



City of Greensburg Recreation Department  
520 New Alexandria Road Greensburg PA 15601  
PHONE 724-834-4880 WEB [www.greensburgpa.org](http://www.greensburgpa.org) EMAIL [rec@greensburgpa.org](mailto:rec@greensburgpa.org)

# 2024 Summer Day Camp Registration Form

Kids ages 6-11, June 10<sup>th</sup> – August 2<sup>nd</sup>

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender (circle one): Female Male Self-Describe: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_ ☐ Please send me my confirmation via email

Camper Shirt Size (for projects): ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium

How did you hear about us? ☐ Website ☐ Social Media ☐ School Flyer ☐ Other: \_\_\_\_\_

## CAMP SESSIONS

Please indicate which camp sessions you are registering for. (Please note that there are no partial sessions; Check as many boxes as apply); Reminder: Sessions are open to kids ages 6-11 and are held Monday thru Friday, 9AM to 3:30PM at the Kirk S. Nevin Arena

- ☐ Session 1 – June 10 to June 14 – Mad Science
- ☐ Session 2 – June 17 to June 21 – Fun & Fitness
- ☐ Session 3 – June 24 to June 28 – Mission Impossible
- ☐ Session 4 – July 1 to July 5 (no camp July 4<sup>th</sup> for Independence Day observance) – Outback!
- ☐ Session 5 – July 8 to July 12 – Inventor's Workshop
- ☐ Session 6 – July 15 to July 19 – Camp's Got Talent
- ☐ Session 7 – July 22 to July 26 – Symphony of the 5 Senses
- ☐ Session 8 – July 29 to August 2 – Spirit Week

## PAYMENT

Residents - \$140 X \_\_\_\_\_ (# of sessions) = \_\_\_\_\_

Non-Residents - \$150 X \_\_\_\_\_ (# of sessions) = \_\_\_\_\_

**TOTAL DUE =** \_\_\_\_\_

Cancellation Policy: cancellations will be accepted and refunds will be issued up to one month prior to the start of the session. Cancellations will result in forfeiture of child's spot in the session.

**I have read, understand, and agree to the terms of this application.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE MAIL OR DROP OFF REGISTRATION FORM WITH PAYMENT AT OUR RECREATION DEPARTMENT OFFICE LOCATED IN THE KIRK S. NEVIN ARENA, 520 NEW ALEXANDRIA ROAD, GREENSBURG, PA 15601 OR FAX TO (724) 834-4895. YOU CAN ALSO EMAIL IT TO [REC@GREENSBURGPA.ORG](mailto:REC@GREENSBURGPA.ORG)

**AUHTORIZED PICK UP LIST / EMERGENCY MEDICAL RELEASE**  
**COMPLETE ONE FORM PER CHILD**

**Pick-Up List for \_\_\_\_\_**

Anyone picking up a camper must provide photo I.D. and be listed below:

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or an emergency pick-up if parent/guardian cannot be reached

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Medical Release**

In case of emergency, I understand every effort will be made to contact me or the emergency contact person(s) listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to provide medical treatment to my child.

Physician's Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

**Allergies and Medications**

Known Allergies: \_\_\_\_\_

Does your child need to take medication(s) during camp (please circle one):      YES                      NO

If your child requires medication, please specify: \_\_\_\_\_

The Permission to Administer Medication form must be completed and given to the Recreation Program Manager on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc.) please contact the Recreation Program Manager at (724) 834-4880 prior to the start of camp.

**Medical Release**

I authorize the City of Greensburg Recreation Department as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the MA Medical Practice Act or the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the City of Greensburg is not responsible for costs incurred for medical care. The undersigned Parent/Guardian of the child who is an applicant in the Summer Day Camp program administered by the City of Greensburg Recreation Department, releases Greensburg Recreation Dept. and those acting for it from any and all liability for any and all injuries sustained by child while participating in the program. Parent/participant will abide by the Code of Conduct in the Arts and Crafts program at all times during practice, games, camps, and any activity on facility grounds or will be asked to leave.

**Policies**

Sunscreen

I give permission for sunscreen to be administered and/or applied to my camper as deemed necessary by camp staff.

Backpack Search

I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons, or other forbidden objects.

Lost or Stolen Items

Campers are asked to leave any valuables and electronics at home. The City of Greensburg Rec. Dept. and its employees are not responsible for lost or stolen items.

Photographs

I give my permission for my child's photograph or video to be taken for use by the City of Greensburg Rec. Dept. in program brochures, annual reports, website, social media sites, and other promotional materials and for release to local newspapers.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Greensburg Recreation Summer Day Camp - Guidelines and Discipline Policy

Camp participants are expected to exhibit appropriate behavior at all times while at camp. In order to provide all campers and staff with a camp experience that is safe and enjoyable, the following guidelines have been developed. A caring and positive approach will be taken regarding discipline. Camp staff will reinforce appropriate behavior through positive reinforcement, firm statements and redirection of activity. All campers must understand and follow the guidelines set forth. Please review these guidelines with your child.

- **Talk in a pleasant manner. Foul language, insults, and bullying will not be accepted.**
- **Be safe! Always obey camp rules, pool rules, and staff.**
- **Treat all equipment and supplies with proper care and respect.**
- **Show respect for the Parks and Recreation staff and fellow campers.**
- **Running and excessive shouting while indoors is not allowed.**
- **Aggressive behavior that is threatening to the child, staff, or others will not be permitted at camp.**
- **Have a positive attitude and have fun!**

Listed below are the discipline procedures for campers who are exhibiting unacceptable behavior. Depending on the severity of the behavior, we may skip a particular step. (I.e. aggressive behavior will not be tolerated.)

## **Step 1:** Verbal Warning

**Step 2:** Time Out or time away from the group. During a time out, a camper may have to sit out from activities including games, crafts, swimming or a special event. Parents will be notified of their child's time out.

**Step 3:** Written Warning - given to Parent if a child persists in unacceptable behavior, a written warning will be issued. The Recreation Program Manager or Lead Counselor will speak with the child and their parent/guardian. The parent/guardian will be required to sign the written warning and will be required to pick your child up from camp.

\*\*\*After receiving three (3) written warnings the child will be dropped from Summer Day Camp and will not be permitted to sign up for Summer Day Camp in the future. No refunds will be given.

Please review these rules with your child prior to the first day of camp and return to your counselor. The staff will review these rules with your child at the beginning of each week as well. Thank you in advance for your cooperation. We hope to have a great summer!

**We have a no tolerance policy for violence. Should a camper impose any physical harm (bodily injury, impairment, or disease) to another camper or staff member, said camper will be immediately dropped from the Summer Day Camp program and will not be permitted to return.**

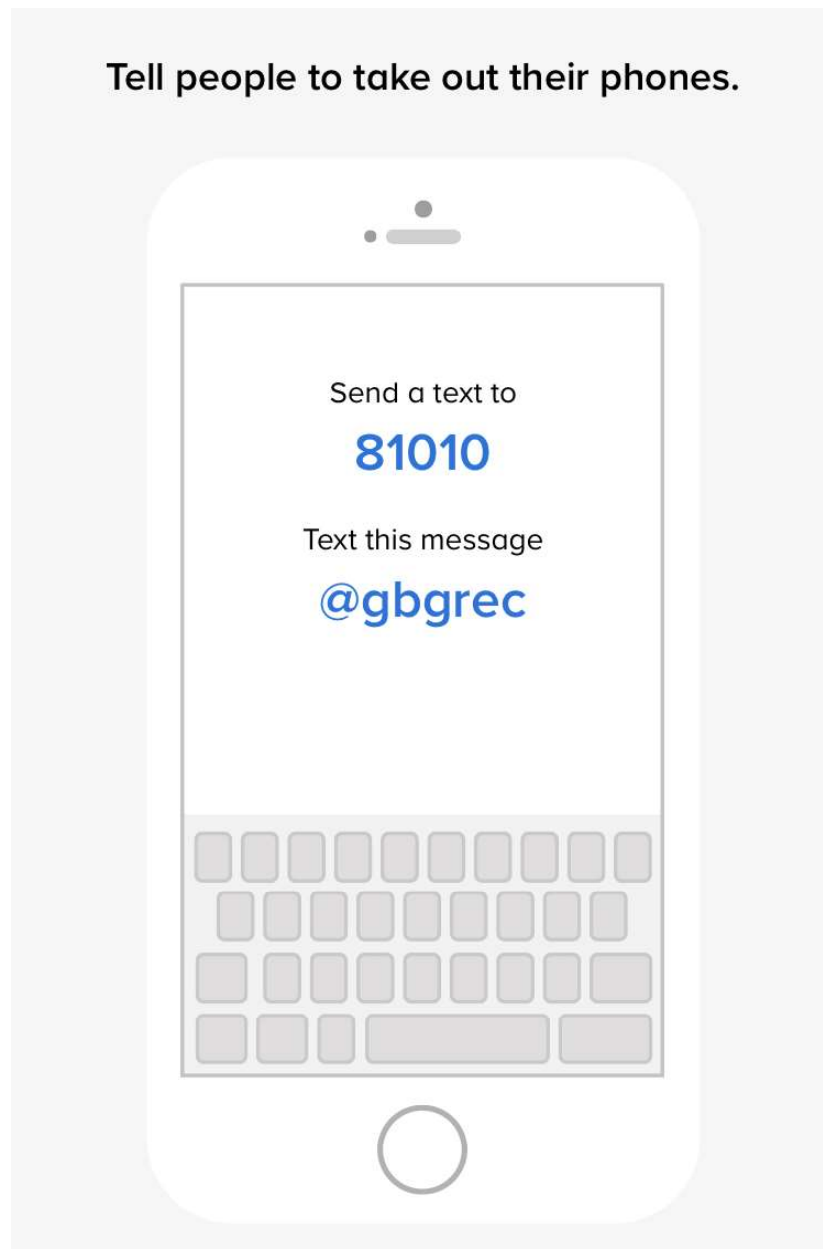
I have read and discussed the Day Camp Guidelines and Discipline Policy with my camper.

Child's Name \_\_\_\_\_ Child's Signature \_\_\_\_\_ Parent's

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

# Sign up for Remind App alerts to be in the know of Summer Day Camp!

The Remind App will be used to notify parents if pick up locations have changed, an emergency has occurred, or if the parent would like to message the Summer Camp Counselors



Or join by going to <https://www.remind.com/join/gbgrec>