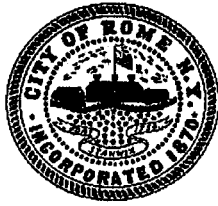


JACQUELINE M. IZZO
Mayor



DEPARTMENT OF PARKS & RECREATION
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SUMMER DROP-IN PROGRAM REGISTRATION PACKET—2017



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DROP-IN PROGRAM PARENTS LETTER -- 2017

Dear Parents,

On behalf of the City of Rome Department of Parks & Recreation and the Pinti Field Summer Drop-in Staff, welcome to the 2017 Summer Drop-in Program. We are looking forward to a FUN and SUCCESSFUL summer!

Open Registration: Registration for the program begins at 6:30am on Wednesday, May 10, 2017 at the Rome City Hall Recreation Office, 2nd Floor. Registration will continue until all program slots are full; Max of 64. Once max capacity is achieved a waiting list is generated.

Parent Meetings: There will be (2) Two separate parent meeting dates established. One parent meeting must be attended as it is required and MANDATORY for all registered participants; no exceptions. No camper may attend the program until one of the scheduled parent meetings is attended.

Parent Meeting Date: Monday, June 19th or Tuesday, June 20th. The parent meetings start at 6:30pm at the Rome City Hall Council Chambers, 2nd Floor.

Operating Season: The Drop-in Program is housed at Pinti Field, 200 6th Street and runs Monday through Friday starting Monday June 26 and ending Friday August 18. The program is designed for children age(s) 6 to 12.

Operating Hours: The program opens at 7:30am and closes at 5:30pm. The parent/guardian must personally come in and sign their child in and out daily at the front desk. Along with the sign-in sheet, there will be important announcements and handouts periodically-so please be on the lookout for these.

Staff: Our counselors are primarily composed of college students who are selected for this program for their talent, skills, excellence with children and wide range of experience. They are, essentially, hand-picked for the program after serving in other areas of the city's recreation program as parks or activity workers. I encourage you to get to know them!

Tuition & Payments:

Rome Residents: \$525

Non-Rome Residents: \$625

The fee for residents this season is \$525 and the fee for non-residents is \$625. Payments should be made to: The City of Rome. All fees must be paid in full at least one week prior to the start of the program; last date for final payment is Friday, June 23. Your slot will be offered to the next child on the waiting list should full-payment not be received. **No child is allowed to attend program or return until all fees are paid in full.** Fees will be refunded only if the camper has not started the program.

Daily Supplies: In a labeled backpack you should send your child daily with a nutritious snack, water bottle, swim suit, beach towel, and sun screen. Participants are strongly discouraged from bringing large quantities of money, videogame systems, cell phones, bikes, or valuable personal items to the program. The program is not responsible for lost or stolen items.

Lost & Found: Located in the main entrance by the front desk; parents are asked to check this location daily.

Breakfast & Lunch: The Rome City School Lunch program supplies free lunch M-F, 12:00pm-12:30pm at Pinti Field. Breakfast will NOT be provided this season; please ensure your child(ren) are fed prior to daily participation and/or provide your child(ren) with a morning snack.

Dress: Proper footwear (sneakers)-*no open toe shoes/flip-flops or hee-lies*- and clothes that can get messy are strongly recommended. You may want to pack an extra pair of clothes just in case get wet, dirty, etc.

Activities: All children are required to participate in morning activities. While not athletic in nature, these groups, social, and recreation activities stress team-building skills, cooperation, participation, and getting to know each other.

Field Trips: We have a number of events, activities, and great field trips planned. Off-site field trips are paid separately and will require the parent/guardian to fill-out and sign a permission slip for each field trip. Children without payment and signed and completed forms will not be allowed to accompany us on the trip.

Medications, Illness, and Accidents: Only those medications prescribed by a physician or life-saving medication will be administered during the camp day. The medication permission form must be completed and signed by a parent before any staff can administer the medication. If a child becomes ill we will make every attempt to contact the parent/guardian. Emergency contacts will be called if parent/guardian cannot be reached. All accidents will be reported on an accident report form for parent/guardian to view and sign. If possible, please administer any needed medications prior to daily camp start.

Discipline: The goal of the City of Rome Summer Drop-in Program is to keep all campers safe and engaged in active, wholesome fun! In order to provide a positive environment for all, we must all behave in an appropriate manner. Each camper and staff tries to his/her best everyday. Please see the City of Rome Cumulative Discipline Policy for further information.

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SUMMER 2017

THANK-YOU for your interest in having your child attend our summer drop-in program. As you complete this application packet, please make sure that you check off each item listed below. This will help ensure your packet is complete and that there will be no delays in your child being able to start and attend this day camp.

Please don not hesitate to contact the Recreation Department if you have any questions or need any additional information.

REQUIRED FORMS & PAPERWORK

- _____ Parent Consent Form
- _____ Waiver & Release Form
- _____ Health History Form
- _____ Emergency Medical Treatment Form (Rome Hospital)
Completed & Notarized
- _____ Immunization (Shot Records)
- _____ Discipline Policy/T-shirt/Swim Lesson Form
- _____ Sunscreen Policy
- _____ Field Trip Payment Form
- _____ Payment Sheet



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Parent Information & Consent Form -- 2017

I, _____, as parent or guardian of the child listed below, hereby give my consent for my child to participate in the City of Rome Summer Drop-in Program. Furthermore, I ascertain that the information contained in this document and all additional documents, is accurate and up-to-date.

Signature of Parent/Guardian

Date

Name of Child: _____

Age: _____ Date of Birth: _____

Home Address: _____

Home Telephone #: _____ Cell Phone: _____

Name of Mother: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Name of Father: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Name of Step-Mother (*If non-applicable, please answer n/a*): _____

Address: _____

Name of Step-Father (*If non-applicable, please answer n/a*): _____

Address: _____

Physical Custodian(s) of the child: _____

Legal Custodian(s)/Legal Guardians of child: _____

Person to notify in case of emergency: _____

Phone #: _____ Family Physician: _____

My child will be transported to and from the City of Rome Recreation Program(s) and may only be dropped off by and/or released to the following people:

NOTE: FOR YOUR PROTECTION, THE DEPARTMENT STRONGLY DISCOURAGES PARTICIPANTS FROM BEING ALLOWED TO WALK OR RIDE THEIR BICYCLE HOME FROM THE PROGRAM. SOME PARENTS, WHO LIVE IN CLOSE PROXIMITY TO THE PARK HAVE ASKED FOR THIS OPTION. THIS OPTION IS ONLY AVAILABLE WITH THE WRITTEN REQUEST FROM THE PARENT. THE WRITTEN REQUEST MUST CLEARLY RELEASE THE CITY OF ROME FROM ANY AND ALL LIABILITY AND RESPONSIBILITY ASSOCIATED WITH THE CHILD'S ARRIVAL TO AND/OR DEPARTURE FROM THE PROGRAM.

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DROP IN PROGRAM HEALTH HISTORY FORM - 2017

Participant's Name: _____ Age: _____ Gender: _____

Parent/Guardian: _____ Phone: _____

Home address: _____

Emergency contact name: _____ Phone: _____

Family physician: _____ Phone: _____

Medical information

Children participating in the City of Rome Summer Recreation Program(s) are encouraged to take part in a variety of outdoor and indoor recreational activities. In case of illness and/or injury, we ask you to provide the following information that it may provide program supervisors quick reference to any special needs of the child. This form will accompany the child to all field trips and/or to any treatment facility if medical treatment is required. It is important that the information provided be complete and accurate.

General

Does your child have any condition that would prohibit and/or impair his/her ability to participate in any of the recreation programs in which he/she may participate? Yes _____ No _____

If yes, please identify the condition and any limitations or special needs: _____

Are there any activities in which the child's involvement should be restricted? Yes _____ No _____

If yes, please identify: _____

Does your child wear glasses? Yes _____ No _____ Contact lenses? Yes _____ No _____

If your child wears glasses or contacts, are there any activities which would not be permitted? _____

Does your child take any prescription medications? Yes _____ No _____

If yes, please specify: _____

Does this medication limit his/her participation in any activities?



Health History (parent/guardian please complete this portion of form)

(Please give an approximate date for any of the below diseases or conditions that may apply:)

Ear infections _____ Chicken Pox _____ Rheumatic Fever _____

Measles _____ Convulsions _____ German Measles _____

Diabetes _____ Mumps _____ Asthma _____

Heart defect _____ Hypertension _____ Mononucleosis _____

Allergies (circle those that apply): Hay Fever Poison Ivy Insect sting Penicillin Aspirin

How has your child reacted when exposed to the allergen? _____

Does your child have any medications for this allergy? _____

What procedures are followed if you child experiences this allergic reaction? _____

Operations, serious injuries or chronic illness? _____

Is the child currently taking any medications? _____

Immunization History: The City of Rome is required by law to have a copy of your child's updated shot record from his/her pediatrician before they will be allowed to attend the program. This form must be brought in or faxed to the department – even if the child is a returning participant.

Permission: I am familiar with the activities offered by the City of Rome Summer Recreation Program, and I give my full permission for my child to participate in the City of Rome Summer Recreation Program and I further certify that the above information contained herein is complete and accurate:

Parent/guardian signature: _____ Date: _____

Medical Emergency Consent Form: As the parent/guardian of the above named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or other healthcare provider. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. Furthermore, I attest that, in lieu of a physical certificate, that my child is duly able to participate in this program and I accept full responsibility for any ill effects suffered by my child through participation in this program.

Parent/guardian signature: _____ Date: _____

Medical Treatment Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to the trip leader or shown to the trip leader and then carried by the designated adult.

Minor

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice: _____

Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note **all** conditions for which the child is currently receiving treatment:

Note any other significant medical information:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

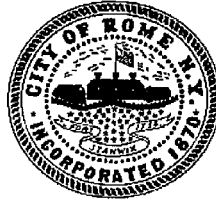
It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: _____ . Signed this ____ day of _____, 20__.

Parent / Legal Guardian Signature: _____ Printed Name: _____

Witness Signature: _____ Printed Name: _____

JACQUELINE M. IZZO
Mayor



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PERMISSION/WAIVER & RELEASE FORM

Release executed on _____, 2017, by _____
(parent or guardian), of the City of Rome, County of Oneida, State of New York herein referred to as releaser, to THE CITY OF ROME, NEW YORK, AND THE STATE OF NEW YORK, THEIR AGENTS/OFFICERS, AND EMPLOYEES, herein referred to as releasee. I, releaser being of lawful age, in consideration of my child _____ being permitted to participate in a program sponsored in whole or part by the City of Rome Department of Recreation to be located at various parks, facilities, and locations, do to myself, my heirs, executors, administrators and assigns, hereby release and forever discharge THE CITY OF ROME, NEW YORK, AND THE STATE OF NEW YORK, THEIR AGENTS, OFFICERS, COAHES, VOLUNTEERS, AND EMPLOYEES, the ROME CITY SCHOOL DISTRICT – and its agencies and employees, from any and every claim, demand action or right of action of whatever kind of nature, either in law or in equity arising from or by reason of any bodily illness or personal injuries known or unknown, death or property damage resulting or to result from participation in said league and use of said site, whether by negligence or not. Such release is given as consideration for the privilege and right given me to participate in the activities, leagues, and programs and in the participation and use of such facilities.

I further attest to the fact that my child _____ is physically fit, and physically able to participate in such activities and that he/she has no condition- either medical or otherwise - which would render his/her participation in the Recreation Department program, activities, games, practices, meetings, or other events, unsafe to her/him. Likewise, I attest that my child understands – or has the capacity to understand – any and all program or facility rules or safety guidelines and that he/she will abide by these guidelines. I further certify that my child is up-to-date on any and all vaccinations.

I certify that I am familiar with the activities to which I am properly enrolled in or registered for that are offered either in whole or part by the City of Rome Department of Parks & Recreation and give my full permission for my child _____ to participate in this recreation program and/or activity. I further certify that I am fully aware of, and agree, to assume all of the risks associated with participation in a sport, recreation program and/or physical activity she/he will participate in. *I am aware that any physical sports or recreational activity or program carries with it certain risks, including the risk of serious personal injury, paralysis, loss of limb, loss of vision or other sense(s), broken bones, injured muscles or other bodily systems and even death. Furthermore, as the parent/guardian of the above named minor, I hereby give my consent for emergency medical care or treatment by a duly licensed medical professional or duly licensed emergency medical technician. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of my child or other dependent.* This release contains the entire agreement between the parties hereto and the terms of this release are contracted and not a mere recital. Releaser further states (s)he has carefully read the fore-going release and knows the contents thereof and signs this release as his/her own free act. Likewise, the releaser further states that he/she understands all aspects of this instrument and that the signature below is a full and conscious act and not a mere formality. IN WITNES WHEREOF, releaser has executed this release at ROME, NEW YORK, the day and year first written above.

Parent/Guardian Signature

Date

**CITY OF ROME: SUMMER DROP-IN PROGRAM
DISCIPLINE POLICY**

The goal of the City of Rome Summer Drop-in Program Staff is to keep all campers safe and engaged in active, wholesome fun! In order to provide a positive environment for all, we must all behave in an appropriate manner. Each camper tries to do his/her best everyday but if a difficult day comes along, we will work together to identify the issue and modify the behavior. This policy comes into effect on the first day and offenses are **cumulative**; campers **DO NOT** start with a "clean slate" the next day or following week. Below is an outline of the policy used at the City of Rome Summer Drop-in Program.

MINOR OFFENSES:

Minor offenses include the lack of respect shown to a fellow camper and/or staff member including inappropriate language, name-calling, talking-back, taunting, tattling, etc.

1st Offense: Verbal warning (will be reported to Camp Director and Parent/Guardian)

2nd Offense: Written warning describing the behavior and will be issued to the Camp Director and Parent/Guardian

3rd Offense: Removal from the program immediately and **suspended** for the remainder of the day. It will be the Parent/Guardian **responsibility to pick-up child upon receipt of call**; no exceptions. The parent/guardian, camper and staff member will report to Director for discussion of behavior.

4th Offense: Parent/Guardian will be contacted immediately and the camper will receive a **3-day suspension** from camp. It will be the Parent/Guardian responsibility to pick-up child upon receipt of call; no exceptions.

5th Offense: Camper will be suspended for the remainder of the Summer Drop-in Program.

SERIOUS OFFENSES:

Serious offenses include the endangering of another person's well-being involving continuous disruptive/abusive behavior and/or language, fighting, pushing, shoving, hitting, slapping, bullying, threatening, etc.

1st Offense: Camper will be removed from the program immediately and **suspended** for the remainder of the day. It will be the Parent/Guardian responsibility to pick-up child upon receipt of call; no exceptions. The parent/guardian, camper and staff member will report to Director for discussion of behavior.

2nd Offense: Parent/Guardian will be contacted immediately and the camper will receive a **3-day suspension** from camp. It will be the Parent/Guardian responsibility to pick-up child upon receipt of call; no exceptions.

3rd Offense: Camper will be suspended for the remainder of the Summer Drop-in Program.

IMMEDIATE SUSPENSION: For all acts of sexual harassment by a camper or staff member.

*****IF ANY SUSPENSION SHOULD OCCUR, NO REDUCTION OR REFUND OF FEES WILL BE MADE.**

REWARD SYSTEM

The City of Rome Summer Drop-in Program Director & Staff will be focusing on highlighting and rewarding good behavior. Checks that may have been received can be removed if the Director deems consistent good behavior by a group or individual camper.

JACQUELINE M. IZZO
Mayor



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**CITY OF ROME SUMMER DROP-IN PROGRAM
DISCIPLINARY POLICY**

I _____ (printed name of parent) attest that I have received, read, and agree to the City of Rome Drop In Program's Disciplinary Policy. I am aware that I may contact program supervisors or counselors or the Recreation Department Office if I have any specific questions regarding the policy and/or its implementation.

(Parent signature)

(Date)

(Please make sure you keep the disciplinary policy summary for your records and only turn in this sheet!)

CAMPER T-SHIRT SIZE

Please circle the size shirt your child wears. Each child will be issued a Drop-in Program T-Shirt. The T-shirt should be worn on Fridays for Field Trips and may be worn at other events (such as the Honor America Days Parade)!

Name of child: _____

- | | |
|----------------|---------------|
| • Youth Small | Adult Small |
| • Youth Medium | Adult Medium |
| • Youth Large | Adult Large |
| • | Adult X-Large |

SWIM LESSONS

Free swim lessons are provided by our Certified Water Safety Instructors and Water Front Director, twice a week at Tosti Pool located within the Pinti Field grounds. A swim level test is conducted for each registered participant to determine their overall level. Please check the appropriate selection below:

_____ I would like my child to take the swim level test and participate in Swim Lessons

_____ I do not want my child to participate in the Swim Lessons program

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SUNSCREEN POLICY

Parents understand that it is their sole responsibility to ensure that sunscreen is supplied for their child each day and to monitor supplies to ensure that the child(ren) has an adequate amount of sunscreen to be applied daily. Parents also understand that it is their responsibility to teach their child(ren) how to properly apply sunscreen to themselves, as the Drop-in Staff will NOT apply any sunscreen this season; it will be the camper's responsibility.

In the event sunscreen is NOT sent with the child or if the supply of sunscreen runs out, staff will NOT apply sunscreen to your child. Campers will not be able to participate in open swim or swim lessons without the application of sunscreen.

Parents are encouraged to discuss the sunscreen policy- and any questions they may have regarding the importance of sunscreen or the program's policy- with staff at their convenience.

Sunscreen can provide important protection for your child. In fact, the American Academy of Dermatology recommends that everyone use sunscreens that offer the following protections:

- Broad-spectrum protection (protects against UVA and UVB rays)
- Sun Protection Factor (SPF) 30 or greater
- Water resistance

_____ I have read the above sunscreen policy and will ensure that my child knows how to apply and can apply his/her own sunscreen. I will send in sunscreen each day clearly labeled with his/her name on it for he/she to apply.

(Name of Child)

(Signature of Parent)

(Date)

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DROP IN PROGRAM PAYMENT SHEET

The Drop-in Program will begin on Monday, June 26, 2017 and end on Friday, August 18, 2017. The program will be closed on Tuesday, July 4, to observe the Independence Day holiday. Full-payment must be received by Friday, June 23 before your child(ren) can start and attend the program; no exceptions. Please make checks payable to: City of Rome

Child's name: _____
Age: _____ Gender: _____

Parent's name: _____

E-mail: _____

Contact number: _____

Summer Drop-in Program – 2017 -- Pricing

Rome Residents: \$525

Non-Rome Residents: \$625

**Please note: This rate does not include field trips. Field trips will be billed separately and participants will have the option to attend field trips or remain behind at Pinti Field.*

Please check (below) the payment method that you are selecting:

_____ I am paying in full at program registration.

_____ I am paying 50% (\$262.50 Rome residents; \$312.50 for non-residents) at registration and will pay the additional 50% prior to the Friday, June 23rd deadline.