Be A Healthy, Enriching Summer for Rochester's Kids



at Monroe Community College

Monday, July 3 – Friday, August 4, 2017* 8:00 am - 3:30 pm

Transportation: pick-up 7:30 am, drop-off 4 pm

*There is no camp on Tuesday, July 4th.

Active Play:

Wide variety of sports (basketball, swimming, lacrosse, etc.), cooperative games, fitness coaching, Zumba and more!

Engaged Learning:

Academic enrichment programs to help reduce summer learning loss; reading, mathematics, health education, nutrition, bullying education and more!

Healthy Breakfast and lunch provided each day!

This camp is offered to students entering 1st through 6th grades (ages 6-12 years old), who attend the following Rochester public schools:

School #2 – Clara Barton School #10 – Dr. Walter Cooper Academy School #12 – James P.B. Duffy School #19 – Dr. Charles T Lunsford School #33 – John James Audubon

School #43 – Theodore Roosevelt School #46 – Charles Carroll School #58 – World of Inquiry EMHCS - Eugenio Maria De Hostos

Sponsored by:







Camp Objectives:

- ✓ Provide a healthy start through good nutrition and physical fitness, along with reading and math activities designed to reduce summer learning loss
- ✓ Teach youth-centered activities in a safe, positive and enjoyable college environment
- ✓ Provide youth-centered activities that nurture the dreams and aspirations of youth
- Promote respect, citizenship and sportsmanship in a diverse society
- ✓ Provide quality service and reward excellent performance

What do I need to Register:

Checklist:

- ____ A completed application form
- ----- Completed physical dated after August 5, 2016
- _____A copy of immunization records
- ____ Camper Waiver and Release form (back of application)
- ____ Birth certificate
- _____ Application for USDA Meals
- ____ Image release form
- ____ Medical Information Form

The Program:

Campers will participate in a wide variety of sports activities. All Campers will participate in age appropriate activities including:

• Zumba

- Softball Basketball
- Flag Football
- Soccer Volleyball
- Ropes course Lacrosse

Campers are required to participate in all aspects of camp which include swimming/ fitness, health related education (nutrition, drugs and anti-bullying) and reading/math activities daily.

Dates & Times:

The program will run 5 weeks (Monday-Friday) from Monday, July 3 – Friday, August 4, 2017 *(there is no camp on Tuesday, July 4th).* Hours are 8:00 a.m. to 3:30 p.m. There will be a cold breakfast in the morning and a hot lunch for all participants.

Insurance:

Liability insurance is provided for all participants.

Eligibility & Cost:

Camp is eligible only to those students who have completed kindergarten and will be entering 1st grade through 6th grade Fall 2016. They must attend the following Rochester City School District or public schools:

School #2 – Clara Barton School #10 – Dr. Walter Cooper Academy School #12 – James P.B. Duffy School #19 – Dr. Charles T. Lunsford School #33 – John James Audubon School #43 – Theodore Roosevelt School #46 – Charles Carroll School #58 – World of Inquiry EMHCS – Eugenio Maria De Hostos

What's Included:

- ✓ Bus transportation (pick-up & return daily)
- ✓ USDA Breakfast & Lunch is provided
- ✓ Health Education program
- ✓ Academic Enrichment Program
- ✓ Professional sports instruction
- Team building & leadership activities
 Official Camp tee-shirt
- ✓ Lots of Fun!!!

CAMP Application Registration:

There will only be **1** - **ONE day** for Registration at each site.

Only the first 750 children who qualify will be accepted into the camp. MUST be accompanied by a parent/guardian and have proof of age with a **COMPLETED PHYSICAL FORM** signed by a doctor. Children must show proof of physical exam from their doctor within the last year. Must have a copy of their immunization record also. At registration, every child must have a completed application form. Any application that is not completely filled out and/or not signed by a parent/guardian will not be accepted and the child will not be able to participate. Please bring the following documents to registration:

- ____ A completed application form
- ____ Completed physical dated after August 5, 2016
- _____ A copy of immunization records
- —— Camper Waiver and Release form (back of application)
- _____ Birth certificate
- _____ Application for USDA meals
- ____ Image Release Form
- ____ Medical Information Form

If your child is accepted into the camp, please understand that absolutely no rude or disruptive behavior will be tolerated on the bus and/or on the campus of MCC. This is not a babysitting service, it is an educational healthy acitivity and sports camp that all children are expected to participate fully everyday they attend. Children will be dropped from camp if they demonstrate any rude or disruptive behavior or refuse to participate. Children need to wear sneakers, shorts or sweats and a tee shirt **NO jeans, skirts, dresses, flip flops or sandals please**.

Bus information

Please note: Bus pick up is at 7:30 a.m. Proper conduct is expected.

Please check one pick-up point:

- _____ #12 School
- _____ Boys and Girls Club (Genesee Street)
- ____ Clinton and Baden Rec. Center
- _____ Jefferson High School (Edgerton Park)
- ____ Carter Street Recreation Center
- ____ #33 School
- _____ Flint Street Recreation Center
- ____ #43 School

At least 20 campers must select a bus stop for it to be available. We reserve the right to change bus stops prior to the start of camp to better serve the majority of camper's families.

NOTE: Transportation is available to and from Camp at ONLY the sites listed on the application.

*Campers must be picked up from bus stops within 10 minutes of bus arrival or at MCC within 10 minutes of camp dismissal. Failure to pick up your child on time could result in suspension or termination of enrollment in camp.

Do not bring valuables to camp. Healthy Hero Camp or MCC will not be held responsible for any items lost or stolen.

Ro Δ Healthy,	Healthy, Enriching Summer for Rochester's Kids		
Healthy at Mon	at Monroe Community College		
Hero	Please print clearly. Read all information in this brochure carefully. Provide all information requested in <i>all 6 sections</i> of this application. Not valid until signed by the parent or guardian on both the front and back of this application.	Щ	
2017 Official Application Form		ONLY Medical Exam	
1. CHILD INFORMATION:	RCSD I.D. NO.	5. BUS INFORMATION:	
Last Name:	First Name: Phone #	<u>Please Note:</u> Busses pick up campers at 7:30 a.m. Proper conduct is expected.	
Street:	Male Female Age*:	Please check <u>one p</u> ick-up point:	
City:State:	Zip: Date of Birth*: Day	Boys and Girls Club (Genesee Street)	
*Please note: Due to insurance regulations, participants. Name of school attended this year	r≠rlease note: Due to insurance regulations, participants must be between the ages of 6 and 12 must attach a copy of the birth certificate to this application. Name of school attended this yearGradeGrade	 Cultioni and badent nec. Center Jefferson High School (Edgerton Park) Carter Street Recreation Center 	
2. PARENT INFORMATION:		□ #33 School □ Flint Street Recreation Center	
Parant/Guardian Name.		T #43 School	
Address (if different from child's):		<u>Note:</u> At least 20 campers must select a bus stop for it to be available.	
Phone Numbers: Home:	Work: Cell:	ETHNIC IDENTIFICATION (Check one)	
Parent's E-mail Address:		O African-American Caucasian U Kispanic O Asian	
3. IN CASE OF EMERGENCY:	Emergency Contact (other than parent/guardian)	USDA Non-discrimination Statement: This explains what to do	
Name:	Relationship:	if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this	is.
Phone Numbers: Home:	Work: Cell:	institution is prohibited from discriminating on the basis of face, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400	e, 00
ŧ	ř	Independence Avenue, SW, Washington, D.C. 20260-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through	b g u
City	Phone:	the Federal Relay Service at (800) 877- 8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."	ц [*] е
4. FINANCIAL INFORMATION: Yearly Income: \$	6. PARENT/GUARDIAN Be sure that this application form and income verifica- SIGNATURE: tion form are filled out <u>completely</u> and presented at the the field the statement below and sign on		
Number of People in Household:	the line below. If accepted, I will certify that my child will follow all camp rules and will attend all fifteen (15) days or will forfeit participation in future camp activities. I understand that there is always a risk of injury that may occur in any physical activity, therefore, in		
During the school year, does the child receive: Tree Lunch	the event of an emergency or injury to my child, the Healthy Hereos host institution is authorized to obtain any medical care or treatment deemed necessary. I also understand that there is a ZERO-TOLERANCE policy for misbehavior, and that campers may be expelled from the Camp at any time.		
Reduced Lunch			
Pays Full Price	Parent or Legal Guardian Signature		

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Healthy, Enriching Summer for Rochester's Kids

I

Sport/Camp Participation Waiver Healthy Hero Summer Camp Monroe Community College, Brighton Campus, 1000 East Henrietta Road, Rochester, NY 14623.

Assumption of Risk, Release, Waiver of Liability & Indemnification Agreement

By signing this, participant understands and agrees that participation in any and all sports activities, including the use of property, facilities, equipment and/or services at Monroe Community College (MCC) is strictly voluntary. In addition, by signing below, participant acknowledges and agrees to the following:

Whereas, Monroe Community College has arranged a program which includes transportation between various location (by, bus, automobile or any other form of transportation, public or private) and

I understand that my use of the property, facilities, equipment and/or services of MCC and/or my participation in sports activities presents certain risks of injury, including but not limited to personal injury or death.

Understanding the risks involved, I knowingly and voluntarily choose to take these risks in order to use the property, facilities, equipment and./or services of MCC and/or participate in the sports activities.

In case of emergency, accident, illness or other incapacity which occurs while I am using the property, facilities, equipment and/or services of MCC and/or participating in any sports activities, I give my permission to be treated by a medical professional and admitted to a hospital, if necessary. I understand and agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses.

I hereby release and discharge MONROE COMMUNITY COLLEGE, the Monroe Community College Association, Inc. and the County of Monroe, their employees, agents, officers, and directors from any and. all claims, demands, cause of action, damage, loss of services, costs and expenses in any way resulting from any and all injury to person or property arising directly or indirectly out of my participation in the above-named sports activity.

I agree to indemnify and hold forever harmless MCC, the MCC Association, Inc. and. the County of Monroe, their employees, agents, officers, and directors from any and all injuries, damages, costs, or attorney's fees whatsoever which may arise out of participation in the above activity.

The release of liability and indemnification agreement shall be binding on my heirs, successors and personal representatives.

I agree that Monroe Community College shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group and its program as a whole.

I have read the foregoing and assumption of risk, release, waiver of liability and indemnification agreement and acknowledge that the provisions are contractual and not a mere recital and I understand I am bound by the terms by my signature.

I certify that I am the parent of legal guardian of the participant named above; that I have read the foregoing release; and that I join in the release without reservation, granting my full consent to all action provided for therein.

"I hereby grant Monroe Community College, the State University of New York, the Rochester City School District and the Greater Rochester Health Foundation, the right to use my child's name, photograph, and/or video/audio recording for Be a Healthy Hero promotional/marketing materials and external communications such as publications, webpages and social media. I also agree that I am not entitled to compensation for such right, permission or use."

I have hereunto subscribed this Waiver and Release for	participant's name) on:	(date).
Signature of Parent of Legal Guardian		
Home Address:		
Telephone number:		
Emergency number:	Email:	