

**Town of Huntington  
Department of Parks and Recreation**

**ADVENTURE CAMP  
Camper Assistant Program**

March 2016

Dear Adventure Camp Camper Assistant Applicant:

Enclosed please find an application for the Camper Assistant Program at the Dix Hills Adventure Camp. The number of Camper Assistants accepted is based on camper enrollment. Completed applications should be returned to Dix Hills Park, 575 Vanderbilt Pkwy, Dix Hills, NY 11746, Attention: Adventure Camp Camper Assistant.

Applicants must be prepared to commit to a two-week session. Preference will be given to previous Camper Assistants who have received positive evaluations, former campers who exhibit the necessary qualifications, and Town of Huntington residents. The selection of Camper Assistants is a privilege and is not guaranteed.

A requirement will be the submission of the enclosed Medical/Emergency Form for your child. This form is due one month prior to the start of the session.

Applications are due no later than May 1, 2016. Late applications will be placed on a waiting list. All applicants will be notified by June 5, 2016. Do not send in payment with the application. Also, please do not call the office to inquire or lobby for your child.

Sincerely,

Matthew Naples  
Ice Rink Manager

**Town of Huntington**  
**Department of Parks and Recreation**

**ADVENTURE CAMP**  
**Camper Assistant Program**

**JOB RESPONSIBILITIES:** Assist program directors and counselors with the supervision of children, ages 5 through 12, at Adventure Camp. Camper Assistants will learn how to be counselors. After successful completion of the Camper Assistant Program, participants will be considered for counselor positions when he or she reaches 16 years of age.

**DAYS & TIMES:** Monday thru Friday, 8:00 AM to 4:00 PM

Session I	-	June 27 to July 8, 2016 (No Camp July 4th)
Session II	-	July 11 to July 22, 2016
Session III	-	July 25 to August 5, 2016
Session IV	-	August 8 to August 19, 2016

**ELIGIBILITY:** 9<sup>th</sup> and 10<sup>th</sup> grades as of September 2016

**LOCATION:** Dix Hills Park  
575 Vanderbilt Pkwy, Dix Hills, NY 11746

<b>FEE:</b>	1 <sup>st</sup> Year	-	10% discount = \$370.80 per session
	2 <sup>nd</sup> Year	-	50% discount = \$206.00 per session
	3 <sup>rd</sup> Year	-	No Fee

**REQUIREMENTS:**

1. Must like working with children
2. Must be a responsible role model
3. Skills in sports, games or arts & crafts a plus
4. Experience working with children helpful, but not necessary.
5. Preference will be given to past Camp Assistants who have received positive evaluations and to former campers who exhibit the qualities necessary to be a Camper Assistant.
6. Must enroll for a minimum of one session.

Complete the attached application form and mail to:

Dix Hills Park  
575 Vanderbilt Pkwy, Dix Hills, NY 11746  
Att: Adventure Camp Camper Assistant

# ADVENTURE CAMP

## CAMPER ASSISTANT APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street

City

State

Zip

School as of Sept. 2016 \_\_\_\_\_ Grade as of Sept. 2016 \_\_\_\_\_

List the years you attended camp as a Camper Assistant \_\_\_\_\_

List the years you attended a Town Camp or Playground Program \_\_\_\_\_

List the program(s) you attended \_\_\_\_\_

Requested Dates: (must be at least 1 session)

Session I	June 27 to July 8, 2016 (no camp July 4th)
Session II	July 11 to July 22, 2016
Session III	July 25 to August 5, 2016
Session IV	August 8 to August 19, 2016

**REFERENCES:** (school, clergy, employers, youth organizations)

1. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Complete the attached application form and mail to:

Dix Hills Park  
575 Vanderbilt Pkwy, Dix Hills, NY 11746  
Att: Adventure Camp Camper Assistant

# ADVENTURE CAMP

## **CAMPER ASSISTANT MEDICAL/EMERGENCY FORM** ***MUST BE SUBMITTED 1 MONTH PRIOR TO SESSION***

### **Please Print**

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

Sex: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street Town Zip

Mother's Business # \_\_\_\_\_ Mother's Cellphone # \_\_\_\_\_

Father's Business # \_\_\_\_\_ Father's Cellphone # \_\_\_\_\_

### **\*IF PARENTS CANNOT BE REACHED-EMERGENCY NUMBERS:**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

### **PLEASE LIST THE INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD:**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

### **HEALTH INSURANCE INFORMATION**

**CARRIER OR PLAN NAME** \_\_\_\_\_ **GROUP #** \_\_\_\_\_

**NAME OF INSURED** \_\_\_\_\_ **INSURANCE ID #** \_\_\_\_\_

**RELATIONSHIP TO PARTICIPANT** \_\_\_\_\_

NOTE: All medication sent to camp **MUST** be labeled by pharmacy. We cannot administer medication.

### **ALL MEDICATIONS ARE SELF ADMINISTERED BY THE CHILD.**

In the event that I cannot be reached by phone, I give my permission to the Camp Director or their appointed representatives to act in my behalf in seeking and providing medical treatment for my child during the camp season. This includes medical care and treatment by a first aid station or physician in a hospital.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ADVENTURE CAMP**

**TO BE COMPLETED BY A MEDICAL DOCTOR**

**IMMUNIZATION HISTORY**

(show dates of last immunization or booster)

NAME OF CHILD \_\_\_\_\_

IF CHILD BORN AFTER JANUARY 1, 1993 – MUST FILL IN DATES OF:

HEPATITIS B: \_\_\_\_\_

HAEMOPHILUS INFLUENCA TYPE B: \_\_\_\_\_ RUBELLA \_\_\_\_\_

MEASLES \_\_\_\_\_ MUMPS \_\_\_\_\_ HIB \_\_\_\_\_ DPT \_\_\_\_\_

POLIO SALK/SABIN \_\_\_\_\_ MMR \_\_\_\_\_ VARICELLA(chicken pox) \_\_\_\_\_

TBC: Date \_\_\_\_\_ Results \_\_\_\_\_

\_\_\_\_\_ is in good health, is not suffering from any illness and  
CHILD'S NAME

MAY \_\_\_\_\_ MAY NOT \_\_\_\_\_ participate in a full program of activities.

**DIETARY/PHYSICAL RESTRICTIONS:** \_\_\_\_\_

I have prescribed the following medication for \_\_\_\_\_ which is self-administered

1. Name of medication: \_\_\_\_\_ Dosage \_\_\_\_\_

2. Name of medication: \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose of Medication(s) \_\_\_\_\_

**ALL MEDICATIONS ARE SELF-ADMINISTERED BY CHILD**

**SIGNATURE OF PHYSICIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHYSICIAN'S NAME, ADDRESS & PHONE NUMBER:** \_\_\_\_\_

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

**NOTE:** All medication sent to camp **MUST** be labeled by pharmacy.

## ADVENTURE CAMP

CIRCLE SESSION(S): I II III IV

MUST BE SUBMITTED ONE MONTH PRIOR TO SESSION

LAST NAME: \_\_\_\_\_ FIRST NAME : \_\_\_\_\_

**PLEASE TAKE THE NEXT FEW MINUTES TO ANSWER THE FOLLOWING QUESTIONS. REMEMBER: YOUR CHILD’S SAFETY AND HEALTH IS IMPORTANT TO US. PLEASE BE HONEST IN YOUR RESPONSES SO WE CAN DO EVERYTHING WITHIN OUR ABILITIES TO INSURE THAT YOUR CHILD HAS A GREAT TIME AT THIS SUMMER PROGRAM. IF YOU HAVE ANY QUESTIONS CONCERNING THE INFORMATION ON THIS FORM, PLEASE DO NOT HESITATE TO ASK US.**

**HAS YOUR CHILD EVER HAD OR DO THEY NOW HAVE:** **PLEASE CHECK**

**YES      NO**

	YES	NO
(1) Asthma, wheezing, or inhaler use		
(2) Epilepsy, fits, seizures, or convulsions		
(3) Recurrent neck or back pain		
(4) Rheumatic fever		
(5) Dislocated joint, knee, hip, shoulder, elbow or ankle		
(6) Foot pain		
(7) Periods of unconsciousness		
(8) Frequent or severe headaches causing interruptions in school		
(9) Wear contact lenses		
(10) Fainting spells or passing out		
(11) Head injury, skull fracture, concussion		
(12) Seen a psychiatrist, psychologist, counselor or social worker		
(13) Skin disorders such as: Eczema Psoriasis Atopic Dermatitis		
(14) Irregular heartbeat, rapid or slow heartbeat		
(15) Thyroid condition or taking medication for thyroid		
(16) Limitation on movement or motion of joint, wrist, knee, hip, shoulder		
(17) Heart murmur, heart abnormality or problems		
(18) Heart surgery		

		Please Check	YES	NO
(19)	High blood pressure			
(20)	Hepatitis (liver inflammation or infection)			
(21)	Any eye injury or surgery (other than corrective)			
(22)	Allergies: common foods (milk, peanuts, eggs, meat, fish, etc.) wool or fabrics wasp, bee or any insect stings penicillin poison ivy drugs (prescription or medication) other: please specify_____			
(23)	Broken bones requiring surgery to repair			
(24)	Perforated ear drum or tubes in ear drums			
(25)	Anemia (iron deficiency)			
(26)	Pain or swelling at the site of an old fracture			
(27)	Loss of appendage, limb or part thereof			
(28)	Attention Deficit Disorder			
(29)	Diseases: chicken pox german measles mumps tuberculosis measles other: please specify_____			
(30)	If the answer to any of the above is "Yes" please reference the question number then Describe or explain with dates:			

**MAIL ALL FORMS ONE MONTH PRIOR TO SESSION TO:**

Dix Hills Adventure Camp  
575 Vanderbilt Pkwy, Dix Hills, NY 11746  
Att: Adventure Camp Camper Assistant