

ALL SPORT HEALTH & FITNESS CAMP FIT 2023

Dear Campers and Families,

We welcome you and your family to Camp Fit 2023. Everyone at Camp Fit is very excited that you could join us this year. To all our returning families, we would like to thank you for your continued support and for allowing us to be a part of your lives. We would like to welcome all new campers to the Camp Fit family. We are committed to your child experiencing all the fun and enjoyment that camp can bring, a summer of lasting memories and lifelong friendships in a safe & healthy environment.

Your Parent Information Packet is now available on line. This packet contains complete information on what campers need to bring, the forms that have to be filled out and our general camp policies. This is being given to you well ahead of when your child begins camp so that you will have time to review the material with your camper and return the necessary forms on schedule.

Parent Information Packet includes:

- **Important Parent Information:** Information you and your camper need to know.
- **Camp Health Examination Form:** This must be completed by your child's physician and returned to us no later than June 1st. Your child's physician form is also acceptable. **NYS Department of Health mandates that no camper may be admitted to camp without a medical form/immunization record on file.**
- **Authorization for Administration of Medication:** Must be completed to dispense camper medication.
- **Emergency Contact Information:** This must also be completed and returned no later than June 1st.
- **Camp Fit Conditions of Registration, Release and Change/Cancellation/Refund Policy:** This must be signed and returned by June 1st.

In addition to these camp forms, all camp balances **must be paid in full** prior to your child attending camp. Please do not hesitate to call us at (845) 896-5678 should you have any questions or concerns prior to the start of camp or E-mail us at:

karen@allsporthealthandfitness.com or beth@allsporthealthandfitness.com

We are all looking forward to great summer!

Sincerely,

Karen Feeley
Camp Fit Director



IMPORTANT PARENT INFORMATION

Curbside Drop Off & Pickup –

Camp Schedule is 9:00am – 4:00pm –

Campers will be dropped off and picked up at the All Sport Outdoor Park Tennis Courts. Drop off will be between 8:30am-9am and pick up will be between 4pm-4:30pm.

Parents are asked to remain in their vehicles. All campers must be signed in and out by a parent and/or guardian who is responsible for dropping off and picking up the child. Please have your child ready to leave the car in a timely manner to help traffic move along smoothly.

Before & After Camp Care – Only campers pre-registered for before / and or aftercare are permitted to be dropped off / picked up outside of the regular day camp hours. When dropping off and picking up from before and aftercare please walk campers to the Outdoor Park Main desk. Campers will need to be signed in/out by parent and or guardian. Before camp care begins at 7:30am. Afternoon care ends at 5:30pm.

Swim Lesson Plus – Campers may add swim lessons to their daily activities for an additional cost per week. Counselors will see that campers enrolled in these programs are brought to and from their camp groups. Space is limited for swim lessons.

Camp Deposits - All Camp deposits of \$75 per week of registration are non-refundable.

Camp Payments – The full camp balance is due by June 1st. We have 2 different payment plans that you can take advantage of:

- Bi-monthly: This plan allows you to split your camp payments into bi-monthly payments. Payments are made on the 1st and 15th of each month
- Balance paid in full: This plan will charge the full Camp balance on June 1st.

For any camper registering after June 1st, tuition must be paid in full at the time of registration.

All payment plans will be charged to the primary card/checking account on file in your Parent Dashboard.

A one time \$25 credit card processing fee will be charged at the time of registration. This one time fee will be waived when using your checking account for payment.

Refunds – All Camp Payments are non-refundable after June 1st. At the Camp Director's discretion, credits may be issued under certain circumstances. Credits will be good until the end of camp the following summer. No refunds or credit will be given due to sickness, absences or missed days.

Administration Fee - Campers may change their weeks up to June 1st with no penalty. After June 1st any camp change will result in a \$10 administration fee. Please try to register in advance to allow us to staff appropriately.

Communication – Camp Fit utilizes text messaging, emails and a weekly newsletter to communicate with our campers and parents. Text messaging opt in can be selected through the parent portal or by contacting our Camp Administrator via email, beth@allsporthealthandfitness.com. Text messaging is used to alert parents of any programming changes including and not limited to parent drop off and pick up. Please also note **Important Phone Number to Remember** – All Sport Health & Fitness – (845) 896-5678

Rainy Days & Hot Days- Camp will meet each day as scheduled rain or shine. Some activities might continue to take place outdoors even in a rain shower. In the event of severe weather or extreme heat, camp will be held in our indoor facility and camp schedules and activities will be altered.

Lunches/Snacks- Children must bring their own bag lunches and snacks. Please provide enough for your child to have a snack during the morning/afternoon. Refrigeration will be provided.

Campers must bring a water bottle every day. Refill water stations will be available. Campers will have the option to purchase afternoon snacks at the camp Snack Shack. **Campers also have the option to purchase lunch from the All Sport Fuel Café at an additional cost.**

Health & Safety - Are the highest priorities for summer camp activities. Most staff persons are trained in standard first aid and CPR. All pool staff are certified lifeguards. Most camp injuries are minor and are handled by our Health Director. If an injury occurs that may require further medical attention, you will be called to pick up your child. In a serious emergency, you will be called with the details and involved in the decision making.

Illness – Please do not send your child to camp if he/she is sick. Should your child become ill at camp, we will see that he/she is resting comfortably and call you for pick up. There will be a strict 24 hour sick policy. If the child has a fever, they cannot return to camp until they are 24 hours fever free without the aid of medicine.

Peanut Allergies – While we are not a peanut-free camp, we do have a number of campers with peanut allergies. We are asking that parents try to avoid packing peanut-based products in their lunch/snack and find other suitable alternatives whenever possible.

Medical Forms- NYS Department of Health mandates that all campers must have a health form on file with up-to-date immunizations prior to the first day of camp. **Children will not be allowed to attend camp without them.** Campers taking medication must complete the Medical Administration form.

Sun Safety – **We recommend that campers wear/bring sunscreen everyday.** Campers should apply sunscreen before coming to camp each morning. If campers need sunscreen reapplied during the day, please show them how and counselors will remind them to do so.

What Your Child Should Bring To Camp - Comfortable, well-worn clothing and sneakers should be the norm. (Please no sandals or “party shoes”). **Each child should bring a backpack with a bag lunch, snacks, bathing suit, and towel, lifejacket approved by the US Coast Guard (if needed), water bottle, sunscreen.** Send extra clothes/rain gear on a rainy day and a sweatshirt on those chilly mornings. Remember that this is camp and children will be changing clothes, running around and losing items. **Please label items and do not send your favorites to camp.**

What “Not” to Bring - It is highly recommended that camp children do not bring anything of value (ie: iPods, cell phones, card games, toys, electronic devices, etc.) **We are not responsible for lost or stolen items.**

Lost and Found - Please make every effort to label your child’s belongings. Counselors will make every effort to collect all belongings before leaving an activity. Please remind your camper it is his/her responsibility to keep track of their belongings.

Cell Phone Usage - We are encouraging our children to “Unplug and Connect” with one another. ALL electronic devices including cell phones, iPod, tablets, etc. **are not permitted at camp.** If a cell phone comes to camp, we will hold it at the front desk for them and return it before they go. Please do not encourage your camper to break our rules about cell phones. If you need to reach them, you can call the office,

Camper Groups – Campers are grouped by the grade they are going into in the fall. If you have a request for your camper to be grouped with a friend, please let us know ahead of time so we can arrange the groups accordingly. If your child is unhappy in their group and would like to switch, they need to bring it to the attention of the program staff. We will do our best to accommodate group requests and changes. As long as we can do so and remain in the appropriate supervision ratios.

Camp Activities – Camper groups will rotate to different activities throughout the day including swimming, sports & games, arts & crafts, free play and camper choice. Campers do have free swim period every day.

Sample Daily Schedule –

9:00-9:15am – Arrival, Attendance & Announcements

9:15 – 10am – Activity Period 1 (sports /games)

10:15-11am – Activity Period 2 (free swim)

11:15-12pm – Activity Period 3 (arts & crafts)

12-12:45 – Lunch

1-1:45pm – Campers Choice Activity

2-2:45pm – Camper Group Activity

3-3:45 – Cool Down Activity/Snack/Clean up

4:00pm - Dismissal

Camp Behavior – Each camper is responsible for his/her own behavior. If your child is having difficulty with another camper, we ask that you help us in reminding your child to seek a camp staff member and allow them to assist in solving the problem. Any acts of aggression, either provoked or otherwise, will not be tolerated and could result in camp suspension.

Each camper is expected to respect direction from any member of the camp staff the first time. Each camper is expected to use appropriate language at all times. Our campers disciplinary policy is as follows:

1st offense: Verbal warning with explanation given

2nd: Time away from scheduled activity

3rd: Written incident report

4th: Parent conference with possible suspension from the camp program

5th: Removal from camp program without a refund of camp payment

Camp Tax ID# - 14-1609934

Camp Comments /Suggestions/Concerns – Your feedback is important to us and will help us improve your child's summer camp experience. Please feel free to contact us at:

Karen Feeley – Camp Fit Director

Karen@allsporthealthandfitness.com

845-896-5678 ext. 104

Beth Kaplaneris – Camp Fit Administrator

Beth@allsporthealthandfitness.com

845-896-5678 ext. 148

ALL SPORT CAMP FIT GENERAL HEALTH RECORD

17 OLD MAIN STREET, FISHKILL, NEW YORK 12524
TELEPHONE: (845)896-5678
TO BE FILLED OUT BY PHYSICIAN (exam within past 12 months)

1. Name _____ Birthdate _____
(Last) (First)

2. Date of exam _____

3. Height _____ Weight _____

4. Identify any medical or emotional illness or disorder which would affect the child's functional ability to participate safely:

5. Is this child taking prescription medication on a daily basis for a chronic illness/condition? ☐ YES ☐ NO

5a. If yes, indicate prescription: _____
(See Medical Administration Form)

6. Is the camper allergic to: ☐ Medication ☐ Bees ☐ Food ☐ Other

6a. Does the camper have: ☐ Asthma ☐ Diabetes ☐ Seizures

6b. If yes, please explain & note if an medication is needed: _____
(See Medical Administration Form)

7. Is the child on a special diet? ☐ YES ☐ NO 7a.Explain: _____

8. Is this child current or in progress with immunizations. ☐ YES ☐ NO

IMMUNIZATION RECORD: (Month, Day, Year for each dose)							
	1 st Dose	2 nd Dose	3 rd Dose	Booster	Booster		
DTP/DtaP/DT						MMR 1 st Dose	
OPV/IPV						MEASLES 2 nd Dose	
Hib (HAEMOPHILUS INFLUENZA TYPE B)						VARICELLA (Chicken Pox) (Recommended)	
HEPATITIS B						Pneumococcal	

The above named person is in satisfactory condition and may engage in all camp activities except as noted:

9. Signature of M.D.: _____ Date Form Signed: _____

ALL SPORT CAMP FIT

17 OLD MAIN STREET, FISHKILL, NEW YORK 12524

TELEPHONE: (845) 896-5678

FAX: (845) 896-8595

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS

The Dutchess County Health Department requires a physician's written order and parent or guardian's authorization for a nurse, first-aider, the camp director, program director or camp counselor to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

PHYSICIAN'S ORDER:

Date: ____/____/____

Name of Child: _____ Date of Birth: ____/____/____

Street Address: _____ City/Town _____ State _____

Condition for which drug is being administered during camp hours: _____

DRUG: Name of drug, Dose & Method of Administration: _____

When should medication be administered: Date ____/____/____ - ____/____/____ Time: _____ PRN ☐

Relevant side effects to be observed, if any: _____

If there are side effects, plan for management: _____

Is this a controlled drug? _____

Allergies to food or drugs? Yes/No If yes, list: _____

Physician's/Dentist's Name: _____ Phone #: _____
(Type or print)

Street Address: _____ City/Town _____ State _____

Physician's Signature: _____

Authorization by Parent/Guardian for the administration of the above medication:

Date: ____/____/____

To camp director, first aider, program director or camp counselor:

I hereby request that the above named medication, ordered by the physician/dentist for my child, be administered by the camp director, first-aider, program director or camp counselor.

I understand that I must supply Camp Fit with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name.

I understand that this medication will be destroyed if it is not picked up within one (1) week following termination of the order.

Name of Parent or Guardian: _____ Signature: _____

Relationship to child: _____ Phone: _____

ALL SPORT CAMP FIT

EMERGENCY CONTACT INFORMATION

17 OLD MAIN STREET, FISHKILL, NEW YORK 12524
TELEPHONE: (845) 896-5678 FAX: (845) 896-8595

TO BE FILLED OUT BY PARENTS MUST BE RETURNED NO LATER THAN JUNE 1st

1. Name _____ Sex _____ Date of Birth _____ Age _____
(Last) (First)

2. Address _____ Home Phone _____
(Street) (Town) (State) (Zip Code)

3. What grade will camper be entering in September 2023? _____ Email _____

4. Mother's Name _____ Cell# _____ Work # _____

5. Father's Name _____ Cell# _____ Work # _____

6. Will your child require medication at camp? [] Yes [] No (**No child will be able to self administer ANY prescription or nonprescription medication. All medications will be administered by the camp staff. See Medical Administration Form).**)

7. Please provide any information you feel is important for us to know about your child. _____

Please list below *two* emergency contacts (other than your immediate family) that we could call should it become necessary in an emergency and you could not be reached:

8. Name: _____ Relationship: _____

Address _____ Phone _____
(Street) (Town) (State) (Zip Code)

9. Name: _____ Relationship: _____

Address _____ Phone _____
(Street) (Town) (State) (Zip Code)

The following 2 persons, other than myself or my spouse, are authorized to pick up my child from camp.

10. Name: _____ Phone: _____

12. Name: _____ Phone: _____

15. PARENT OR GUARDIAN AUTHORIZATION FOR HOSPITALIZATION IN THE EVENT OF AN EMERGENCY

This health history is correct so far as I know, and the person named above has permission to participate in all Summer Day Camp activities except as noted by the examining physician or me. If I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Fit to hospitalize, secure proper treatment for, and order injections or anesthesia for surgery for the person named above.

X _____ Date: _____

*****Parent/Guardian Signature Required*****

ALL SPORT CAMP FIT CONDITIONS OF REGISTRATION

The undersigned Parent/Guardian represents, warrants and agrees to the following:

1. The camper is in sound physical and mental health and is fully able to participate in all camp activities. It is agreed that All Sport shall immediately notify any change in the camper's physical or mental health at any time to the parent/guardian utilizing the contact information given by the parent at the time of registration. In such an event, All Sport reserves the right to terminate the camper's enrollment if it deems it is in the best interests of the camper. If All Sport terminates the camper's enrollment under this provision, a prorated refund of unused camp time shall be refunded.
2. Parent/Guardian understands that part of the camping experience involves activities and interactions that may be new to the camper and that they come with certain risks and uncertainties beyond what the camper may be used to dealing with at home. The undersigned is aware of those risks and is assuming them on behalf of the camper. The undersigned agrees that the camper will be familiar with the camp's rules and that the camper will obey them. The undersigned, on behalf of himself/herself, the camper and/or the undersigned's heirs, executors and administrator's, waive and release all rights and claims for damages, personal or property, the undersigned or the camper may have against All Sport Health & Fitness Club, Inc., Redl All Sport LLC, its employees, agents, representatives, successors and assigns for any and all injuries suffered by the camper.
3. All Sport reserves the right to cancel this agreement if (a) it determines that the physical, mental, medical or emotional condition of the camper would prevent him/her from participating safely and satisfactorily in any program or interacting with any other camper or staff or (b) exhibits unacceptable behavior which prevents our staff from safely supervising the camper or proves detrimental to the camper, other campers or staff, or (c) failure to make any payment when due. **All Sport reserves the right not to admit any child into the program if the required medical forms have not been submitted of id required payments have not been made.**
4. The undersigned has authority to execute this agreement and shall be responsible for payment of all camp fees. **All camp deposits are non-refundable. All camp payments are non-refundable after June 1st. Campers may change their weeks up to June 1st with no penalty. After June 1st any camp change will result in a \$10 administrative fee. No refunds or credit will be given due to sickness, absences or missed days.**
5. The undersigned authorizes and consent to All Sport's use of the child's name, likeness, photograph, portrait or image in connection with the Camp's brochure or other promotional or advertising publication of All Sport and to the use of the child's family home address, email, and phone number for program lists.
6. The Welcome Sheet and Parent Information Package are hereby incorporated by reference as is set forth herein. The undersigned agrees to abide by all provisions of the Parent Information Package.

I have read the foregoing language, agree to abide by its provisions and hereby enroll my child for the 2023 Camp Fit season.

X _____ Date: _____

*****Parent/Guardian Signature Required*****