

Town of Greenwich - Department of Parks and Recreation

KAMP KAIRPHREE 2016 (203) 637-4583

Activity # 20101 FEES AND DATES:

There are four 2 week sessions

Early-Bird (April 1st – May 31st) Registration Fee:

\$280.00 per session - 1st child

\$260.00 for each additional sibling in same session

Registration June 1st or later:

\$305.00 per session - 1st child

\$285.00 for each additional sibling in same session

\$325.00 each non-Greenwich resident*

NO REFUNDS

* Non-Greenwich resident registration begins June 1st.

There are NO refunds and we do not pro-rate fees. Requests for credit will only be considered, if received in writing prior to the start of the program. There is a \$15 administrative fee for credits and a \$25 fee for any returned checks.

Session/Section# I: June 27-July 8 (no Kamp July 4th)

Session/Section# II: July 11 - July 22

Session/Section# III: July 25 - August 5

Session/Section# IV: August 8 - August 19

**** Dates Subject to change.****

AGES:

Coed for ages 5 - 12 years old

Must be 5 years old by start of session.

HOURS:

Kamp Kairphree runs Monday through Friday from 9 AM to 4 PM. Pick-up is at 4 PM sharp.

REGISTRATION

Registration begins April 1, 2016 and may be completed online or directed to:

**Kamp Kairphree at Greenwich Civic Center
90 Harding Road
Old Greenwich, CT 06870**

REGISTRATIONS WILL BE RETURNED IF ANY PART IS NOT PROPERLY COMPLETED OR IF PAYMENT IS NOT INCLUDED.

A complete registration will have all registration forms, medical forms, copy of birth certificate for 5 year olds, full payment made **payable to the "Town of Greenwich,"** as well as proof of residency.

The primary addressee of your Parks & Recreation account must provide two of the following proofs of residency every year: Residential Lease / Credit Card Bill / Bank Statement (not mortgage) / Utility Bill (Gas, Electric, Water, Oil) / Cable Bill / Phone Bill (not cell) / Driver's License / DMV ID. Proof of residential address must be current and show resident name.

Applications can be submitted on-line at www.greenwichct.org/webtrac, or in-person at the Eastern Greenwich Civic Center weekdays 9AM-1:30PM. Registration is limited and is available on a first-come, first-served basis. Non-Greenwich resident applications will be accepted by mail or in-person only beginning June 1st, provided there is space available.

MEDICALS:

A medical form is required as part of a complete registration.

Medical forms must be completed by a licensed physician, stating that the child has had an examination **September 1, 2014** or after. A blank medical form is supplied in this packet.

In addition, the immunization records and health history will be reviewed and there must not be any apparent contraindication to participating in camp activities.

TRANSPORTATION:

Regular transportation is included in the camp fee. **The schedule of our twelve pick-up points is on the back of this sheet.** Campers must know the name and location of their bus stop, as well as their address and phone number.

LOCATIONS:

Kamp Kairphree is headquartered at:
Eastern Greenwich Civic Center,
90 Harding Rd, Old Greenwich, CT.

Sites are also used at Greenwich Point. The "Front of the Beach" is the area behind the main concession stand. The "Back of the beach" is located at the northwest corner of the lake/Eagle Pond.

KK operates at the Civic Center and Greenwich Point, simultaneously.

Kamp is held at Island Beach (Ferry at Arch Street) each Wednesday, weather permitting. Drop off and Pick up are at Island Beach Ferry Dock on those days. Call the hotline (203-618-7653) if there is inclement weather.

HOTLINE: Our hotline **(203 618-7653)** is updated daily with our rotating schedule and camper's unit locations. Voicemails should not be left here.

(If you would like to leave a message outside of Kamp hours, please do so at (203) 637-4583.)

WHAT TO BRING:

Lunch must be brought from home. Drinks are provided.

Please bring a bathing suit, towel, and sunscreen (spray-on suggested) daily. ***All campers must bring water shoes to**

wear at the beach. They will not be allowed in the water without them. **Label all items** your child brings from home.

No electronics may be brought to camp (i.e. cell phone, Nintendo DS, etc.) We are not responsible for valuables brought to camp.

OVERNIGHTS AND COOKOUTS

At the discretion of the Directors, one overnight per session may be planned for older campers.

CORRESPONDENCE:

Some correspondence will be made via email. Please make sure **civiccenter@greenwichct.org** is on your accepted email address list to avoid these messages being filtered into your spam folder.

The Parks & Recreation Department reserves the right to use program or event photographs including program participants in Town media.

***** KEEP THIS PAGE FOR YOUR REFERENCE *****

Greenwich Department of Parks and Recreation

Kamp Kairphree 2016 BUS SCHEDULE

(Please note: Bus B has an alternate schedule on Wednesdays)

ROUTE A	DEPARTURE	RETURN
W GREENWICH CIVIC CENTER <i>Back of civic center in side parking lot</i>	8:10 AM	4:45 PM
WESTERN MIDDLE SCHOOL <i>In front of school</i>	8:15 AM	4:40 PM
SCHUBERT LIBRARY <i>Sidewalk across from front door</i>	8:25 AM	4:30 PM
ARMSTRONG COURT <i>Center of all buildings</i>	8:30 AM	4:25 PM
HAMILTON AVE. SCHOOL <i>In front on street/sidewalk</i>	8:35 AM	4:20 PM
JULIAN CURTIS SCHOOL <i>Front of school in circle</i>	8:45 AM	4:15 PM

ROUTE B	DEPARTURE	RETURN
COS COB SCHOOL <i>In front circle</i>	8:20 AM <i>WED: 8:35 AM</i>	4:40 PM <i>4:05 PM</i>
NORTH MIANUS <i>In front circle</i>	8:30 AM <i>WED: 8:25 AM</i>	4:30 PM <i>4:10 PM</i>
DUNDEE SCHOOL <i>In front circle</i>	8:35 AM <i>WED: 8:20 AM</i>	4:25 PM <i>4:15 PM</i>
ADAMS GARDEN <i>In front on street/sidewalk</i>	8:40 AM <i>WED: 8:15 AM</i>	4:20 PM <i>4:20 PM</i>
RIVERSIDE SCHOOL <i>Front square</i>	8:50 AM <i>WED: 8:05 AM</i>	4:10 PM <i>4:25 PM</i>
OLD GREENWICH SCHOOL <i>AM: front of school, PM: side of school in parking lot</i>	8:55 AM <i>WED: 8:00 AM</i>	4:05 PM <i>4:30 PM</i>

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Department of Parks and Recreation

KAMP KAIRPHREE 2016
REGISTRATION FORM

Child's Name: _____ Sex: _____
Last First

Address: _____
Street Town Zip

Birth Date: _____ Age: _____ School: _____
month/day/year (when session begins)

Home Phone: _____ Business Phone: _____

Alternate Phone: _____ (Please mark preferred first choice phone number with an asterisk [*])

Emergency Contact (Notify **in my absence**): _____
Name Phone

Additional Emergency Contact: _____
Name Phone

Primary E-mail Address: _____
(Mandatory for correspondence. Please print clearly.)

Parent's Name (Please Print) Parent's Signature

PLEASE CIRCLE SESSION(S) ATTENDING:

SESSION 1 June 27 - July 8
No Camp July 4

SESSION 2 July 11- July 22

SESSION 3 July 25 – August 5

SESSION 4 August 8 –August 19

Please check appropriate bus route choice: A _____ or B _____ or Parent Pickup _____

(Bus routes & Times attached)

NOTE: WEDNESDAY PARENT PICK-UP AND DROP-OFF IS AT THE ISLAND BEACH FERRY DOCK AT 8:50AM UNLESS THERE IS INCLEMENT WEATHER. ALWAYS CALL THE KAMP HOTLINE NUMBER FOR DAILY SCHEDULE UPDATES. BUS B RUNS ON WEDNESDAY'S SCHEDULE RAIN OR SHINE.

A.M. BUS PICK UP/DROP OFF LOCATION _____

P.M. BUS PICK-UP/DROP OFF LOCATION IF DIFFERENT _____

INITIAL HERE IF YOU WILL BE TRANSPORTING YOUR CHILD/REN BY CAR (NO BUS STOP): _____

Note: DROP OFF IS 9AM, PICKUP IS PROMPTLY AT 4PM.

I, the undersigned, understand that my child should be at his/her bus stop at least 5 minutes prior to the scheduled bus departure in the AM and that someone must be at his/her bus stop for pick up at least 5 minutes prior to the scheduled bus return in the PM.

I also understand that the Department of Parks and Recreation does not assume responsibility of my child prior to and after departure of the bus.

Parent's Signature

(Over Please)

Department of Parks and Recreation

KAMP KAIRPHREE 2016
REGISTRATION FORM

I authorize any licensed physician to provide any proper emergency treatment in the event of an emergency to my child. I understand that this authorization is given prior to any need for medical care and is given to avoid any unnecessary delay for emergency treatment that the physician may deem advisable in the exercise of his/her best judgment. I assume a reasonable attempt will be made to contact me. I also authorize the Director/Staff of Kamp Kairphree to arrange for emergency transportation away from the program to the nearest medical facility.

If emergency treatment is needed, the following information will be vital:

1. What allergies (if any) does your child have? **Please write "NONE" if there are none.**

2. Is your child taking any medication(s) on a regular basis?

3. Does your child have any illness that a physician or our camp directors should be aware of? (i.e., seizures, heart problems, diabetes). Please include any other note you would like the directors to be aware of. (ex: weak swimmer, ADHD, peculiar birthmark)

My child has permission to participate in all activities and accompany his/her counselor on special field trips. I understand that my child's counselor will notify me of the exact date, time and place, prior to each projected camp trip. I understand and agree to the aforementioned procedures.

Child's Name (please print)

Parent's Name (please print)

Parent's Signature

Date

PLEASE ATTACH A COPY OF BIRTH CERTIFICATE FOR FIVE (5) YEAR OLDS.

Special requests:

Camper(s) you would like to request be put in unit with your child:

Please note:

*Children must be in the same age group to accommodate request. **Not all requests can be accommodated.***

Please do not request unit changes during the session. Kamp Kairphree will not move campers between units once assigned.

****RETURN THIS SHEET WITH REGISTRATION FORMS****

Department of Parks and Recreation
KAMP KAIRPHREE 2016
Greenwich Civic Center
90 Harding Road
Old Greenwich CT 06870

HEALTH EXAMINATION AND RECORD

MUST BE COMPLETED BY PHYSICIAN:

KAMP KAIRPHREE 2016

CHILD'S NAME: _____

BIRTH DATE: _____

ADDRESS: _____
Street Town Zip

HT. _____ WT. _____

has been examined. In addition, the health history and immunization records have been reviewed. There are no apparent conditions that might impede camp/playgroup performance with the following exceptions:

Immunization Record:

Date of Last Booster:

DPT Series #1 _____ #2 _____ #3 _____
Polio Series #1 _____ #2 _____ #3 _____

Date of Immunization:

Live Measles Vaccine _____
Mumps Vaccine _____
Rubella Vaccine _____
Tuberculin Skin Test _____
Comments, Special Problems, Allergies, etc. _____

Signature of Physician _____
(Please Print Name) _____

Address _____

Date of Examination _____ Phone Number _____

*Please note: We will accept a different copy of your child's medical, as long as it is signed and dated by your physician. **It must be dated September 1st, 2014 OR AFTER.** A new copy must be supplied by the family each year. Kamp Kairphree will not save medical forms from prior years.*



Program Registration (please print)

Program Name _____ Activity # _____ Section # _____

Participant's Name _____ Gender (M/F) _____

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Parent/Guardian _____ e-mail _____

Home Phone _____ Work Phone _____ Cell _____

In case of emergency notify the following:

Name _____ Phone _____ Relationship: _____

List Physical Restriction(s): _____

INDEMNIFICATION AND RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the _____ program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity (ies) and authorize emergency medical treatment and transportation in my absence.

Dated at Greenwich, Connecticut, this _____ day of _____ 201__.

Signature of Participant or Parent or Guardian for participants under 18 years of age:
