



# Boys & Girls Club of Jamestown's Camp Hiak Tilikum Summer Day Car



**Camp Hiak Tilikum** is the Boys & Girls Club of Jamestown's Summer Day Camp facility located on Curtis Street Extension. There are plenty of wooded trails, a playing field, a picnic pavilion and a building for rainy day activities with indoor restrooms. The program offers a variety of fun and educational activities for boys and girls ages 5 through 12 including young, first time campers as well as experienced day campers. The trained professional counselors supervise all activities to promote active participation for all campers and to ensure camper safety in a positive and fun environment.

The *Summer 2011* registration fee is **\$90.00 per week / per camper**. Each camper must also have a current **(\$15.00/yr) Boys & Girls Club of Jamestown membership**. Registration and membership fees are due in advance, *no later than* Friday prior to the week(s) of participation. If applying for partial financial scholarship, please complete ALL INFORMATION on BOTH SIDES of the Camper Registration form.

Please mark your camper's weeks of attendance & keep this sheet for your information.

<b>Week #1: June 27 - July 01</b> _____	<b>Week #4: July 18 - July 22</b> _____
<b>**Club &amp; Camp <u>CLOSED</u> Mon, July 4**</b>	<b>Week #5: July 25 - July 29</b> _____
<b>Week #2: July 05 - July 08</b> _____	<b>Week #6: Aug 01 - Aug 05</b> _____
<b>Week #3: July 11 - July 15</b> _____	<b>Week #7: Aug 08 - Aug 12</b> _____

**Camp Schedule:** Campers may be dropped off at the Boys & Girls Club's main facility at 62 Allen Street between **7:30 (NEW earlier time)** and 8:45 AM. The camp bus/van leaves the Club at approximately 9:00 AM, rain or shine. Campers will return to the 62 Allen St. facility each afternoon by approximately 3:30 PM. (4:30 on Thur *if* at Long Point). The complete daily schedule will be available in advance so that parents can make plans to pick up their camper each afternoon at their convenience, but please no later than 5:30 PM.

**Meals & Snacks:** The Boys & Girls Club of Jamestown and Camp Hiak Tilikum are approved USDA Summer Food Program sites. Free Breakfast is served for all campers at 8:30 AM at the 62 Allen Street facility. Free lunch is also provided at Camp Hiak Tilikum. (An eligibility form may be required.) Campers are also permitted to bring their own lunches, snacks and water if desired. Refrigeration is available.

**Camp Activities:** Daily camp activities will include outdoor sports, group games, nature study, arts & crafts, hiking, special events and swimming. All camp activities will be supervised by trained counselors. Camp Swim will be held at the Boys & Girls Club pool each afternoon. All campers should bring swimsuits and towels each day. Weekly theme events and group projects will be announced, and notes will be sent home if any special clothing or other personal items might be needed.

**Field Trips:** Traditionally each **Thursday**, all campers and staff spend the entire day at Long Point State Park on Chautauqua Lake. Campers will enjoy their day in the sun and sand before returning to the Club at approximately 4:00 PM. Please be sure to send sunscreen with your children.

**Questions?** For more information about any aspect of the program please call the Boys & Girls Club's main office at 664-2902. To get a message to your child during camp (9AM - 3PM MTW&F) call 665-4778.

Camp Hiak Tilikum and the Boys & Girls Club of Jamestown are inspected and licensed by the New York State Department of Health. Camp inspections are held at least twice each season. Inspection reports are on file and available at the Chautauqua County Health Department, Hall R. Clothier Building, Mayville, NY 14757.

## GREAT FUTURES START HERE.

**Winifred Crawford Dibert Boys & Girls Club of Jamestown**

62 Allen St. Jamestown NY 14701

PH: 716-664-2902 FAX: 716-488-9300

Visit our website at [www.bgcjamestown.org](http://www.bgcjamestown.org)



# Boys & Girls Club of Jamestown Summer Day Camp

## >> Camp Hiak Tilikum Camper Registration Form <<

The **Summer 2011** registration fee is **\$90.00 per week / per camper**. Each camper must also have a current (\$15.00/yr) Boys & Girls Club of Jamestown membership. Registration and membership fees are due in advance, no later than Friday prior to the week(s) of participation. If applying for **partial financial scholarship**, please complete ALL information on **BOTH SIDES** of this form.

Child's Name \_\_\_\_\_ Boy / Girl D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
Last First M.I. (circle) (mm / dd / yr)

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail: \_\_\_\_\_  
# and Street City State Zip

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's School Grade (Ending June '09) \_\_\_\_\_ School Attended \_\_\_\_\_

**Camper Health Information: ALL information below must be completed AND copies of current immunization records must be provided. No child will be permitted to attend camp until all required information is received.**

1. **IMMUNIZATION RECORDS:** A complete copy of your child's immunization history **MUST** be provided. If you do not have a current copy, you must contact your child's school or physician to obtain one. **WE ARE UNABLE TO OBTAIN THIS INFORMATION FOR YOU!**
2. Any food or drug allergies? \_\_\_\_\_ Other allergies? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
3. Does your child regularly use any prescription or non-prescription medications? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, Please list below:  
 \_\_\_\_\_ **PLEASE SEE CLUB STAFF FOR FURTHER INFORMATION.**
4. Are you aware of any health issues or other factors which would require your child to follow a program of limited physical activity or otherwise affect his or her emotional or physical ability to fully participate in any particular camp activities?  
 If yes, explain: \_\_\_\_\_
5. Do you grant permission for topical sunscreen to be applied to your child's exposed skin areas on an as-needed basis? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Do you grant permission for an insect repellent such as "**OFF**" to be applied to your child's skin on an as-needed basis? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Do you grant permission for your son/daughter to participate in swimming at Long Point and at the Boys & Girls Club? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**In case of emergency and parents cannot be reached, please list the name, phone number and relationship of other person to be notified:**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please indicate all camp weeks your child wishes to attend. Some weeks will fill very quickly!

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I, the undersigned parent or legal guardian, hereby grant permission for \_\_\_\_\_ to attend the Winifred Crawford Dibert Boys & Girls Club of Jamestown Summer Day Camp Program and to participate in all activities associated with the program unless otherwise noted above. I grant permission for my child to be transported by bus or van from the Boys & Girls Club facility to Camp Hiak Tilikum or to any other approved field trip and back.

I understand the potential risk of physical injury associated with participation in camp activities, and also hereby authorize the Boys & Girls Club of Jamestown to carry out any measures deemed necessary by it in any type of emergency situation, including acquiring medical treatment for my child. I agree to indemnify and hold harmless the Winifred Crawford Dibert Boys & Girls Club of Jamestown, its employees, officers, directors, representatives or agents from any and all liability claims arising from my child's participation in all activities and events associated with this program.

X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Legal Guardian Signature Required



**Winifred Crawford Dibert Boys & Girls Club of Jamestown**  
 62 Allen Street, Jamestown NY 14701 PH: (716) 664-2902



# \* \* Camp Hiak Tilikum Scholarship Assistance Application \* \*

***This form should be completed ONLY for those campers who wish to request partial financial assistance with Camp registration fees.***

Through the generosity of various local organizations and individuals, a limited number of partial camp scholarships are available for families with financial hardship. Scholarships will be distributed on the basis of documented financial need and the availability of funds.

Child's Name \_\_\_\_\_ Boy / Girl D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
Last First M.I. (circle) ( mm / dd / yr )

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail: \_\_\_\_\_  
# and Street City State Zip

Is child attending camp currently a Boys & Girls Club of Jamestown Member? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES - Expiration Date \_\_\_\_\_  
***(A \$15.00 per year youth membership is required for all campers. See Club Office for membership form and scholarship information.)***

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Child's Grade Completed \_\_\_\_\_ School Attended \_\_\_\_\_

***It is VERY IMPORTANT that ALL information requested below is complete and accurate. All sources of income for all household members MUST be included. Additional documentation may be required.***

1. Please indicate whether your child is eligible, while in school, for the following:

Free Lunch: \_\_\_\_\_ Reduced Cost Lunch: \_\_\_\_\_ Not Eligible: \_\_\_\_\_

2. Household Information: Total # of Adults \_\_\_\_\_ Total # of Children 18 Years Old & Under \_\_\_\_\_

3. Indicate the ***combined total annual gross salary and wages*** (before taxes) earned by all individuals living in your household. Please include total earned income of all adult residents and all children (under age 21 & not in school): \$ \_\_\_\_\_

4. Indicate all income received from other sources by any members of your household. Income sources may include, but are not limited to, Social Security or disability payments, unemployment benefits, various public assistance programs, child support, alimony, pension or retirement benefits, etc.

--- INCOME SOURCE ---	--- AMOUNT RECEIVED ---	per WEEK / MONTH / YEAR		

5. Is this registered camper a foster child in your care? YES \_\_\_\_\_ NO \_\_\_\_\_

6. Please provide the following information for any foster children in your care. (Even if NOT attending camp)  
 ----Child's Full Name ---- --- Age --- --- Amount Received for Child's Care --- --- School & Grade ---  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that all of the above statements and information provided are true and accurate to the best of my knowledge and belief. I further hereby certify that I am the legal parent or guardian of the child named on this application.

Signature \_\_\_\_\_ Date: \_\_\_\_\_