



# Half Day Summer Camp

## Malta Summer Recreation

### 2022 Registration Packet

**Malta Residents:**

**Registration opens April 11th**

**Non-Residents:**

**If spots available, registration opens**

**May 11th**





Malta Summer Recreation is a NYS Health Department licensed program.

Campers will enjoy fun-filled activities such as sports, crafts, games, and playground time. Each week brings a new theme and new activities.

Children register for the grade they enter in fall 2022

Grades K-5 Monday-Friday

Grades 6-9 Monday-Thursday

9:30 am - 12:30 pm

Camp fee is for all 6 weeks: Wednesday, July 6th Friday- August 12th

Choose your park: Shenantaha Creek Park or Malta Community Park

### Field Trips

- Limited off-site trips available for an extra fee
- Trips for grades K-2 : Ellms Farms, miniature golf, and Dakota Ridge Farm
- Trips for grades 3-5: planetarium program, bowling and Ellms Farms
- Special field trips for the teen group
- Be sure to pick up the field trip calendar for details
- Camp runs as scheduled on field trip days for those campers not attending field trips.

### Fees

- Malta Residents: \$165 per child for 6 weeks
  - ◊ Families of 3 or more, \$330 maximum
- Non-residents: \$365 for 6 weeks of camp
- Camp fees are non-refundable
- All fees are due at the time of registration
- Financial assistance for Malta families in need

### Summer Recreation Shirts:

- All children in grades K-5 must wear a Malta Summer Recreation T-shirt on all field trips. T-shirts are available for purchase at the Malta Community Center for \$5.

### Policies and Procedures:

- Prior to the start of camp, all campers and parents must obtain the Summer Recreation Handbook. This book will review all necessary information, procedures and policies.
- All campers are expected to follow the rules of camp and show proper respect toward staff.
- New York State Department of Health guidelines for camps do not require masks for children at this time.

### Registration:

- Malta Residents: Registration opens April 11 to June 10 or until full
- Non-Residents: If spots available registration opens May 11 to June 10 or until full
- Required documents at time of registration. If any documents are missing we will not register your child or hold a spot for them.
  - ◊ Child's immunization record
  - ◊ Proof of residency for Malta residents.
    - ◆ Tax bill, utility bill, lease agreement or drivers license
  - ◊ Custody agreement (if applicable)
  - ◊ All fees payable in full

# Malta Summer Recreation Registration Form 2022

Registration is for 6 weeks of camp: Wednesday, July 6th to Friday, August 12th

**Malta Residents: Registration opens April 11 to June 10 or until full**  
**Non-Residents: If spots available registration opens May 11 to June 10 or until full**

**Step 1:** Check which park you are registering for. Payment is due in full at time of registration.

Malta Community Park  
285 Plains Rd

Shenantaha Creek Park  
376 Eastline Rd

**Step 2:** Malta Residents provide a copy of one proof of residency:

Non-Resident     Tax Bill     Utility Bill     Lease Agreement     Driver's License

**Step 3:** Provide copy of child's current immunization

**Step 4:** Complete camper information:

Child's Name \_\_\_\_\_  
Sex  M  F    Date of Birth \_\_\_\_\_    Grade for 2022-2023 \_\_\_\_\_  
Address: \_\_\_\_\_

### Parent/Guardian Contact

Name _____	Date of Birth _____
Address (if different from child) _____	
Work Phone _____	Cell Phone _____
Email _____	

Name _____	Date of Birth _____
Address (if different from child) _____	
Work Phone _____	Cell Phone _____
Email _____	

### Authorized Pick up and Emergency Contact

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

## Child's Medical Information

Insurance Group Name \_\_\_\_\_ Insurance ID number \_\_\_\_\_

List any allergies or medical conditions \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**I give permission for my child to ride their bike, walk or skate on their own to Malta Summer Recreation (Please see last page in packet if you answer Yes):**

Yes

No

**Do you have a custodial agreement?**

Yes (A copy of your custody agreement must be supplied)

No

**Step 5:** Complete waiver and provide any information that your child's counselors need to know:

### Waiver:

I hereby grant permission for my child to participate in the Malta Summer Recreation half-day summer camp and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines.

I assume, for and on behalf of my child, all risks and hazards incidental to such participation including, but not limited to, exposure to the Novel COVID-19 virus. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. Although the Town of Malta endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program or the premises in which it is held is totally free of exposure to nuts and nut products.

I agree to indemnify and hold harmless the Town of Malta, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the program. The scope of this agreement extends to any actions taken by the Town of Malta Parks & Recreation Department, the Town of Malta, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

I verify that I have read and understood and agree to the waiver:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Special Accommodations:** The Town of Malta Parks and Recreation Department supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate and someone will contact you. Use a separate sheet if necessary.

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**Medical Information:** Describe any allergies, medical conditions, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet if necessary.

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**Personal Information:** Describe any personal situations that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary.

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**Step 6: EpiPen or Inhaler use form** Your child's physician must complete the bottom portion of this form

**Medication Authorization for the use of EpiPen or Inhalers**

The Department of Health regulations prohibit the administration of medicine by camp staff, including but not limited to Benadryl, Tylenol, aspirin, Advil, or Motrin by an unlicensed individual. The two exceptions are asthma inhalers and EpiPens which camp personnel are permitted to assist in administering. This form is for permission to carry only EpiPens and/or inhalers. No other medication can be brought to camp.

You are required to bring your child into the Department of Parks, Recreation and Human Services office to either; demonstrate that they can self-administer the EpiPen and/or inhaler or, if they are too young, to demonstrate that they can tell people around them about their allergy and what they can do in the event of an emergency (for example, notify their counselor of an exposure, any trouble breathing, etc). This is required before Thursday, June 23, 2022 or your child will not be allowed to attend camp.

My child  has  has not been trained to self-administer their EpiPen.

Physician's Information Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Expiration date of Medication \_\_\_\_\_

I have read and agree to the medical authorization above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**The following must be completed by the physician**

Diagnosis for which EpiPen and/or inhaler is given: \_\_\_\_\_

Name of Medication \_\_\_\_\_

Form \_\_\_\_\_ Dose \_\_\_\_\_

If EpiPen and/or inhaler is to be given "WHEN NEEDED" describe indications \_\_\_\_\_

How soon can medication be repeated? \_\_\_\_\_

Has child been trained to self administer? \_\_\_\_\_

List significant side effects \_\_\_\_\_

Other Information \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Step 7: Complete Payment Method:**

Required documents at time of registration. **If any documents are missing we will not register your child or hold a spot for them.**

- Child's immunization record
- Proof of residency for Malta residents: tax bill, utility bill, lease agreement or drivers license
- Custody agreement (if applicable)

Malta Residents: \$165 per child for 6 weeks  
Families of 3 or more, \$330 maximum

Non-residents: \$365 for 6 weeks of camp

Total Amount Due: \_\_\_\_\_

Cash

Check # \_\_\_\_\_ *Checks made payable to 'Town of Malta'*

Visa       Mastercard       Discover      *We do not keep credit card information on file*

Cardholder Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_ (Card Verification code)

**Step 8: Drop off, Mail or Fax completed packet and payment to:**

Malta Parks, Recreation and Human Services  
One Bayberry Drive  
Malta, NY 12020

Office Hours: Monday-Friday: 8:30am-8:00pm  
Saturday 9:00-am- 12:00pm

Phone number: 518-899-4411

Fax number: 518-899-4448

For Office Use Only:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initial: \_\_\_\_\_