: _____ has the following allergy: _____
Physicians name: _____ Number: ___ - ___ - ___

Medication(s) taken: _____
Limitations: _____

If your child (ren) needs medical, dental, health or hospital services, under the law, you as a parent must give permission. Naturally if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you in your absence, regarding the treatment of your child. This is a legal document. After you complete this form, give a copy to each adult you have named to act on your behalf. If your child (ren) needs unexpected medical treatment, the responsible adult should present this document to the appropriate person – physician, dentist, or hospital representative. When a true emergency exists, your child may be treated without parental consent. This will happen when a physician determines that the child needs immediate medical care and that an attempt to obtain parental

consent would result in a delay, which would increase the risk to child's life or health. This form is valid for a period of one year after the date it is signed.

Identification

Name of Minor Child: _____ Date of Birth _____
Special Conditions: _____
Date of Last Tetanus Shot: _____
Medications Now Being Taken: _____
Insurance Company or Government Program _____
I.D. or Contract Number: _____
Family Physician: _____
Address: _____
Street City, State Zip

I, _____ the parent/guardian of _____.

Authorize/Do not Authorize (CIRCLE ONE) the Syracuse Model Neighborhood Facility Inc, its partners and associates, to use photographs, videos and other records in which my child appears for educational and promotional purposes, including but not limited to newspapers, flyers, and its website. I understand that I will not be paid or rewarded for providing this authorization.

Emergency Contact Information

Name _____
Home Phone # _____ Cell Phone # _____
Name _____
Home Phone # _____ Cell Phone # _____

I being the Parent of custody or legal guardian of the above named minor do hereby appoint **Syracuse Model Neighborhood Facility, Inc.** To act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor (s) in my absence

I, _____ give permission for my child (ren) _____, and _____

To participate in SCC 2017 *Higher Standards* Youth Summer Programming to include off-site activities during Summer Camp 2017 (parents are welcomed to chaperone).

Name of Parent/Guardian _____	Date _____
Home Phone # _____	Cell Phone # _____
Signature of Witness _____	Date _____
Program Name <u>Higher Standards Summer Camp 2019</u>	

Code of Conduct

RULES:

1. Identification is required to enter the building
2. No children under the age of 5 years of age allowed in the facility unsupervised by an adult.
3. All pants must be up on the waist of all males (belt preferred).
4. All females must be appropriately dressed (Up to the discretion of staff).
5. Absolutely **NO** sleeping on the premises.
6. Absolutely **NO** disrespect of staff will be tolerated. (After 3 infractions you will be barred from the building until further notice!)
7. No loitering in front of the building.
8. No soliciting in front or around the building.
9. No drug sales anywhere in or around the building including the parking lot.
10. All youth should be picked up by 4:30p. Otherwise S.C.C has the right to contact **D.S.S.**
11. No foul language.
12. No gambling in front, inside of around the building.
13. No defacing the property including agency vehicles:
 - Do not write on walls, doors and sidewalks, tables etc.
 - Do not urinate on property (inside or outside)
14. No one under the influence of alcohol and drugs are allowed in the building.
15. No weapons (Anything that can cause physical harm to another), including knives.
16. No horseplay and fighting.
17. No smoking in and on the property.
18. No running in or around the building (Gym, playground & Lincoln field not included).
19. No threatening or intimidating coworkers, customers or guests.
20. No stealing, destroying, defacing or misusing SMNF property or other employees' or customer's property.
21. Must comply with all safety regulations.
22. Must report to management suspicious, unethical or illegal conduct.
23. Must give proper advance notice whenever unable to report to program on time.

I have fully read and understand the rules and expectations listed and have explained them to my child (ren). I also have been informed that there are cameras on the premises. I have read and explained to my child (ren) the importance of abiding by the rules of the Higher Standards Destined or Greatness Summer camp Code of Conduct. If my child does not adhere; I understand that my child's privileges (field trips, activities, and enrollment) can be revoked.

Parent/Guardian _____	Date _____
Parent/Guardian _____	Date _____
Childs signature _____	Date _____
Childs signature _____	Date _____

Summer Camp - Hold Harmless Agreement & Registration form

1. I hereby give my permission for my SON(s)/DAUGHTER(s)/SELF, to participate in the Higher Standards Summer camp on the registration form. 2. I recognize, understand, and acknowledge that, as in all activities, there is always the inherent risk of injury up to and including death. 3. I recognize, understand, and acknowledge that, any and all rules, policies, guidelines and safety procedures are established for the safety and protection of all participants and agree that my SON(s)/DAUGHTER(s)/SELF, will be expected to comply with ALL rules, policies, guidelines and safety procedures. 4. I recognize, understand, and acknowledge that, my SON(s)/DAUGHTER(s)/SELF, will obey and abide by and with ALL rules, policies, guidelines and safety procedures, and obey and comply with directives from all, staff, counselors, supervisors and Higher Standards summer camp Administration. 5. I certify, to the best of my knowledge, that the current physical condition/health of my SON(s)/DAUGHTER(s)/SELF, is satisfactory for participation, that the listed participant is free of any health related problems which would jeopardize participation in the mentioned class/program, that I will notify the staff immediately should the mentioned condition change at any time during participation in the class/program, and that, upon request, I will furnish proof of a current physical examination. 6. I recognize that failure to comply with the mentioned items could result in immediate suspension and/or dismissal from the program. 7. The Staff and/or sponsors have my permission to have a Physician and/or Emergency Medical Service (EMS) treat and/or transport my SON(s)/DAUGHTER(s)/SELF, if needed, at any time during participation in the class/program(s). 8. In consideration of participation by my SON(s)/DAUGHTER(s)/SELF in the class/program(s) listed on the registration form, I, the undersigned, do hereby agree to hold harmless and indemnify Higher Standards Summer Camp, its agents, servants and employees against any claims for and on account of any and all injuries sustained by my SON(s)/DAUGHTER(s)/SELF as a result of participation in the mentioned class/program, including, but not limited to, claims on the account of any negligence by Higher Standards Summer Camp, its agents, servants, employees or subcontractors. 9. The staff and/or sponsors have my permission to photograph my SON(s)/DAUGHTER(s)/SELF. I understand that said photographs may be used in future promotional flyers, brochures, web pages or press releases. 10. I certify my SON(s)/DAUGHTER(s)/SELF can communicate/understand directives from Staff/Instructors. *** Parent/Guardian retain this top portion

***** Detach Here ***** CUT HERE ***** Detach Here *****
*** you may return/send this bottom portion or bring it to S.C.C

I have read, understand and accept the "Hold Harmless Agreement & Camp Registration Policies" and I am 18 years old or older and the responsible person for the participant. Print name: _____
Signature: _____ Date: _____

Participant's Information: First Name: _____ Last Name: _____
Mailing Address: _____ City _____ St. _____ Zip _____ Phone: _____
Home () _____ - _____ Cell () _____ - _____ Work () _____ - _____ Emergency () _____ - _____
Date of Birth: ____/____/____ (Check one) Male Female E-Mail address: _____

Emergency Contact & relationship to participant: _____
_____ Note any Medical conditions, allergies or special needs (45 day advance notice required) that we should be aware of in relation to the program in which you or your child is registering: _____

Will there be a TSS or Medical assistant ___ Note that we do not have a nurse on the premises all Camp Counselors are 1st aid and CPR trained.

Shirt size: Please circle your child's shirt size! Registrations must be RECEIVED by JUNE 12 to be GUARANTEED a T-Shirt Check size Child: 6-8, 10-12, 14-16 or Adult: S M L XL

Money Orders made to: SMNF.....Mail to: 401 South Avenue, Syracuse, New York 13204 Attention Ms. Valerie

FIELD TRIPS POLICY

In order for summer camp participants to attend field trips, the following must occur:

1. **Code of Conduct:** Must be signed by Parent and Higher Standards Destined For Greatness Summer camp participant.
2. **Health Forms:** A faculty member who leads a field trip must have a completed health form for all field trip participants, regardless of the duration of the field trip. Health forms should be kept with the first aid kit. Each field trip participant must indicate on the SCC medical form; allergies, medication and any life-threatening health condition.
3. **First Aid Kit:** A first aid kit must be taken on all field trips, regardless of the duration of the trip. A field trip leader must take the responsibility of learning at least basic first aid skills (CPR and first aid trainings are recommended).
4. **Report of accident, injury, or illness:** In the event of an accident/injury/illness during a field trip, the field trip leader must fill out the accident/injury/illness form and must advise the youth that their parent will be advised. Accident/injury/illness forms must be kept with the first aid kit and turned in to Angela Dyer following the field trip. The field trip leader must contact the parents of the student if the accident, injury, or illness is serious or potentially serious.
5. **Itinerary and emergency contact information:** Before the field trip departs, the field trip leader will obtain a copy of the field trip itinerary and emergency contact information form). This form must list all field trip participants.
6. **Vehicle use:** Personal vehicles should not be used for field trips. SCC vehicles, Park and Recreation vehicles and professional transportation companies may be used. Only drivers authorized by SCC are permitted to drive a vehicle on a field trip, and drivers must abide by all rules outlined by Operations manual of SCC. Our policy states that SCC authorized drivers and all passengers wear seat belts. The number of passengers in the vehicle must not exceed the number of seatbelts available.
7. **Limitations on driving:** SCC prohibits an individual from driving for more than 6 hours consecutively in one day, 2) prohibit a group from traveling more than 14 hours in one day, regardless of the number of drivers available, 3) drivers should not exceed speeding limits, 4) text or use a hand-held cell phone or any other electrical device while driving.
8. **Avoiding missing persons:** Each time the field trip leader loads up the vehicles(s) for departure, he/she should do a head count in each vehicle to make sure that all students are present. At the end of a field trip, the leader should double-check to make sure that everyone has, in fact, returned safely to campus. The participants name should be called and checked off when they respond.
9. **Clean-up:** Following a field trip, all equipment must be cleaned and put away. Any broken or missing items must be reported to the camp leader. The area in which was used by the campers must also be cleaned and all debris or garbage removed from the vehicles and discarded.
10. **Parents Involvement:** Parent volunteers are welcomed after completing a volunteer package.
11. **End of Day:** All participants must be signed-out by a parent/guardian.