



Dear Parents and Guardians,

Thank you for enrolling your child in SUNY Maritime College's *Maritime Adventure Boat Camp!* SUNY Maritime College's Waterfront staff is excited to share our passion for the marine environment with your camper during this unique summer experience.

To secure your campers' spot, please make sure to complete, sign and return pages 3 through 6 of this packet via email to [waterfront@sunymaritime.edu](mailto:waterfront@sunymaritime.edu) by April 15<sup>th</sup>, 2017.

- The forms in this packet include:
  - Policies and Procedures (pg.2)
  - Pick-up and Drop-off (pg. 3)
  - Healthcare Form (pg. 4-5)
  - Liability Waiver and Policies (pg. 6)
  - Checklist (pg. 7)

Once we receive this information we will e-mail you a confirmation. If you have not submitted your completed forms by April 15<sup>th</sup>, your spot at camp will be forfeit.

Included in this packet is the *Health Record for Children in Day Camps & Afterschool & Youth Centers* form required by the New York City Department of Health. Please work with your pediatrician to complete and return this form by April 15<sup>th</sup>. For your convenience, our camp policies and procedures, including the all-important what to bring checklist, is also included.

If you have any questions please feel free to contact us at [waterfront@sunymaritime.edu](mailto:waterfront@sunymaritime.edu). We look forward to another exciting summer!

Brie

***Brianna Covell***

*Assistant Waterfront Director- Programs*

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**Web Site:** [www.sunymaritime.edu/waterfront](http://www.sunymaritime.edu/waterfront)



# MARITIME ADVENTURE BOAT CAMP

## POLICIES AND PROCEDURES

### DROP-OFF

- Drop off is at 9 am in McMurray Hall lobby area. Please plan on staying until 9:30 am on the first day for a brief orientation.
- If your child is going to be absent for any reason you must notify us by calling (718) 409-2447 or emailing [waterfront@sunymaritime.edu](mailto:waterfront@sunymaritime.edu) before 9 am day-of.
- You must sign in your camper(s) each day and notify a counselor of their arrival.

### PICK-UP

- Pick-up on each day of camp is at 5 pm in McMurray Hall (Main Bay).
- Only individuals authorized by you in writing ahead of time and who present ID will be allowed pick-up your child (See Authorized Pick-Up form pg. 4).
- You must sign out your camper(s) each day and notify a counselor of their departure.
- Parents and family members are encouraged to come around 4 pm on the last day of camp to have your camper show you all that they have learned at Maritime Adventure!

### OPEN DOOR POLICY

- Parents are welcome to stop in at any time to see what the adventure is all about.
- All visitors must receive a guest pass.

### MEALS

- Campers will have a nutritious buffet style lunch including a salad bar, sandwich bar and hot entree each day in the College's cafeteria.
- Cold water and nutritious snacks will be available throughout the day.
- Please inform the Camp Director of any special dietary needs before camp begins.
- Please note any allergies on the medical forms included in this package.

### SPECIAL CONCERNS

- Prior to the start of camp, any behavioral problems or special physical, emotional, psychological, or medical needs, including allergies, should be identified or discussed with the camp director.

## MARITIME ADVENTURE BOAT CAMP

### PICK-UP INFORMATION

I authorize my child to leave camp at the end of the day by the following methods (check all that apply):

- Walk/Public Transportation
- Pick-up/Carpool

For pick-up/car pool you must specify below who is authorized to pick-up your child from camp:

#### PICK-UP #1

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Main Phone

\_\_\_\_\_  
Alternate  
Phone

\_\_\_\_\_  
Relation to Participant

#### PICK-UP #2

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Main Phone

\_\_\_\_\_  
Alternate  
Phone

\_\_\_\_\_  
Relation to Participant

#### PICK-UP #3

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Main Phone

\_\_\_\_\_  
Alternate  
Phone

\_\_\_\_\_  
Relation to Participant

#### PICK-UP #4

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Main Phone

\_\_\_\_\_  
Alternate  
Phone

\_\_\_\_\_  
Relation to Participant

## HEALTH RECORD FOR CHILDREN IN DAY CAMP, AFTERSCHOOL & YOUTH CENTERS

(This side is to be completed by Parent before presenting to Physician)

**NAME OF PROGRAM:** \_\_\_\_\_

CHILD'S LAST NAME \_\_\_\_\_ CHILD'S FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  FEMALE  MALE

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP CODE \_\_\_\_\_ HOME TELEPHONE NUMBER \_\_\_\_\_

PARENT'S OR GUARDIAN'S NAME \_\_\_\_\_ CONTACT TELEPHONE \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IN CASE OF EMERGENCY-NOTIFY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IF PARENT OR GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, NOTIFY: (FAMILY PHYSICIAN)

1. \_\_\_\_\_ TELEPHONE \_\_\_\_\_

OR TELEPHONE \_\_\_\_\_

2. \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**IMPORTANT:** Please notify Camp Officials if Child was/is exposed to any communicable disease at anytime three weeks prior to Camp attendance.

NO  YES If YES, please give type of exposure: \_\_\_\_\_

**HEALTH HISTORY** (Check, giving approximate dates):

Asthma: \_\_\_\_\_ Behavior: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_

Convulsion: \_\_\_\_\_ Diabetic: \_\_\_\_\_ Ear Infection: \_\_\_\_\_

Hay Fever: \_\_\_\_\_ Insect Stings: \_\_\_\_\_ Ivy Poisoning, etc: \_\_\_\_\_

Measles: \_\_\_\_\_ German Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_

Past Illness: \_\_\_\_\_ Contagious illness: \_\_\_\_\_

Other Drugs: \_\_\_\_\_ Penicillin: \_\_\_\_\_ Rheumatic Fever: \_\_\_\_\_

Operations or Serious Injuries (Dates): \_\_\_\_\_

Hospitalization: \_\_\_\_\_

Chronic or Recurring Illness: \_\_\_\_\_

Other Diseases or details of above: \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_

Permission for all program activities unless otherwise noted by physician: \_\_\_\_\_

**Suggestion from Parent(s) or Guardian:** \_\_\_\_\_

### SIGNIFICANT HEALTH HISTORY AND CURRENT CONDITIONS

PLEASE LIST:

Medication taken: \_\_\_\_\_

Appliance worn (Glasses, Hearing Aid, etc.): \_\_\_\_\_

Conditions that modify activity (seizures, asthma, heart condition, etc.): \_\_\_\_\_

#### CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby give my consent/authority to the Staff of the Day Camp, year round Afterschool, and Youth Center Program to obtain the necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_





## MARITIME ADVENTURE BOAT CAMP

### LIABILITY WAIVER & STATEMENT OF UNDERSTANDING

I understand and acknowledge:

- a. that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate,
- b. (b) that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation by me or my dependents in such activities,
- c. (c) that the college, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in the activity (ies),
- d. (d) that photos and/or videos of me and/or my child/ren participation in these activities may be taken for the purpose of assisting in the instruction and/or promotion of future programs
- e. (e) I or my dependent/s have no known medical condition which may pose a risk to the health and safety of me, my dependent/s or others by participating in the registered activity(ies)

### CANCELLATION/REFUND POLICY

Should a camper suffer an illness or injury prior to camp start date which prevents them from participating in regular camp activities (a note from a doctor will be required) balance paid will be refunded less \$50 processing fee. Should a camper decide not to attend camp for other reasons, not related to illness or injury, the balance paid will be non-refundable unless SUNY Maritime is able to find a replacement camper.

**Under no circumstances will a refund be issued once a program has begun.**

### BEHAVIOR POLICY

SUNY Maritime College staff reserves the right to dismiss, without refund, any participant whose behavior, including but not limited to bullying, foul language and reckless or irresponsible actions, affects the well-being and enjoyment of others.

### LOST OR STOLEN ITEMS

SUNY Maritime College is not liable for any lost or stolen items.

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



## **MARITIME ADVENTURE BOAT CAMP CHECKLIST**

### **WHAT TO WEAR**

- T-shirt
- Shorts
- Close toed shoes that can get wet - old sneakers or water shoes, flip flops only as a back up

### **WHAT TO BRING**

- Backpack containing:
  - Refillable water bottle
  - Bathing suit
  - Beach towel
  - Hat
  - Sunscreen
  - Sunglasses
  - Plain white t-shirt (with name marked inside) for special project
  - Eye-glasses (with safety lanyard to prevent losing them), at home: contacts and back-up pair of glasses
  - Medication (i.e. asthma inhaler, epi-pen)
- Positive attitude
- Sense of Adventure

**United States Coast Guard approved life jacket will be provided for each camper. Please leave electronic games, music players and other unnecessary valuables at home. SUNY Maritime College is not responsible for lost, stolen or damaged items.**

### **EMERGENCY CONTACT INFORMATION**

|                          |                       |
|--------------------------|-----------------------|
| <b>Rob Crafa</b>         | Office (718) 409-7460 |
|                          | Cell (917) 574-6248   |
| <b>Brianna Covell</b>    | Office (718) 409-2447 |
|                          | Cell (805) 796-5726   |
| <b>University Police</b> | Office (718) 409-7311 |