



MOREAU COMMUNITY CENTER
making community connections

Presents...



Buddy Application

Important Notes

This Program was designed for teens ages 13-15. While this is a free program, it is only for teens that are willing to help the adults and children in their class. They are not in charge of any of the children in the class, nor will they have any responsibilities where they will be alone with the children at any time. Even though they are not campers they are still required to have registration information and follow the behavior management policy. Please note that if your teen is not following the rules or helping in their class, they may be dismissed from the Buddy program. Please note that space is very limited for this program. We are only accepting 8 teens this year.

- Pack a bag lunch for your teen daily, unless otherwise specified. Icepacks are recommended as we don't have refrigeration space. Please note that we are unable to heat food up.
- Morning drop off will be at Harrison Elementary school. The camp entrance will be the main door next. Pick up will be at Harrison Ave. Elementary Monday through Thursday. On Fridays pick up will be at the Sandbar beach.
- Please make sure that your teen brings a bathing suit and a towel on Fridays for the beach.
- Please make sure that your child has sunblock and bug spray on everyday. We will only sunblock children on water days.
- Afternoon snack will be provided.
- Authorized individuals to pick up children must be on the registration. Updates to this list must be made in writing. Always make sure that all individuals picking up your child have proper ID as staff will ask for it.
- Camp runs from 9AM to 4PM. Extended AM begins at 7:30 AM and Extended PM begins at 4PM and ends at 5:30PM.
- Even though this is not a paid job, this program is geared to train your teen to become a camp counselor when he/she turn 18. Therefore, just like a paid job he/she is expected to come to camp everyday with a positive attitude and ready to help. If there is a day that they are unable to make it to the program please call the Community Center at 518-792-6007 ext. 17 or let Jenn know.

Contact Information

Child's Name _____

Sex (Please circle) M or F Date of Birth ___/___/___ Age _____

Address _____

_____, _____, _____
(City) (State) (Zip)

#1 Parent/Guardian Name _____

Address (If Different from child's) _____

_____, _____, _____
(City) (State) (Zip)

Phone _____ Cell _____

E-mail _____

Place of Employment _____ Phone _____

#2 Parent/Guardian Name _____

Address (If Different from child's) _____

_____, _____, _____
(City) (State) (Zip)

Phone _____ Cell _____

E-mail _____

Place of Employment _____ Phone _____

Person to notify in case of Emergency _____

Phone # _____, _____, _____
(Home) (Work) (Cell)

Person(s) other than parents authorized to pick-up child (please list their relationship)

(Name) (Relationship)

(Name) (Relationship)

My teen has permission to sign out at 4pm and walk home _____
(Parent Signature)

Medical History & Emergency Information

Insurance Carrier _____ ID# _____ Group# _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

- Immunization Records turned in (must be done every camp session)
- Date of last tetanus _____

Allergies (check boxes that apply). If unsure, please indicate with a question mark.

- Bees _____
Reaction Type
- Pollen _____
Reaction Type
- Penicillin _____
Reaction Type
- Insect Bites _____
Reaction Type
- Food _____
Reaction Type
- Other _____
Reaction Type
- My Child has an EPIPEN

Is there any factor(s) that make is advisable for your child to follow a limited program of physical activity, i.e. heart condition, recent fractures, surgery, asthma or extreme fears? If so, what?

Other information/disabilities? _____

Medical Treatment

I Authorize treatment of minor medical needs by staff Yes No

I Authorize Application of sunscreen on water event days Yes No

I, being the parent or legal guardian of the above-named minor, do hereby appoint a representative of the Moreau Community Center to act on my behalf in authorizing emergency medical, dental, or surgical care or hospitalization for the above-named minor in my absence.

Signature

Date

Waivers & Rules

Liability waiver & Rule Acknowledgement

I absolve the Civic Center of Moreau, Inc. d.b.a. The Moreau Community Center and any of its employees and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in a Moreau Community Center sponsored program and any areas that may be encompassed thereof. Parents will be accountable for damage caused by their child(ren). No disorderly conduct will be tolerated. Swearing, physical contact, verbal abuse, weapons or items that could be used as weapons will not be permitted. **Personal belongings of (toys, electronics, including ipods etc) are not permitted at camp. Cell phones are permitted for 11/12 year olds but must be put away during the program and pictures can't be taken with them.** Suspension or expulsion is our last resort.

Buddy Signature

Parent Signature

Additional Information

If you have any additional questions or need further information on the information on this application, please contact Jennifer Rich (ext. 17) or Donna Nichols (ext. 10) at the Moreau Community Center at 792-6007. The Moreau Community Center hours of operation are Monday through Friday from 8:00AM-4:00PM.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION CONSENT FORM

Child Day Care Programs

Provider Name: Moreau Community Center

Facility ID Number: 00041792 SACC

Program Name: Camp Moreau

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan 07/01/2019 to 08/23/2019

I give permission for my child (*name*)

to be transported by (*caregiver names and/or transportation contractor arranged for by the program*)

The South Glens Falls School District. Only SGF approved bus drivers will drive the busses.

At the following times (*check all that apply*):

Only as recorded on the posted transportation schedule for my child

Other (*explain*)

- Transportation during Camp Moreau will occur:
- On Wednesdays for Field Trips
- On Fridays for Beach Day.
- In case of an emergency and children need to be bussed to an alternate location. Parents will be notified if this happens.

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: **X** _____

Date _____



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Camp Moreau Swimming Waiver

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this application agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death.

I, the undersigned, understand that there will be life guards at all swimming events. There will be staff present that have CPR/AED/First Aid training. A 1:10 ratio will be met for supervision at all times.

The participant hereby agrees to participate in the Camp Moreau Swimming activities. The participant agrees to follow safety rules. The participant also agrees to indemnify the Moreau Community Center for any damages incurred arising from any claims, demand, action or cause of action by the participant. The Moreau Community Center assumes no responsibilities for any personal property that is lost or stolen during swimming activities.

I have read and understood, and I agree with the informed consent and waiver release on the information above.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Child's Name _____

Child's Name _____

Child's Name _____

Date: _____

BEHAVIOR MANAGEMENT POLICY

Purpose: This policy references OCFS (Office for Children and Family Services) regulation 414.9 and provides staff with guidance and tools for managing the behavior of the children in our Kids Korner and Camp Moreau programs. The policy will outline approaches for handling challenging behavior and assisting children with making good choices and solving problems. Every parent or guardian will receive a copy of the behavior management policy prior to registration and will be asked to sign that he/she has reviewed the policy.

Children will be provided with guidelines of acceptable behavior. These guidelines will be reviewed with children as a group on the first day of the program, and as needed either in a group setting or with individuals throughout the duration of the program/school year. Included will be examples of behaviors which are unacceptable. Any behavior which results in intentional injury or aggression to another child will prompt a communication with the child's parent/guardian.

All program staff will be responsible for providing a positive and nurturing environment for children. Staff may use teachable moments to assist children with developing self-control and assuming responsibility for his or her actions. At no time will staff yell at, frighten, demean or humiliate a child. If a child needs to be addressed regarding behavior, the staff member will separate the child from the group and speak to him or her privately.

Techniques for staff to utilize include, but are not limited to:

- Be engaged and interested with and in children
- Set clear expectations, and reinforce these expectations
- Show concern for what happens with children
- Use humor, but never in a demeaning manner
- Recognize and be aware of developmental stages of children
- Redirect and distract from problematic situations
- Focus on what the child "should do", not what he/she "shouldn't do"

Conflict Resolution: Many children do not know how to safely and constructively resolve conflicts with each other. Learning how to resolve conflict is a significant piece of our behavior management policy. Staff have received training in how to help children verbally express their thoughts and feelings, understand the perspective of others, and come up with solutions to avoid conflict. Conflict is not the same as bullying. Bullying is demeaning or harassing someone over time in order to make them feel "less than." Any instances of true bullying behavior should be communicated to the Director as soon as possible.

Physical restraint is prohibited. At times, physical intervention may be necessary, however. Intervention is the act of preventing serious injury by using contact in a short-term situation. If a child is attempting to hurt himself or others, staff should intercede as soon as possible to prevent injury.

When a child's behavior harms, or is likely to harm, another child, damages property, or is seriously disrupting the group interaction, the child will be separated briefly from the group. The duration of the separation should be only long enough for the child to regain self-control so he or she can rejoin the group. The child must be placed where staff can see him or her. One staff member should talk to the child and help guide the

child toward making better choices. Taking away activities, gym time, or any other punitive actions is prohibited.

If a child's behavior becomes dangerous or problematic beyond a single incident, staff should notify the Director. The Director will then consult with the Executive Director and the parent/guardian to address the problem in a timely manner. Any behavioral incidents will be documented on the proper form. A copy of this form will be provided to the child's parent/guardian.

Suspension from the program will be avoided unless a child's behavior is consistently dangerous or persistent. The Executive Director and the Program Director will discuss these situations with parents/guardians as needed.

Buddy Signature: _____ Date: _____

Parent Signature: _____ Date: _____



144 Main Street
South Glens Falls, NY
12803

Phone: 518-792-6007
Fax: 518-792-0837
Email: info@moreaucommunitycenter.org

Moreau Community Center

MOREAU COMMUNITY CENTER RELEASE FORM

(Please check all boxes that apply)

- My child has permission to travel with the Summer Camp Program to sites away from Harrison Ave. Elementary School. I understand she/he will travel by school bus. Field trips may include but are not limited to museums, library, parks, etc. All field trips are scheduled for Wednesdays and beach day is every Friday at the Sand Bar Beach.
- I hereby grant permission for Moreau Community Center to use photographs that show my child participating in the Center's program(s), in official printed materials such as approved brochures, newsletters and the Center's web site. The Center will assure no names or identifying information are included, will use group photo settings rather than individual photos, and will limit use to official purposes only. I understand that these materials will be available to the public in printed form and/or on the Center's Internet web site, which can be seen by individuals with access to the World Wide Web (www.).
- I DO NOT give permission for Moreau Community Center to use photographs that show my child participating in the Center's program(s), in official materials such as approved brochures, newsletters, and the Center's web site.

In the event of an emergency at our child's Camp Moreau, your child(ren) will be bussed to an alternate location and you will be notified immediately.

Buddy Name: _____

Program: _____

Parent Signature: _____

Printed Name: _____

Date: _____

**Moreau Community Center
Skyzone Waiver**

I _____ understand that by signing this wavier I am giving the
(Parent's name – Please Print)
Moreau Community Center, Camp Moreau program the permission to enter my child's information
electronically to the Skyzone website.

Mailing Address – Line 1	
Line 2	
City	
State	
Zip code	
Cell Phone number	

Child 1

First Name	
Second Name	
Gender	
Birth Date	

Child 2

First Name	
Second Name	
Gender	
Birth Date	

Child 3

First Name	
Second Name	
Gender	
Birth Date	

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
IDEMNIFICATION, AND ARBITRATION AGREEMENT**

PARTICIPANT NAME _____

Notice- By signing this document you may be waiving certain legal rights, including the right to sue. .Release and Waiver of Claims; Indemnification Agreement

In consideration of being allowed to use the facilities and participate In programs and events Programs") at Tubby Tubes LLC (the "Host"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

1) TO WAIVE ALL CLAIMS that they have or may have against the Host arising out of the Participant's participation in the Programs or the use of any equipment provide by the Host ("Equipment"). The Participant and his/her Parents or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any negligent acts or conduct of the Host, Its owners, affiliates, operators, employees, agents. and officers, to the fullest extent permitted by law. However, nothing In this Agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct.

2) TO ASSUME ALL RISKS of participating in the Programs and using the Equipment, even those caused by the negligent acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and officers. The Participant and his/her Parents or legal guardian(s) understand that there are Inherent risks of participating in the Programs and using the Equipment, which may be both foreseen and unforeseen and include serious physical injury and death;

3) TO RELEASE the Host, Its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of his/her participation in the Programs and use of Equipment, including while receiving Instruction and/or training; and

4) TO INDEMNIFY the Host, its owners, affiliates, operators, employees, agents, and/or officers, from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of participation in Programs and use of the Equipment.

Arbitration

The Participant, and the Participant's parent(s) or legal guardians, if Participant is a minor, hereby agrees to submit any dispute arising from participation in the Programs to binding arbitration. Submission shall be unlimited. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators. The neutral arbitrator shall be an officer or director of any entity that operates a lazy river or whitewater rafting operation or a winter snow tubing operation In the United States. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the District of Northern New York, utilizing the selection criteria for the neutral as set forth above. Each party shall pay its own costs, including the costs associated with the party- appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in the county and state in which the Programs occurred and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. As a threshold matter, the Panel shall confirm whether the Waiver and Release contained in this Agreement are enforceable under applicable law.

Photography/Video Release

Participant grants to the Host, its representatives, and employees the right to take photographs and video of Participant in connection with Participant's participation in the Programs. Participant hereby authorizes the Host to copyright, use, and publish the same in print and/or electronically. Participant hereby agrees that the Host may use such photographs and video of Participant for any lawful purpose, including but not limited to publicity, illustration, advertising, and Web content.

Personal Responsibility

The Participant certifies that he/she has no physical or mental condition that precludes him/her from participating in the Programs and that he/she is not participating against medical advice.

If helmets are recommended for use while participating in the Programs, and Participant chooses not to wear a helmet, he/she does so at his/her own risk and accepts full responsibility for any injury that results.

The Participant understands that his/her participation in the Programs is voluntary and further understands that he/she has the opportunity to inspect the Host's equipment and location before any participation.

The Participant understands that he/she is obligated to follow the rules of the Programs and that he/she can minimize his/her risk of injury by doing so and through the exercise of common *sense* and by being aware of his/her surroundings.

If, while participating In the Programs, the Participant observes any unusual hazard, which he/she believes jeopardizes his/her personal safety or that of others, he/she will remove himself/herself from participation in the Programs and Immediately bring said hazard to the attention of the Host.

I, _____ (parent/legal guardian), hereby agree that I will explain to my child that the risk of Injury while participating in the Programs can be reduced by following the rules and through the use of *common sense* and *good judgment*.

To the extent that any portion of this Agreement is deemed to be Invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and Its counsel in any proceeding.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parents or Guardians must also sign If the Participant Is UNDER 18.

Participant's **Signature**:- _____

Date: _____

Parent/Guardian **Signature**:- _____

Date: _____