



Islesboro Adventure Camp 2019 Registration

The mission of ISLESBORO ADVENTURE CAMP (IAC) is to *provide a safe, full-time, child-centered summer program on Islesboro that will encourage hands-on learning, a sense of adventure and stewardship for the environment, offset summer learning loss, and cultivate community living skills in the young people of Islesboro.*

LOCATION & TIMES

IAC takes place at Islesboro Central School from the hours of 8:30 AM to 3:30 PM, with camper drop-off occurring between 8:30 AM - 9:00 AM and camper pick-up occurring between 3:00 PM and 3:30 PM. Daily programming begins promptly at 9:00 AM. If camper arrives late and we are no longer on site, they forfeit the day's adventure and may not be dropped off without an adult.

WHAT TO BRING EVERYDAY

- Back pack
- Lunch (healthy, protein, fruits and veggies)
- Extra Snack
- Water Bottle
- Sunscreen & Bug Spray
- FULL change of clothing, including socks and underwear
- Bathing Suit & Water Shoes

IAC will provide a daily healthy snack to all students.

NUTRITION POLICY IAC is a NUT-FREE camp. For the health and safety of our students with allergies, students and families are asked to refrain from bringing any nuts or nut products (including peanut butter, nut milks, granola/protein bars, trail mix, etc.) to camp.

We also ask that campers refrain from bringing foods that are excessively sugary, including (but not limited to):

- Candy (including mini-candy in pre-packaged lunches and sugar-free versions)
- Soda and caffeinated beverages
- Athletic or energy drinks (such as Gatorade)

ELECTRONICS and PERSONAL TOYS We do not use electronics at IAC and we do not want campers to bring them to camp. If a camper needs a cell phone to get to and from camp, that phone will be handed over to counselors at the beginning of the day and returned at dismissal. Campers are welcome (and encouraged) to bring a stuffed animal or similar personal item if it provides comfort and security to them. Campers may bring a non-electronic toy with them to use during free periods, but must be willing to share

this toy with everyone at camp. If there are any disagreements over toys, the toy will be put away in a backpack and we ask that the toy not to return to camp.

HEALTH AND WELLNESS POLICY Students who are sick should not be at camp. In order to maintain a healthy camp, parents/guardians must not send children to camp with any contagious disease such as the flu, strep throat, chickenpox, measles, conjunctivitis (pink eye), ringworm, scabies, or lice. Campers with any of these conditions will be sent home from camp until they are no longer contagious. Families are expected to pick up sick students within one hour of contact by the camp. To return to camp students should be well and have been fever-free for at least 24 hours without the use of a fever-reducing medicine. For example, this means that if a child goes home with a fever at 2pm on Tuesday, they may not return to camp on Wednesday and should not be at school until they have had no fever for at least 24 hours and are well (absent symptoms). If your child has lice, the child must be treated thoroughly. Upon return, your child needs to be rechecked by a staff member before returning to camp.

CAMPER EXPECTATIONS and DISCIPLINE POLICY Campers and staff work together to develop agreements about what every camper and community member must do in order to uphold camp-wide expectations. We hope, through this process, that all learners in the community develop a robust understanding of the rules for participation in our community. Day-to-day, we expect the following from all participants: 1. Share camp materials; 2. Focus on camp activity with their best effort; 3. Use kind words and friendly language; 4. Touch others only in gentle and appropriate ways. No "rough play" including tackle football, "play fighting", pushing, shoving, karate, etc; 5. Follow instructions from camp staff at all times; 6. Be where they have permission to be, leaving a space only with permission; 7. Respect each other's privacy, space, and belongings; 8. Take care of and keep in good condition the building and all property within; 9. When visiting island beaches, there will be no swimming. Wading up to the knee if allowed.

Campers who are unable to meet camp-wide expectations will first be asked to take a break away from the rest of the campers and then reenter the activity when they are ready to repair the harm they have caused and/or fulfill any consequences established by camp staff.

Campers who frequently violate these expectations, or demonstrate violence (either in words or action) will result in the student being removed from the camp, either temporarily (as in a suspension) or permanently (as in expulsion.). The camp director maintains ultimate discretion in the enforcement our discipline policy and encourages parents to reach out with any questions, comments, or concerns.

Melissa Olson, Islesboro Recreation Director
molson@islesboro.k12.me.us

CAMPER INFORMATION

Camper 1: _____ Gender: _____

Birthdate: _____ Age: _____ Grade in 2018/19: _____

Camper 2: _____ Gender: _____

Birthdate: _____ Age: _____ Grade in 2018/19: _____

FAMILY INFORMATION

Primary Parent / Guardian Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Preferred Method of Contact (Circle): Phone Email Text

Secondary Parent / Guardian Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Preferred Method of Contact (Circle): Phone Email Text

EMERGENCY CONTACT NAME _____

Home Phone: _____ Mobile Phone: _____

Email: _____

MEDICAL CONCERNS / CONDITIONS

Camper 1

Medications / Allergies:

Date of Last Physical: _____ Date of Last Tetanus Shot: _____

Doctor's Name: _____

Doctor's Address & Phone: _____

Insurance Company: _____ Policy Number: _____

Camper 2

Medications / Allergies:

Date of Last Physical: _____ Date of Last Tetanus Shot: _____

Doctor's Name: _____

Doctor's Address & Phone: _____

Insurance Company: _____ Policy Number: _____

TELL US ABOUT YOUR CAMPER(S):

What gets your camper really excited and what are things they like to do?

What doesn't your camper like to do?

What are your camper's greatest strengths?

Name a few activities or other things your camper is looking forward to at camp.

Please share anything else that you would like us to know about your camper

TELL US ABOUT YOUR CAMPER AS A SWIMMER

Please answer the following questions about your child to help us provide the best possible experience for your child.

Puts her/his face in the water: YES NO

Submerges her/his head: YES NO

Floats on her/his front with support: YES NO; without support: YES NO

Floats on her/his back with support: YES NO; without support: YES NO

Jumps into chest deep water with help: YES NO

Jumps into chest deep water without help: YES NO

Travels for 5 body length unassisted: YES NO

Swims independently using combined arms and leg action for 5 body lengths: YES NO

FEES & PAYMENT

Islesboro Adventure Camp is \$225/week per camper.

We aim to make summer camp **available to all the children** of Islesboro, regardless of ability to pay, therefore we offer a sliding scale based on household income. **If you would like to apply for a reduced rate**, please circle the appropriate rate below and attach a copy of your 2018 Form 1040 to demonstrate your income status. Rate reductions will only be considered if **proof of household income** is provided. All financial information is kept strictly confidential.

RATES

Household Income / Weekly Rate per Camper

- Income of \$40,000 per year or more / \$225.00 per week
- \$30,000 - \$40,000 per year / \$146.25 (25% off) per week
- \$20,000 - \$30,000 per year / \$122.50 (50% off) per week
- \$10,000 - \$20,000 per year / \$68.75 (75% off) per week
- \$0 - \$10,000 per year / \$0 (full time Islesboro residents only)

ENROLLMENT (please check which weeks you would like to enroll in)

- WEEK ONE (June 24 - 28): _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK TWO (July 1 - 5)*: _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK THREE (July 8 - 12): _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK FOUR (July 15 - 19): _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK FIVE (July 22 - 26): _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK SIX (July 29 - Aug 2): _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK SEVEN (Aug 5 - 9): _____ (your rate) x _____ (# Children Enrolling) = _____
- WEEK EIGHT (Aug 12 - 16): _____ (your rate) x _____ (# Children Enrolling) = _____

*Thursday, July 4th will be a 1/2 day. IAC will have a float in the parade. Drop off at school and pick up in front of the Historical Society at the end of the town parade.

YOUR FAMILY'S TOTAL FEES : \$ _____

If you are able, please consider helping another family attend camp with a tax-deductible donation.
Additional Donation: \$ _____

Please make **checks payable to**: Town of Islesboro - Adventure Camp.
Mail to: Town of Islesboro, Recreation Department, PO Box 76, Islesboro, ME 04848

FAMILY PERMISSIONS

I give permission for my child (children) to participate in all planned activities and camp programs both on and off campus (Islesboro Central School).

YES NO

I give permission for my child to ride the school bus to various sites on Islesboro.

YES NO

I give permission for my child to ride the school bus and Islesboro Ferry to participate in off-island field trips, including swimming field trips, which would be under the supervision of a certified instructor/lifeguard.

YES NO

I give Islesboro Adventure Camp permission to use photographs of my child in promotional materials.

YES NO

I have carefully read and agree to the policies and procedures outlined on pages 1 and 2.

YES NO

I understand and acknowledge that Islesboro Adventure Camp does not refund program fees for illness, homesickness, dismissal or voluntary withdrawal.

YES NO

Islesboro Adventure Camp refunds fees up to 21 days before the start of the camper's program. I understand IAC does not refund fees for cancellations less than 21 days before camp.

YES NO

I understand that payment must be made in full by the first day of the week that my camper is enrolled. If payment is more than a week overdue, camper will not be able to enroll in additional weeks.

YES NO

SIGNATURE OF PARENT / GUARDIAN:

_____ Date: _____

Islesboro Adventure Camp does not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status or gender expression, national origin or citizenship status, age disability, genetic information or veteran status in employment, education, and all other program and activities.



TOWN OF ISLESBORO - Participant Release

Assumption of Risk Agreement/Agreement to Indemnify & Hold Harmless

In consideration of the participation of the minor named below being permitted to participate in Islesboro Adventure Camp (a program of the Town of Islesboro) and all activities therein.

Each person signing below understands that participation in the Town of Islesboro ("Town") program, activity and/or special event can involve the risk of damage and injury, including serious injury, to both people and property. Each person signing below understands and agrees that the Town, its agents, officers and employees, accept no responsibility, and will not be liable, for any injury, harm or damage to his/her person or property (including, but not limited to, injury, harm or damage caused by negligence of the Town, its agents, officers or employees) occurring during or arising out of participation in any Town program, activity and/or special event. To the fullest extent permitted by law, each person signing below agrees to assume all risk of injury, harm or damage to his/her person or property arising during or in connection with said Town program, activity and/or special event. Each person signing below hereby releases and agrees to indemnify and hold harmless the Town, its agents, officers and employees, from any and all liability, actions, damages and claims of any kind and nature whatsoever for any injury, harm or damage to his/her person or property (including, but not limited to, injury, harm or damage caused by negligence of the Town, its agents, officers or employees) that may arise or occur during or in connection with said program, activity and/or special event. Each person signing below further understands and agrees to abide by safety rules, regulations and policies at all times.

Signature of Participant

Date

Signature of Parent/Guardian

Date



ISLESBORO ADVENTURE CAMP

PHOTOGRAPHIC RELEASE

Permission to take and publish photographs taken of me / my child.

I hereby grant an irrevocable consent to the reproduction, publication and / or sale of photographs taken of me / my child by THE TOWN OF ISLESBORO - ISLESBORO ADVENTURE CAMP.

I agree that the images of me / my child may be used in any form and for any purpose whatsoever, including, editorial illustration, publications, promotional matter, advertising, trade, or gallery exhibition. I hereby release and discharge Islesboro Adventure Camp, and its officers, directors, members, volunteers, employees or agents from any and all claims and demands by me, my heirs or assigns arising out of or in connection with the use of these photographs.

NOTE: You do not need to sign this form in order for your child to participate in Adventure Camp activities. If you do not want your child photographed, please note that here.

If under age of 18, parent's signature is required.

Date: _____

Camper Name: (please print): _____

Address and Telephone: _____

Signature of Camper: _____

Signature of Parent: _____

