

Harbor Light Summer Adventures



2024

Parent/Camper
Welcome Packet

Hello Parents and Campers!

Everyone here at Harbor Light Summer Adventures is working hard preparing for what should prove to be another exciting summer! We have put this packet together to inform you of our policies and give you information about what our campers will need on a daily basis.

We have also included required forms that need to be completed before your child's first day of camp.

Harbor Light has water activities planned every day. It is our suggestion campers wear their swimwear to camp and bring a change of clothes to wear after their water activities.

Please let us know if you have any questions or concerns.

Thank you and we'll see you all soon!

Looking forward to the adventure,

Harbor Light Summer Adventures Staff

Harbor Light Will Need the Following Items Before Camp Begins:

- Registration Form
- Allergy Form
- Signed "Terms and Conditions"
- Alternate Pick-Up (if applicable)
- Field Trip Permission (if applicable)
- A Letter To My Counselor
- Photo Release Release and Waiver
- Non-Prescription Form (sunscreen)
- Physical- Within 3 years
- Medication Form (if applicable)
- Payment in full by June 3rd, 2024

Please Return Application and Payments to our business location:

Harbor Light Foundation, Inc.

2505 Black Rock Turnpike, 2nd Floor

Fairfield, CT 06825

Camper Name 1: _____ Camper Name 2: _____

Terms and Conditions

(please keep a copy for you records)

Acceptance Policy

- By submitting an application on behalf of a child, each parent and/ or guardian signing the application accepts and agrees to comply with all camp rules and regulations.
- Applications will be accepted as a first come first serve basis, as determined by the date a completed application is received at the Harbor Light office. Applications that do not include the required deposit (\$50 per session) are not considered complete.
- Registration of a camper is not complete until full tuition is paid. This must be done no later than June 3rd, 2024. If full payment is not received by June 3rd, 2024, the camper's space can be forfeited.
- All deposits and tuition are non-refundable after June 3rd, 2024.
- When an application and deposit for enrollment is accepted by Harbor Light Foundation, a place is reserved for the child. If for any reason enrollment is canceled by a parent/guardian after June 3rd, 2024, there will be a \$50 Administration fee charged per refund request.

Insurance

- The full terms of insurance coverage (including exclusions from coverage) may be obtained from the Harbor Light Summer Adventures business office at 2505 Black Rock Turnpike, 2nd Floor, Fairfield, CT, 06825 or during the summer at the camp location.

Personal Belongings

- While every effort is made to safeguard a camper's personal belongings, including but not limited to, clothing and equipment, Harbor Light Summer Adventures is not responsible for the loss, damages or theft of a camper's personal belongings while a camper attends camp. It is highly recommended that each camper have their name on their belongings.

Tuition

- Tuition includes all activities and materials while at Harbor Light as well as a camp t- shirt.
- All tuition and fee payments must be completed by June 3rd, 2024.
- During camp, no refunds will be given for late arrivals, dismissal or withdrawal of a camper.

I agree to all Terms & Conditions and wish to enroll my child(ren) in Harbor Light Summer Adventures for the 2024 summer camp season.

X _____

Parent Signature

Harbor Light Will Need the Following Items BEFORE Camp Begins:

	Physical- Within 3 years		Alternate Pick-Up (if applicable)
	Non-Prescription Form (sunscreen)		Field Trip Permission (if applicable)
	Medication Form (if Applicable)		Photo Release
	Allergy Form		A Letter To My Counselor
	Release and Waiver		

Daily Checklist

- ◇ Brown bag lunch- NO LUNCH BOXES
- ◇ Swimsuit
- ◇ Sunscreen (non-prescription form MUST be completed)
- ◇ Snack - Please pack snacks separately.
- ◇ Appropriate shoes (flip flops and "Crocs" are not recommended but can be sent in bags for water play)
- ◇ Towel
- ◇ Change of clothes

Many children wear their bathing suits to camp in the morning and change into dry clothes after water play.

Are there any campers that you would like to have your children paired up with?

Drop-off/Pick-up Information

The camp is located at 2475 Easton Turnpike, Fairfield, CT
06825

Drop Off (9:00 am)

Follow the entrance driveway around the church to the rear;

Pass the playground and continue to door 7;

There will be a staff member at door 7 to guide campers into the building.

Our staff will not be able to supervise children before 9:00 due to morning prep work. Thanks for understanding.

*please note** drop off procedures change from year to year, you will be notified prior to your camp start date of the 2024 drop off procedure.

Pick-Up (2:00 pm)

2:00 pick-up is on the lawn next to "The Mighty Oak" which is located around the corner from door 7.

If your child is going to be late or absent, please call (203) 365-0556 to inform us.

Non-Prescription Topical Medication Form

PARENT/GUARDIAN (Physician signature not required) AUTHORIZATION FOR THE ADMINISTRATION OF NON-PRESCRIPTION TOPICAL MEDICATIONS (i.e. sunscreen, bug spray, etc.) BY CHILD CARE PERSONNEL

To Childcare Medical Director:

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the summer camp. I understand that I must supply the camp with the non-prescription topical medication in the original container labeled with my child's name, the name of the medication and the directions for the medication administration. This authorization is limited to the following topical medications: One form is required for each medication.

1. Non-prescription medication powders.
2. Non-prescription insect repellents.
3. Non-prescription sunscreen free of aminobenzoic acid (PABA) or its derivatives.

Name of Child: _____ Date of Birth: _____

Address: _____

Medication: Name, Method of administration, area of application _____

Schedule of administration: _____

Medication shall be administered from _____ to _____
Date Date

Reason for which medication is being administered _____

I have administered at least one application of the above medication to my child without adverse side effects.

Printed Name of Parent/Guardian _____ Date _____

Parent/Guardian Signature _____ Relationship _____

Address _____

Telephone: Home _____ Work _____

Cell _____

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel
In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ___/___/___ Today's Date ___/___/___
 Address of Child/Student _____ Town _____
 Medication Name/Generic Name of Drug _____ Controlled Drug? YES NO Condition
 for which drug is being administered: _____ Specific
 Instructions for Medication Administration _____
 Dosage _____ Method/Route _____
 Time of Administration _____ If PRN, frequency _____ Medication shall
 be administered: Start Date: ___/___/___ End Date: ___/___/___
 Relevant Side Effects of Medication _____ None Expected
 Explain any allergies, reaction to/negative interaction with food or
 drugs _____
 Plan of Management for Side Effects _____
 Prescriber's Name/Title _____ Phone Number (____) _____
 Prescriber's Address _____ Town _____ Prescriber's
 Signature _____ Date ___/___/___
 School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ___/___/___ Parent
 /Guardian's Address _____ Town _____ State _____ Home Phone #
 (____) _____ - _____ Work Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: YES NO _____
 Signature Date

Parent/Guardian authorization for self-administration: YES NO _____
 Signature Date

School nurse, if applicable, approval for self-administration: YES NO _____
 Signature Date

Today's Date _____ Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

ALLERGIES/MEDICAL CONDITIONS

CAMPER NAME: _____ DATE: _____

PLEASE LIST ANY KNOWN MEDICAL CONDITIONS/ALLERGIES:

STEPS TAKEN TO TREAT THESE ALLERGIES/CONDITIONS:

PLEASE NOTE ANY ADDITIONAL IMPORTANT INFORMATION:

NAME (PRINT): _____

SIGNATURE: _____ DATE: _____

AUTHORIZATION FOR ALTERNATE PICK UP/DROP OFF

NAME OF CAMPER: _____

DATE(S) OF ALTERNATE PICK UP*: _____

*If your alternative pick-up will be allowed to pick up your camper throughout all of Harbor Light Summer Adventures 2024, simply list "ALL" as the dates of pick up.

ALTERNATE PERSON(S):

As the parent or legal guardian of the above camper, I authorize the alternate person listed above to pick up the camper listed above in my place. I understand that Harbor Light Summer Adventures will request verification of the alternate person through a valid photo ID. I understand that this agreement is valid ONLY on the date(s) listed above. Any further alternate arrangements will need to be made individually.

Signature of Parent/Legal Guardian

Date

Trip Permission Slip

Depending on your child’s session, campers who are entering first grade and older will have the opportunity to enjoy a few special day trips. Harbor Light contracts with a local bus company in order to transport campers. When campers travel outside of camp, their primary counselors as well as other staff members will supervise.

If you choose not to give permission, your child will be placed with another group during the time period of the field trip.

I give permission for my child(ren) _____ to participate in field trips away from Harbor Light during the following weeks:

1 2 3 4 5 6 7 (please circle all weeks that your child(ren) will be participating in field trips)

Parent's Signature and Date

Photo Permission Slip

I give my permission for photos of my child(ren) _____ taken during the 2024 camp season to be used by Camp Harbor for our website galleries, and or publications.

Please note that any photo used on our website or brochures will not have your child’s name on it.

Parent Signature and Date

A Letter To My Counselor

Dear Counselor,

My name is _____

My friends call me _____

I would describe myself as

(circle those that are most like you and add any others that you wish)

Quiet Noisy Shy Out-going Athletic Artistic

I am going to camp because:

I hope to be able to do the following things at camp:

During my free time, I like to:

My best friends are people who are:

Things I don't like are:

Returning Campers Only:

This is my _____ year at Harbor Light Summer Adventures.

New Campers Only:

This is my first year at camp and I am concerned about the following:

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Harbor Light Foundation, Inc. Summer Adventures program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below Harbor Light Foundation, Inc. Summer Adventures program, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

2. I/WE fully understand and acknowledge that:

(a) There are risks and dangers associated with participation in Harbor Light Foundation, Inc. Summer Adventures which could result in bodily injury, partial and/or total disability, paralysis and death.

(b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.

(c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.

(d) There may be other risks not known to us or are not reasonably foreseeable at this time.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Harbor Light Foundation, Inc. Summer Adventures facilities which is used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the Harbor Light Foundation, Inc. Summer Adventures, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the Harbor Light Foundation, Inc. Summer Adventures facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Release"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS,

LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releases, the parent(s) and/or legal guardian(s) will reimburse the Release for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Facility: Harbor Light Foundation, Inc. Summer Adventures

Parent or Guardian Signature: _____

Printed Name of Participant: _____

Address of Participant: _____

Received by (HLF Staff) _____

On File Date: _____