

SUMMER CAMP 2019

We are state licensed and certified

All of our Staff Members are:

Background Checked and Approved, CPR and First Aid certified.



Starting: June 24th · Ending: August 30th 2019 · 10 Weeks of Summer Camp

We will be closed Thursday, July 4th 2019

- Attending ages of 4 to 13 years old
- Hours of operation: **Monday to Thursday: 8:00 AM to 6PM; Friday: 8:00 AM to 5PM**
***Late pickups will be charged if repetitious. ***

- **Opened to Bogota Residents ONLY!**
- **Possible trips and events: * Trips are an additional fee***

Trips

The FunPlex
Roller Skating Rink
Bouncy House
Bowler City
Movie Trips
Ice House
Liberty Science Center
Petting zoo

Special Events

Halloween in Summer
Camp BBQ
Formal Dance
Camp Kick Off
Camp Carnival
Talent Show
Cup Cake Wars
Swim Club (Every Friday)

Regular Activities

Extra Swimming*
Arts and Crafts
Weekly Baking
Outdoor activities
Sports
Extra Swimming when possible
Parachute games
Indoor activities

• **Fees:**

- ✓ **Weekly Rates: 1 Child: \$150.00 per week · 2nd Child \$120.00 · 3rd Child \$95.00**
- ✓ **3 Day Rate: 1 child \$110.00. 2nd Child \$85.00. 3rd Child \$60.00**

*** Payments must be made on Fridays for the upcoming week of camp, NO EXCEPTIONS. ***

- We accept Checks, Credit/ Debit Cards, and Money Orders as methods of payments.

NO CASH PAYMENTS ACCEPTED

- Please make all Checks Payable to: Bogota Rec.
- You may register any time after **May 21st at the Bogota Recreation Center.**
*First week's payment is due at time of registering.
- THERE WILL BE **NO REFUNDS** FOR DAYS OF CAMP THAT ARE MISSED OR TRIPS THAT HAVE BEEN SIGNED UP FOR.

If you have any questions please call:

Recreation Director:

Jim Moore:

Office: 201-487-4368

REGISTRATION FORMS ON BACK

BOGOTA RECREATION

SUMMER CAMP REGISTRATION

Date Starting Program: _____

NAME OF PARTICIPANT _____ M__F__ D/O/B_____

NAME OF 2ND CHILD _____ M__F__ D/O/B_____

NAME OF 3RD CHILD _____ M__F__ D/O/B_____

ADDRESS: _____ City: _____ Zip code: _____ State: _____

School: _____ GRADE IN SEPTEMBER: (1st Child) _____ (2nd) _____ (3rd) _____

Shirt Size: (Circle One) 1st Child: Youth: S M L Adult: S M L XL 2nd Child: Youth: S M L Adult: S M L XL

* Every child will get their 1st shirt at the time of their 1st trip they attend at NO COST. Additional shirts needed from there on will cost \$7.00.

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ City: _____ Zip code: _____ State: _____

PHONE: (H) _____ (W) _____ (C) _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

INSURANCE: _____ Policy #: _____

MEDICAL CONSIDERATIONS: _____

SPECIAL CONSIDERATIONS: _____

*THE RECREATION COMMITTEE RECOMMENDS THAT ALL PARTICIPANTS HAVE AN ANNUAL PHYSICAL.

MEDICAL RELEASE: In case of an emergency during which I cannot be contacted, I give permission to administer emergency treatment as required. YES _____ NO _____

The Bogota Recreation Commission (BRC) has purchased excess accident insurance through Bollinger Insurance Company.

This coverage is on an "EXCESS" basis, over and above your primary hospitalization and has a \$50 deductible per incident. However, this policy does not pay all moneys unpaid by your carrier. It pays accordingly, based on a schedule of usual and customary charges for our area. Therefore, you may experience some out-of-pocket expenses which WILL NOT be reimbursable by the BRC or the Borough of Bogota.

This coverage will only cover the participant while they are involved in an AUTHORIZED program. Once the participant has been dismissed from the program, the BRC is no longer liable. The BRC is also not liable for any incident occurring if the participant is just "hanging out" at the facility. It is the parent's or guardian's responsibility to get the participant to and from a facility.

All accidents should be reported IMMEDIATELY to the Coach/Instructor. A Claim Form is to be completed by the parents and program administrator within 24 hours. All incidents are then to be reported to the Recreation Director.

Claim forms are available at the Recreation Center Office.

SIGNATURE PARENT/GUARDIAN _____ DATE _____