Sports and Athletics Section

Department of Community Services
77 Reads Way • New Castle DE 19720
(302) 395-5654 (office) *(302) 395-5892 (fax)*
www.nccde.org/sports

Thomas P. Gordon
County Executive

2014 Summer Recreation Half-Day Camp Registration Form

For children Ages 5 - 12
$25 per week

REGISTRATION:
Pre-registration is required. Payment is due ***in full*** at time of registration. Applications are accepted on a first-come, first-served basis. Space is limited.

BREAKFAST/LUNCH:
Nutritious breakfast & lunch provided daily at the morning half day camps. Lunch provided daily at the afternoon half day camps.

CAMP FORMAT:
Morning Half Day Camps run from 8:30am–12:30pm, Monday through Thursday
Afternoon Half Day Camps run from 12noon -4:00pm, Monday through Thursday

ACTIVITIES:
Daily camp programming includes arts/crafts, weekly themes, fitness and nature activities, sports games, fresh-air time, and recreational & educational programming.

Cost of meals is included in the registration fee.
(Financial Aid/POC/or payment plans ***are not*** available for half-day camps.)

MORNING HALF DAY CAMP LOCATIONS
Nutritious breakfast and lunch provided daily by Christina School District Summer Nutrition Program
Jun 23rd – Aug 7 8:30am – 12:30pm Mon-Thurs. ONLY

Brookside Elementary School (*800 Marrows Road, Newark)*

McVey Elementary School (*908 Janice Drive, Newark)*

Leasure Elementary School *(1015 Church Road, Newark)*

EIGHT WEEKLY SESSIONS 25$ per session

- **Session I:** June 23-27 • **Session II:** June 30-July 3 • **Session III:** July 7-July 10
- **Session IV:** July 14-July 17 **Session V:** July 14- July 17 • **Session VI:** July 21-24• **Session VII:** July 28-July 31
• **Session VIII:** Aug 4-Aug 7 (Morning Half-Day Camps Only)

2014 Summer Recreation Half-Day Camp Registration Form

Name	Birth Date	Sex	Home Phone
Address	City, State, Zip Code		Email address
Mother / Guardian 1	Daytime Phone	Father / Guardian 2	Daytime Phone

Select Camp:	Brookside Elementary	McVey Elementary	Leasure Elementary		
Session (circle all desired):	Jun 23-27	Jun 30- Jul 3	Jul 7-11	Jul 14-18	
	Jul 21-25	Jul 28-Aug 1	Aug 4-Aug 7 (Morning Only)		

For Office Use	Date	Amount	Check Name	Check No. / Bank No.

*Checks / money orders **only** (no cash) should be made payable to New Castle County and **MUST** accompany this registration form. Mail to:*

New Castle County • ATTN: Camp Registration • 77 Reads Way • New Castle, DE 19720

OR

☐ ***CHECK HERE to pay with a credit card. Camp staff will contact you by phone to arrange for credit card payment.***

DISCIPLINE POLICY:

In order to provide a rewarding camp experience to everyone, it is important that your child behave appropriately. In the event that disciplinary action is warranted, the following steps will be taken:

1st incident: to the best extent possible, the child will be removed from other campers to a one-on-one setting with a camp staff member. The child will receive an explanation as to why their behavior was inappropriate and will receive a verbal warning.

2nd incident: camp staff will determine an appropriate consequence for the child's action. This may include restriction from further activity or quiet time away from other campers. The child's parent/guardian will be notified of the behavior problem.

3rd incident: the child will be removed from camp.

For incidences involving serious misconduct (including but not limited to bullying, intimidation of fellow campers, fighting, etc...) the parent/guardian will be required to pick up the child. Camp Administrators will determine the appropriate disciplinary action and the child will not be permitted to return to camp until a meeting can be arranged between camp staff, the parent/guardian, and the child.

Any child removed from camp for misconduct will forfeit all registration fees. No refunds will be given.

O Yes **O** No Initials

YOUTH WAIVER AGREEMENT:

I give permission for my child to participate in a Recreation Program sponsored by New Castle County that he/she is currently registering for with the Department of Community Services. I agree that my child will abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in his/her being excluded from participation in the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the program, New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of his/her participation in the program.

I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for lost, misplaced, stolen, and/or damaged property and I hereby agree to release New Castle County from such liability. **The undersigned has read & voluntarily signed this waiver slip.**

List Any Physical Limitations , medical conditions or dietary restrictions

Signature Required

Mother/Guardian_____Father/Guardian_____ Date_____