



Incorporated
Village of Port Jefferson
Recreation Department

101-A East Broadway
Port Jefferson, NY 11777
(631) 802-2160

2020 Summer Camp Application

**All CAMP Applications must be up loaded
on line at www.portjeff.com**

We will not accept applications without completed forms listed below

Camp Checklist

- Completed Registration Form
- Completed Medical Form with doctor signature/dated
- Completed Behavioral Contract
- Completed Transportation Request Form
- Completed Public Relations Form
- Did you register for our text alert messages

Registration Form

2020 Port Jefferson Summer Camp

Child's Last Name _____	First Name _____
Child's Last Name _____	First Name _____
Child 1 Age _____	Birthday _____
Child 2 Age _____	Birthday _____
Street Address _____	
City, State, Zip _____	
E-mail Address _____	
Please print clearly	
*Parent permission to apply sun block to your child (face, arms, legs) _____	

Emergency Contact Information:

Mothers Name _____	
Mothers Work Phone	_____
Mothers Cell Phone	_____
Home Phone #	_____
Fathers Name _____	
Fathers Work Phone	_____
Fathers Cell Phone	_____
Emergency contact	_____
Emergency phone	_____
Emergency Cell	_____
Medication	_____
Allergies	_____

Payment Information:
 Please check off program your child will be attending. Register on line only at www.portjeff.com. **NO REFUNDS.**

		*Non Residents please add \$10		
<u>June 29-August 14th</u>		Child	Child	Child
<u>Full Day Options</u>				
Beach Camp Only (Tues & Thurs Only)	\$655	_____	_____	_____
Full Day Camp	\$1,675	_____	_____	_____
<u>Half Day Options:</u>				
Beach Camp Only (Tues/Thurs Only)	\$330	_____	_____	_____
Harbor/front Camp Only (M/W/F only)	\$445	_____	_____	_____
PJCC Tennis Only (M/W/F only)	\$565	_____	_____	_____

THE UNDERSIGNED AGREES THAT THE VILLAGE OF PORT JEFFERSON, IT'S AGENTS, OFFICERS, ELECTED AND APPOINTED OFFICIALS AND EMPLOYEES SHALL NOT BE LIABLE FOR ANY CLAIMS, INJURIES, DAMAGES OR EXPENSES SUSTAINED BY THE UNDERSIGNED AS A RESULT OF PARTICIPATION IN THE ACTIVITY DESCRIBED ABOVE. THIS RELEASE FROM LIABILITY SHALL APPLY TO ALL SUCH CLAIMS, INJURIES, DAMAGES OR EXPENSES REGARDLESS OF WHO IS AT FAULT AND EVEN IF CAUSED BY THE NEGLIGENCE, NEGLECT OR FAULT OF THE VILLAGE OF PORT JEFFERSON, ITS AGENTS, OFFICERS, ELECTED AND APPOINTED OFFICIALS AND EMPLOYEES. THIS RELEASE IS MADE WITH KNOWLEDGE THAT THE VILLAGE OF PORT JEFFERSON PROVIDES NO INSURANCE TO COVER CLAIMS, DAMAGES OR EXPENSES WHICH MAY RESULT FROM THE DESCRIBED ACTIVITY.

SIGNATURE _____
 DATE _____

Please Register ON LINE only at www.portjeff.com

MUST BE RETURNED BEFORE 6/1/2020 OR CHILD CAN'T ATTEND CAMP

**Port Jefferson Summer Camp
Health Record and Release Form**

Every camper must have this health record filled out for camp and brought to camp before they arrive. Camps held in the New York State require this form to be completed and signed by a physician before your child can participate at summer camp.

(Note: Please attach a copy of child medical insurance card)

PART A.

Child name: _____
Last First M.I.

DOB: _____ Age: _____ Sex: _____

Parent/Guardian: _____

Address: _____

Phone (Home): _____

Phone (Cell): _____

Emergency Contact: _____

Phone: _____

Health History

Asthma: Yes/No Loss of Limb: Yes/No
Diabetes: Yes/No Orthopedic Problem: Yes/No
Heart Problem: Yes/No Depression: Yes/No
Mono: Yes/No Head Injury: Yes/No
Cancer: Yes/No Migraine: Yes/No
Ear Infection: Yes/No Tuberculosis: Yes/No

Please explain all "yes" answers _____

Other serious illness or injury: _____

List all current medications (Prescription, "over the counter" and herbal) _____

Health Insurance Provider: _____

Policy name/ID Number _____

Policy Holder's Name & DOB _____

Insurance Provider Contact Phone _____

Allergies

List all allergies (medication, food, etc) _____

Parent's Authorization

My child may participate in all activities at the Camp "Leader". I give my child permission to be treated by emergency response personnel. I understand that every attempt will be made to contact me, or the emergency contact, before taking this action. I hereby waive and release the Camp "Leader" staff, camp management and sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp. Allows camper to participate in camp swimming activities on camp trips and participate in field trips.

Parent Signature _____ Date _____

****Note**** Port Jefferson summer camp will not administer medications during camp hours.

PART B.

Health examination by licensed physician

Examination is acceptable when performed no more than 12 month prior to arrival at camp.

Immunization History (Please List Dates)

Copy of Immunization Record preferable

DPT _____ Booster _____ Tetanus _____

Polio OPV (Sabin) _____ Booster _____

Measles/Mumps/Rubella (MMR) #1 _____ #2 _____

Meningitis _____ See form, Td _____

Tuberculin Test _____ Results _____

Hepatitis B #1 _____ #2 _____ #3 _____

Varicella _____ Influenza Type B _____

HIB #1 _____ #2 _____ #3 _____

Haemophilus _____

Child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years.

Date Received _____

The applicant is under the care of physician for following condition(s): _____

Restrictions/limitations for camper while at camp? Yes/No

If yes, please explain: _____

Current treatment (include current medications): _____

Does applicant have epilepsy? Yes _____ No _____

Does applicant have diabetes? Yes _____ No _____

Any treatment to be continued at camp: _____

PORT JEFFERSON CAMP WILL NOT ADMINISTER MEDICATIONS.

Any medically prescribed meal plan or dietary restrictions: _____

Any allergies (food, drugs, plants & insects, etc.): _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in summer camp activities, except as noted above.

Physician's Name: _____

Address: _____

Phone: _____

Physician's Signature: _____

Date of Examination: _____



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Port Jefferson Summer Camp 2020

Behavioral Contract

Our goal at the Port Jefferson Summer Camp & PJCC Tennis Academy is to promote a peaceful and safe environment. In keeping with this goal, it is expected that each camper will do the following:

- Proper Dress Attire for PJCC Tennis (shirt, shorts, sneakers)
- Always keep your hands to yourself (no hitting, etc.)
- Always listen to your counselor
- Refrain from using inappropriate language
- No spitting or biting
- Always listen to your counselors
- Always use materials and toys appropriately
- Treat others as you wish to be treated yourself

This is the procedure we will follow when we have a child involved with unacceptable behavior:

First Offense Counselor will talk to child and resolve the situation
Second Offense Counselor will discuss problem with parent
Third Offense Director will call parent
Fourth Offense Child will be dismissed from program. **NO REFUND!**

Serious or disruptive/destructive behavior that interferes with normal camp operation will not be tolerated and will result in immediate dismissal with no previous notice to parents.

Important note: if a child is dismissed from camp due to behavioral incidents, there will be **NO REFUNDS OF TUITION**.

By signing, we acknowledge we have read and agree to the rules and regulations as set forth and I understand that there will be **NO REFUNDS OF TUITION** if my child is dismissed from camp for behavioral problems.

Parent Signature

Date

Child Signature (if over 8 years old)

Date



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Public Relations Release

Port Jefferson Summer Camp 2020

I give consent for the Village of Port Jefferson to use my child's photographs/video of my child involved in the Port Jefferson Summer Camp or PJCC Tennis Academy activities at any time for editorial, illustration, promotional, advertising, media coverage and or other similar purposes in connection with any publication or activity.

Parent Signature _____

Print Name _____

I would like for my child's picture/video to be used on the Village of Port Jefferson website only.

Parent Signature _____

Parent Name _____

Please do not use my child's picture/video on any website.

Parent Signature _____

Parent Name _____

Thank you,

Port Jefferson Village Center



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Transportation REQUEST 2020

From Port Jefferson Village Center to PJCC

From Port Jefferson Village Center to Rocket ship Park and or East Beach/West Beach

Child's Name	DOB	Age	PJ Village Bus
			X
			X
			X
			X

Days Attending	Monday	Tuesday	Wednesday	Thursday	Friday	Dates
PJCC Tennis	X		X		X	June 29, July 1,3,6,8,10,13,15,17,20, 22,24,27,29,31, August 3,5,7,10,12,14

Days Attending	Tuesday	Thursday	Dates
Beach Camp	X	X	July 2,7,9,14,16,21,23,28,30, Aug. 4,6,11,13

Days Attending	Wednesday	Dates
Rocket ship Park	X	July 1,8,15,22,29 Aug. 5,12

Parent Signature: _____

Date: _____



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PARENTS STAY INFORMED OF SUMMER CAMP UPDATES

This information will be sent to you once you register for camp

Our Director Susan Allen will text all parents
Daily updates regarding our
Port Jefferson Summer Camp

Enter this number

Text this message @