2015

Bellefontaine Neighbors

SUMMER CAMP

FREE Activity Limited Spaces Available

Contacts: pvassallo@cityofbn.com
867-0080 extension 242
dowens@cityofbn.com

JUNE 15—26, 2015

Age 9-14 Boys & Girls

- Decision Making *Leadership *Miniature golf
- Anger Management *Bullying * Archery
- Conflict Resolution *Community Pride *Fishing
- Drugs & Gangs *Swimming *Basketball & MORE...

Bellefontaine Neighbors Summer Camp 2015

Session: June 15 - 26, 2015
Time: 8:00 AM - 2:45 PM

Thank you for your interest in attending our Youth Life Skills Enrichment & Recreation summer day camp! Bellefontaine Neighbors is offering this camp to help build youths life skills in the following areas; leadership, respect, community pride, decision making, bullying, conflict resolution, anger management, drugs and gangs, basic financial education, and all about the Police Department.

The youth will also have an opportunity to learn many recreational activities to include, miniature golf, swimming, fishing, archery, hiking, canoeing, bicycling, kickball, basketball, home lawn maintenance and home gardening.

Summer Camp is a two week-long day camp where the youth will receive knowledge on the various life skills and participate in many recreational activities with new friends.

Any child who will be age 9-14 at the time of camp may apply. No experience is necessary for attendance regarding the recreational activities.

APPLICATION PROCESS
Please read the following carefully. *Summer Camp enrollment is first come, first served.* If you prefer to apply online, you can find a link to our online application at www.cityofbn.com/police department.

To apply by mail, please send us: **the program application, medical release form, waiver of liability form, and a current copy of campers medical insurance card** to the Bellefontaine Neighbors Police Department, 9641 Bellefontaine Road, St. Louis, MO 63137. Attention: Sgt. Vassallo, or Police Officer Owens.

We will notify each applicant regarding enrollment status as soon as possible, typically within two weeks of receiving your complete application. Once your camper is enrolled, we will send you a confirmation email or letter by US MAIL if no email is provided.

IMPORTANT: If you don't hear from us within two weeks of submitting your application, it may be incomplete; please contact us to find out what is missing!

SUMMER CAMP PROGRAM SITE
Bellefontaine Neighbors Life Skills CAMP will be held in the small conference room at the Bellefontaine Neighbors Recreation Center located at 9669 Bellefontaine Road, STARTS promptly at 8:00AM, the recreation activities will be held in the Bella Fontaine Lake Park next to the Police Department.

CONTACT INFORMATION - Sgt. Peggy Vassallo, and Police Officer Dave Owens
Mailing Address: 9641 Bellefontaine Road
Website: www.cityofbn.com
Email:pvassallo@cityofbn.com, **OR** dowens@cityofbn.com
Phone: 314-867-0080. extension 242
Summer Camp Cell: 314-581-2175 or 314-581-2155

WHEN TO SHOW UP AND WHAT TO BRING
Camp is Monday-Friday, 8:00 AM - 2:45 PM, Camp provides all the necessary equipment, and instructors, as well as breakfast and lunch. Campers should wear the t-shirt provided, comfortable shorts, ***NOTE**-no shorts / or pants will be allowed to sag, close-toed shoes, and bring a water bottle and towel on swim day is highly recommended. Please if you bring any additional item(s), phones will not be allowed! Camp cannot be responsible if it is lost or damaged.

COMPLETING YOUR APPLICATION
Include the following: →
☑ Program application, which contains the Camp Rules, Camp Medical Release and Waiver of Liability Forms, and a copy of your child's current medical insurance card.

IMPORTANT INFORMATION

Applications available April 27, 2015 -- open until full.	*First come, first served – apply as soon as possible for the best chance to attend. Bellefontaine Neighbors Residents Only.*
Documents required:	***Waiver of Liability Form***
Application	***Current copy of child's medical insurance card***
Medical release form	

Thank you so much for your interest in Camp -- we look forward to working with you and your child!!!
Any photos, recorded (audio or video) and written materials created for and/or during Summer Camp are property of the Bellefontaine Neighbors YLSER Camp for and may be used for promotional purposes at the discretion of the Bellefontaine Neighbors Police Department Camp.

The policy and intent of the Bellefontaine Neighbors Police Department Camp is to provide equal opportunity for all persons regardless of race, color, religion, sex, status with regard to public assistance, disability, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate disrespect, disobedience, bullying, racism, discriminatory behavior or expression.
**** All campers will be required to be dropped off no earlier than 10 minutes prior to the start of camp (8:00 AM and no later than 3:00 PM), if not adhered to campers maybe dismissed from attending camp.***

FOR OFFICE USE ONLY

Received date_____
Notification date_____

Bellefontaine Neighbors Youth Life skills Enrichment & Recreation

CAMP

Program Application

1. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Child: _____ Date of Birth: _____ Age: _____

Name you prefer to be called (if different)Nickname: _____

Name of School child attends: _____ Grade: _____

T-Shirt Size (circle one): **Youth:** XS SM MED LG *or* **Adult:** SM MED LG XL XXL XXXL

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone_____

Email address you check frequently:_____

Best way to contact you? **(circle one)** **Home Phone** **Cell Phone** **Email**

2. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ -_____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ -_____ - _____ ext _____

3. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

Does your child have any medical conditions, allergies, or special needs the staff should know about?

_____

_____

[PLEASE INCLUDE THIS PAGE IN YOUR APPLICATION]

Does your child have any behavioral or emotional issues the staff should know about?

_____

_____

Is your child taking any medications to treat these conditions?

_____

_____

_____

4. OTHER INFO

Are there other children you are hoping to attend the same session with? _____

Is there anything else you would like us to know?

To complete your application; please forward these pages to the , Bellefontaine Neighbors Police Department

Attention: Sgt. Vassallo or P.O. Owens
9641 Bellefontaine Road
St. Louis, MO 63137
314-867-0080 extension 242
Email- pvassallo@cityofbn.com
dowens@cityofbn.com

I verify that all the information I have provided in this document is true to the best of my knowledge.

X_____

Your signature Date

General Camp Rules

For Bellefontaine Neighbors Summer Camp

Camp policies, rules and regulations are established so that campers, Police Officer's and camp assistants will have a Enjoyable and Safe Summer Experience.

***NOTE** - All campers will arrive daily on time, being late and not picked up on time may cause camper to be dismissed from camp.*
Camp starts promptly at 8:00 AM
Camp ends promptly at 2:45 PM, all campers must be picked up by 3:00 PM.

1. All campers will follow directions given by the camp Police Officer's in charge, and camp assistants.
2. Campers must stay with the camp at all times. This means all campers must get permission, and be escorted everywhere, including the restroom.
3. Campers will show respect, and a positive, non-violent attitude to all fellow campers and staff.
4. Campers will keep their hands and feet to themselves at all times. Pushing, shoving, hitting, kicking, etc., will not be tolerated.
5. Name-calling and foul language will not be tolerated.
6. **Electronic Games and Devices [including cell phones] are NOT permitted at camp.** Valuables of any kind should not be brought to camp. Personal items should be labeled with campers name and Bellefontaine Neighbors Police Department, and Bellefontaine Neighbors Recreation Center are not responsible for lost or stolen items.
7. Structured tennis shoes or sneakers must be worn at all times, except when utilizing the pool. No crocks, flip-flops, sandals, slides or water shoes are permitted for other camp activities because such footwear inhibits safety and enjoyment of activities.
8. No weapons of any sort (guns, knives, ropes, pocket knives, etc.) or such toys are allowed. Threats, with intentions of harming oneself or others will not be tolerated.

9. All Children must participate in scheduled camp activities. A parent note is required to excuse participation
10. Improper and/or illegal materials (magazines, drugs, etc.) will not be tolerated.

Caregiver Consent Form for Emergency Treatment

Today a head of household often has to delegate the care of a loved one to a caregiver. Most often this involves ensuring care for a child. At other times, however, it may involve an adult who cannot act on his or her own: an elderly parent, an ill spouse.

The caregiver could be one of many types of people:

- A teen-aged child care provider for an evening.
- An adult friend or relative for an extended period of time.
- A professional caregiver, such as a nurse or home health aide.
- A housekeeper.

Whatever the situation, it's important to plan for the unexpected. If a medical emergency arises while the head of the household is away, caregivers must be able to make decisions for those in their care. Medical care personnel responding to the emergency must be assured that the caregiver has the authority to act for you.

Caregiver Consent Form

A Caregiver Consent Form, prepared in advance, assures that the caregiver will be able to make medical decisions guided by health care professionals in your absence. You can create these forms without the need for a lawyer. Place prepared consent form copies next to emergency phone numbers. *Review the Caregiver Consent form and emergency phone numbers frequently to keep them current.*

Information to include:

- Stated permission to have the caregiver arrange for emergency medical care.
- Name of person receiving the care.
- Name of the caregiver.
- Name of head(s) of household and address.
- Insurance carrier, with policy and group number.
- Expiration date of consent.

For Children:

Have a caregiver consent form for each child in the household. Remember to update the name of the caregiver as it changes.

Multiple or customized forms:

The form on the next page can be photocopied as often as needed. Or, you may want to devise your own form using it as a model.

It is not meant to take the place of sound legal advice. You may want to consult with your attorney to be certain it is appropriate for your family's particular needs. See next page for sample consent form.

Be sure to instruct your caregivers:

- On the need for and use of the consent forms.
- That the consent forms are in or by emergency phone numbers.
- To give the Caregiver Consent Form to the Emergency Medical Service or to take it to the emergency room so all necessary information for prompt and appropriate care will be available in your absence.
- To become familiar with the name and group number of you're insurance carrier, a critical concern to hospitals or other emergency centers.

Keep a photocopy of your Insurance ID Card with the form.

Source: Intergroup's Family Health Source

Consent for Medical and/or Emergency Treatment**

I, _____, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of my

_____ _____.
(relationship) (hereafter "dependent") – Full Name

I further give my consent to _____,
(hereafter "caregiver") – Full Name

who will be caring for my dependent for the period _____ through _____, to arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health of my dependent. In the event that my dependent is injured or ill while under the care of the caregiver, I hereby give permission to the caregiver to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

	Date
Signature of Legal Guardian	Dentist
Witness	Address
Name	
Address	Phone
	Name of dependent
Phone	Allergies
Health Insurance Carrier	
Health Insurance Policy # and Group #	
Personal Care Physician	Date of last tetanus booster
Address	Medications dependent is taking
Phone	

**This is only an example of a consent form. You should consult an attorney if you think such a legal document might be right for you.
Family Health Source (March 1999)