

TOWNSHIP OF SPARTA



65 Main Street
Sparta, New Jersey 07871-1986
Fax: (973) 729-0795

SPARTA RECREATION DAY CAMP AT CAMP SACAJAWEA CAMP PACKET Entering 1st – 9th Grade

Dear Parents,

Welcome to Sparta Recreation's Day Camp Program at Camp Sacajawea! Enclosed you will find a registration packet which contains the necessary information in order to complete the registration process.

The packet contains the following:

1. **General Information & Policy and Procedures** - This information has been compiled to provide general information regarding the program as well as to inform you about the policies and procedures that we will follow this year at camp.
2. **Program Registration Form** - Please fill out **all** of the required information on this form.
* **PLEASE NOTE*** Your child's **immunization records** **must** be submitted to us when you return the registration information. (If your child attended camp last year, it is possible that we have a copy of his or her immunization record on file. Please call our office to confirm this before you send in an incomplete registration packet!)
3. **Insurance Information/Health History and Consent to Treat Form** - This form must be completed in its entirety.
4. **Camp Registration Checklist** – Before returning the application packet, please review the checklist to make sure that your information is complete.

NO FORMS WILL BE ACCEPTED AT THE OFFICE UNLESS ALL INFORMATION IS COMPLETE!

ALL forms must be completed in their entirety and on file at Sparta Recreation before your child will be permitted to attend camp.

Please be prompt in returning your packets. You may drop them off in person to Sparta Recreation in the lower level of the Sparta Library (22 Woodport Road) or mail to:

Sparta Recreation
65 Main Street
Sparta, NJ 07871

Once again, thank you for choosing Sparta Recreation's Day Camp Program at Camp Sacajawea! If you have any further questions after reading this information packet, please call Sparta Recreation at 973-729-2383. Our office hours are Monday through Friday from 8:30am to 4:30pm.

SPARTA RECREATION DAY CAMP

1. **LOCATION:** Camp Sacajawea – 844 White Lake Road, Sparta

2. **AGES:** ENTERING 1ST THROUGH 9TH GRADE
(2023-2024 School year)

3. **ACTIVITIES:** Campers will spend their days enjoying outdoor activities such as swimming, fishing and boating in White Lake, archery, biking, games, sports, arts & crafts, and nature walks.

4. **DATES/TIMES:** Regular Hours: 8:30am-3:00pm
Early Drop Off: 8:00am
Late Pick Up: 5:00pm

Week	Dates*	Special Events
1	7/3-7/7 4-Day Week	Laser Tag
2	7/10-7/14	Joe Fischer's Magic Show Field Trip to Mt. Olive Carnival**
3	7/17-7/21	Rizzo's Reptile Show Field Trip to Funplex Waterpark**
4	7/24-7/28	Game Day Field Trip to Funplex Waterpark**
5	7/31-8/4	Mad Science Field Trip to Treescape Aerial Park**
6	8/7-8/11	End of Season Carnival!

*Dates are subject to change, based on modifications to the 2022-2023 Sparta Township school calendar, due to snow/emergency snow closures.

5. **TWO CAMPER IDENTIFICATION CARDS** – Enclosed are 2 “Camper Identification Cards”. Please complete **both** and return, along with all other required information. (Please note the cards are two-sided.) In addition, please attach two current wallet-sized pictures of your child.

6. **IMMUNIZATION RECORDS/CONSENT TO TREAT FORMS** – A copy of your child’s immunizations records along with the Consent to Treat form must be submitted with your registration forms.

7. **DROP OFF PROCEDURE:**

8:00am drop offs: Parents should drive to the Main House and park in front of the building. Please park and walk your child into the Main House. Parents must sign in their child.

8:30am drop offs: Parents will enter the large parking lot and wait in the car line to drop their child off. Camp staff will be there with a sign-in sheet for you to sign your child in before he/she exits the vehicle.

8. **PICK UP PROCEDURE:**

If you arrive at your child's designated time, simply pull in the large parking lot, park and walk towards the fence. Campers will be lined up and ready for dismissal. Your child can only be dismissed to a parent or someone authorized by their parent. If anyone other than the child's parent is picking up, they **MUST** be listed on your registration packet. Additionally, they will be asked to show their driver's license to camp staff.

If you are picking your child up early for an appointment, please drive to the Main House and call the camp phone at 862-268-2199. A counselor will bring your child out to your car. Please give counselors ample time to have your child ready for an early pickup and please be patient as it is a large facility.

9. **COMMUNICATION:** Parents of registered campers will receive an email the week before camp starts, to confirm registration and to provide updates and reminders for the upcoming week. These emails are sent through our registration system (Community Pass), so please be sure to update this with your current email address and check all Spam and Junk folders for this email. Our Camp Director can be reached via cell phone at 862-268-2199 with any urgent matters during the camp day.

10. ****FIELD TRIPS:** We will be offering a variety of optional field trips for children entering grades 3-9. Detailed information will be available as the summer approaches. **Field trip registration begins on June 1st.** Space is limited. Additional fees will be charged to cover the cost of these trips and can be paid online or at Sparta Recreation. **Payment will not be accepted at camp.** All trip fees are non-refundable. Your child must be registered in camp on the applicable week to attend the field trip.

11. **REFUND POLICY:** All requests for withdrawals must be submitted to our office in writing (Kelly.Giannantonio@spartanj.org). **Beginning June 1st, all credits and refunds are subject to a \$25 fee per transaction. No refunds, partial refunds or credits will be issued unless received, in writing, 10 days prior to program start date.**

15. **NO MEDICATIONS** will be administered.

16. For your child's well-being and safety, there will be staff members on site who are First Aid and CPR certified. The day camp is limited to first aid only, and any medical situation that is beyond the scope of basic response will be referred to Sparta Ambulance and/or Newton Memorial Hospital.

17. Certain rules of behavior will be explained to the children at the beginning of camp. If, for some reason, there is a discipline problem involving your child, parents will be notified. If the problem persists, we will exercise the option of suspending the child for a period of time. This option will only be exercised after every other avenue has been explored, **however, if this does occur, the suspensions will occur without financial reimbursement.**

18. Certified lifeguards will staff the waterfront. Waterfront rules and regulations will be **strictly enforced.**

19. What to wear to camp:

- Children can wear or pack their bathing suit. Appropriate changing areas are available.
- Children should dress in comfortable clothing and will be participating in outdoor activities that may get messy.
- Children should wear comfortable sneakers and socks, due to the terrain of the camp and nature of activities. Open shoes (flip flops, slides, etc.) can be packed for them to wear only while at the lake.

20. What to bring to camp:

- Bathing suit and towel
- Rain jacket or poncho (if rain is forecasted.)
- Sunscreen and insect repellent (or apply at home; staff can only apply spray on products)
- Refillable Water bottle
- Nut-free lunch, preferably wrapped in a disposable plastic bag. Lunches will be stored in refrigerators at camp. Please clearly label all food with your child's name.
- Please check weekly email for additional items that may be required.

21. We strongly discourage you from sending your child to camp with cell phones, Ipads, game consoles or other electronic devices. Our Day Camp Program is an outdoor camp, and we encourage all children to unplug, enjoy nature and participate in the activities provided at camp. Staff at camp is available at all times at 862-268-2199 with any urgent matters.

22. Sparta Recreation is not responsible for any personal belongings that are brought to camp, such as sports equipment, toys, jewelry etc.

23. Friends, family, relatives or other visitors are not permitted to attend camp. This policy was enacted based upon medical and legal considerations.

24. No camper will be permitted to leave the facility unless he/she is signed out with the Camp Director, by a legal parent or guardian. If, due to custody issues, there are certain days that one guardian is not legally authorized to pick up a child, please note that on the registration form.

25. Late Fee Policy: Any tardy pick-ups will incur a charge of a \$1.00 per minute for every minute beyond 3:05pm or 5:05pm (depending on your registration option of 3pm or 5pm). In the event that your child will be picked up late, please call the camp phone at 862-268-2199 as soon as possible, to notify staff.

Your cooperation in these areas will be appreciated. We look forward to an exciting and enjoyable summer program for your child. If you have any questions or need further clarification, please call Sparta Parks & Recreation at 973-729-2383.

Please review the checklist below to make sure that all of your camp paperwork is complete. Please understand that:

NO FORMS WILL BE ACCEPTED AT THE OFFICE UNLESS ALL INFORMATION IS COMPLETE & ALL FORMS ARE TURNED IN.

Your child will NOT be permitted to attend camp unless all paperwork has been turned in.

Paperwork is not to be handed in at camp. It is for your child's safety and well being that paperwork be properly copied and filed by Sparta Recreation before being submitted to camp staff.

CAMP REGISTRATION CHECKLIST

- Registration Form**
- Insurance Information/Health History and Consent to Treat Form**
- Immunization Records (if not on file at Recreation Office)**
- Two (2) Camper Identification Cards with two (2) wallet-sized photos (current)**
- Photocopy of insurance card (both sides)**
- Any custodial documentation (if applicable)**

Please check off the weeks of camp that your child will be attending.

Wk 1: 7/3-7/7 _____ Wk 2: 7/10-7/14 _____ Wk 3: 7/17-7/21 _____ Wk 4: 7/24-7/28 _____ Wk 5: 7/31-8/4 _____ Wk 6: 8/7-8/11 _____

DAY CAMP REGISTRATION GRADES 1-9

Name: _____ Birth Date: _____
Last First Middle

Home Address: _____
Street address City State Zip

Grade Level as of Fall 2023: _____

*Custodial Parent or Guardian: _____ Phone: _____

Home Address: _____ Email: _____
(if different from above) Street address City State Zip

*Second Parent or Guardian: _____ Phone: _____

Home Address: _____ Email: _____
(if different from above) Street address City State Zip

*** If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please supply documentation to this effect.***

PERSONS AUTHORIZED TO PICK UP CHILD FOR CARPOOLING PURPOSES AND/OR CONTACT IN CASE OF EMERGENCY IF PARENTS ARE NOT AVAILABLE:

1. Name: _____

Relationship: _____ Phone: _____ Phone: _____
(Home) (Cell)

2. Name: _____

Relationship: _____ Phone: _____ Phone: _____
(Home) (Cell)

3. Name: _____

Relationship: _____ Phone: _____ Phone: _____
(Home) (Cell)

IMPORTANT - PLEASE READ & SIGN - HOLD HARMLESS FORM

I hereby give permission for myself/child to participate in the Sparta Parks and Recreation Department program noted above for the time and date indicated. I waive and release all rights and claims for damages against the Sparta Parks and Recreation Department and their employees and agents for any and all injuries, which may be suffered by the herein named minor or myself while participating in the program. Inherent in outdoor activities are the risks of cuts, bruises, sprains, or concussion. I also give permission for the Sparta Parks and Recreation Department to make non-commercial use of any activity photographs of my child or myself.

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

INSURANCE INFORMATION-HEALTH HISTORY & CONSENT TO TREAT FORM

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No
If so, indicate carrier of plan name _____ Group # _____

➤ **Photocopy of front and back of health insurance card must be attached to this form.**

HEALTH HISTORY:

ALLERGIES: List all known Describe reaction and management of the reaction
Medication Allergies (list)

Food Allergies: (list)

Other Allergies: (list) - include insect stings, hay fever, asthma, etc.

DISABILITIES/HANDICAPS: _____

PRESCRIPTION DRUGS IF ANY: _____

PRE-EXISTING CONDITIONS FOR WHICH PARTICIPANT IS BEING TREATED:

ANYTHING ELSE A DOCTOR TREATING PARTICIPANT SHOULD BE AWARE OF:

EXPLAIN ANY RESTRICTIONS TO ACTIVITY: _____

Explain any additional information about the participant's behavior and/ or physical, emotional or mental health of which the camp should be sensitive/ aware.

IMPORTANT - PLEASE READ & SIGN – CONSENT TO TREAT

This is to certify that on this date, I, the undersigned, as parent or guardian of the above-named participant, give my consent to the Township of Sparta, the personnel thereof, and the medical and other representatives thereof, to obtain medical care from any licensed physician or other qualified emergency or non-emergency medical personnel, or a hospital or medical clinic, for the above-named participant for any injury that could arise from participation in the activities of the Township of Sparta Department of Parks and Recreation Summer Camp Program, including all activities and other events, and functions directly or indirectly related thereto, whether on or off the property of the Township of Sparta. It is understood that if only one parent or guardian is signing this consent to treat, the signing parent or guardian hereby certifies that he or she is signing on behalf of and with the full consent of any other parent or guardian, and will indemnify all parties against any actions or claims brought by any non-signing parent or guardian.

Parent/Guardian Signature: _____ **Date:** _____