

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



SUMMER DAY CAMP 2017

JUNE 5TH – JULY 28TH

Summer Day Camp is held from 8:00 A.M. to 5:00 P.M.
Monday through Friday (Except Monday, July 3RD AND
Tuesday, July 4TH)

**For children entering 1ST through 6TH grade
for the 2017-2018 school year**

If you are accessing the Summer Day Camp Application ONLINE, please print pages 3-5 and fill them out in a blue or black INK pen. (Pages 1-2 are for your reference.) 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. 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

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 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****

**DEADLINE FOR ALL APPLICATIONS:
Thursday, June 1, 2017**

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, 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 2017

Week 1 - June 5– June 9	Week 5* - July 5 – July 7
Week 2 - June 12 – June 16	Week 6 - July 10 – July 14
Week 3 – June 19 – June 23	Week 7 - July 17 – July 21
Week 4 – June 26 – June 30	Week 8 – July 24 – July 28

(*No camp Monday, July 3RD or Tuesday, July 4TH ... Weekly fees discounted, see bottom of page)

DEADLINE FOR ALL APPLICATIONS: Thursday, June 1, 2017

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 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**). 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. NO EXCEPTIONS.

Wickliffe Residents

Weekly Rate:

\$100.00 per week for the first child in a family
\$70.00 per week for each additional child in a family

Two Day Rate:

\$75.00 per week for the first child in a family
\$55.00 per week for each additional child in a family

Non-Residents

Weekly Rate:

\$150.00 per week for each child in a family

Two Day Rate:

\$100.00 per week for each child in a family

Extended Hour Service Rates

** This fee should be paid in advance of the weeks that the service will be used.

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.

** Failure to pay in advance will result in an extra fee.

** Repeated extended care service violations, will result in no further access to this option.

***No Camp on Monday, July 3RD OR Tuesday, July 4TH (Special Fees for Week 5 ONLY below)**

Wickliffe Residents

Weekly Rate for Week 5 Only*

\$70.00 for this week for the first child in family
\$50.00 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 print pages 3-5 and fill them out in a blue or black INK pen. (Pages 1-2 are for your reference.) 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. 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

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

2017 WICKLIFFE RECREATION SUMMER DAY CAMP JUNE 5TH – JULY 28TH

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 '17 _____

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

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 _____

****DAYTIME E-MAIL ADDRESS _____****

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

Week 1 - June 5 - June 9 **Week 2** - June 12 - June 16 **Week 3** - June 19 - June 23 **Week 4** - June 26 - June 30

Week 5* - July 5 - July 7 **Week 6** - July 10 - July 14 **Week 7** - July 17 - July 21 **Week 8** - July 24-July 28

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

#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 _____

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****

2017 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**

