



Urban Park Rangers' Junior Ranger Camp

Park waterfront camps for nature-loving children, right here in New York City

The Urban Park Rangers are now accepting applications for Junior Ranger Camp, the acclaimed in-city nature exploration summer program for children ages 8-11.

Select from one of three beautiful park waterfront Junior Ranger Camp locations*: Marine Park in Brooklyn, Inwood Hill Park in northern Manhattan, or Crotona Park in the Bronx.

Canoe, fish, hike, craft, and explore nature under the guidance of New York City's premiere naturalists and outdoor specialists, the Urban Park Rangers. Overnight camp-outs available to add-on to the summer day camp experience!

* New addition, Blue Heron Park in Staten Island (see separate application packet)

Camp Dates: Monday, June 30, 2008 through Friday, August 15, 2008

Regular Hours: 9 a.m. - 4:30 p.m.

Extended hours: 8:30 a.m. - 9 a.m.; 4:30 p.m. - 5:30 p.m.

Registration: Register for as many weeks as you want—from one week to all seven! Slots filled on a first-come, first-served basis. Completed Registration Form (Page 3) and \$65* check (reduced-cost scholarships available for children eligible for free school lunch) for first week required to reserve space. Full payment and additional paperwork (listed below) are due by **May 16, 2008**.

Cost : \$65* per week. Includes lunch. 1 week minimum.

\$10*/week for Extended Hours (8:30 a.m. - 5:30 p.m.)

Add-On Camp-Out - \$10* additional. Camp-out dates: July 11, July 25, August 8.

* Reduced-cost scholarships are available for children who are eligible for free school lunch. Please call (212) 360-2776 for more information.

Complete Application Packet must include:

1. Junior Ranger Registration Form (due at registration)
2. Check or money order made out to *NYC Parks & Recreation* to cover costs. (Due at registration. Remember to put name of camper and camp dates in memo section of check)
3. Right to Use Photographic Likeness Form
4. Waiver & Release Form (Must be signed by parent/guardian)
5. Medical Form (Must be signed by parent/guardian AND physician; every line must be filled out; must include TB test).
6. Two photos (2" x 2" passport/school photo type)

Mail completed applications to:

Urban Park Rangers
1234 Fifth Avenue, First floor
New York, NY 10029
Attention: Jr. Rangers Program

Checks should be made out to NYC Parks & Recreation

For further information contact: Junior Ranger Director, 212-360-2776



Rules, Safety Regulations & Conditions for Junior Ranger Participation

Basic Junior Ranger Information

- The program starts at 9:00 a.m. and ends at 4:30 p.m. from Monday - Friday (no camp on July 4).
- Extended hours are available from 8:30 a.m. - 5:30 p.m.
- Participants will only be released at the end of the day to adults listed as authorized for pick-up on the registration form.
- Participants will receive lunch each day.
- Participants should apply sun block daily and bring a hat, a bottle of water, and bug spray (pump sprays or wipes only—no aerosols permitted).
- Participants should bring a labeled change of clothes/shoes in case they get wet canoeing or in sprinklers.
- Vending machines are not to be used during program day. Please provide healthy snacks for children.
- Participants must be escorted by parent/guardian/authorized person and signed in/out of camp each day. Children are not to be left unattended.
- Due to the pre-scheduling and pre-payment for all Junior Ranger activities, there will be no refund of program fees.

The following behavior is prohibited:

- Disrespecting any staff person or any other person
- Tampering with/pulling fire alarm
- Unauthorized leaving of the park grounds during Junior Ranger hours
- Horseplay in water areas
- Use of walkmans/mp3 players, portable video games, and cell phones during program activity unless approved in advance

Important Numbers during the summer session (June 30-August 15)

Junior Ranger Director (212) 360-2776

Assistant Junior Ranger Director, Inwood Hill Nature Center (212) 304-2365

Assistant Junior Ranger Director, Salt Marsh Nature Center (718) 421-2021

Assistant Junior Ranger Director, Crotona Nature Center (718) 378-2061

**PLEASE CALL THE NATURE CENTER IN THE MORNING IF YOUR CHILD WILL
BE ABSENT FROM CAMP THAT DAY.**

Jr. Ranger Camp Registration Form

Date: _____

Participant's Name: _____ Date of Birth: ___/___/___ Age at camp start: _____

School your child attends: _____ Gender (circle one): **M / F** Ethnicity (optional): _____

Parent's/Guardian's Name: _____
 Address: _____ Apt _____
 City _____ State _____ Zip code _____
 Home Phone # (____) _____ - _____
 Work Phone # (____) _____ - _____
 Cell Phone # (____) _____ - _____
 E-mail Address: _____

Parent's/Guardian's Name: _____
 Address: _____ Apt _____
 City _____ State _____ Zip code _____
 Home Phone # (____) _____ - _____
 Work Phone # (____) _____ - _____
 Cell Phone # (____) _____ - _____
 E-mail Address: _____

Emergency Contact: _____ Relationship: _____ Phone # (____) _____ - _____

Emergency Contact: _____ Relationship: _____ Phone # (____) _____ - _____

Physician's Information: Dr. _____ Phone # _____

Individual(s) authorized to pick up or visit your child during or after the program:

1. _____ Phone # (____) _____ - _____

2. _____ Phone # (____) _____ - _____

Is child allowed to leave camp unaccompanied? Yes No If Yes, please sign: _____

Program Site (Check one): Inwood Hill Park, Manhattan Marine Park, Brooklyn Crotona Park, Bronx

Week(s)	Cost (\$65*)	Extended Hours (\$10*)	Campout (\$10*) ⁺	Subtotal
Week 1: June 30-July 3				\$
Week 2: July 7-11				\$
Week 3: July 14-18				\$
Week 4: July 21-25				\$
Week 5: July 28-Aug. 1				\$
Week 6: Aug. 4-8				\$
Week 7: Aug. 11-15				\$
			Total:	\$

* Scholarship available to children eligible for free school lunch (call 212-360-2776 for more information)

+ Camp-outs are scheduled for July 11, July 25, August 8

Check here if your child is eligible for NYC Dept. of Education free lunch program.

Checks payable to NYC Parks & Recreation

Does your child have any special needs? _____

Check here if your child has an Individualized Education Program (IEP).

Participant's swimming ability (circle one): beginner intermediate advanced **(NOTE: We do not offer swimming, but do provide waterfront activities)**

How did you hear about this program? (Please Circle) Friend Radio (please specify station) _____

Newspaper (please specify) _____ Participated previously (please specify year) _____

School (please specify) _____ Recreation Center (please specify) _____ Other _____

City of New York Dept. of Parks and Recreation's

Junior Ranger Summer Program

Right to use photographic likeness

The undersigned grants to the Urban Park Rangers and the City of New York / Parks & Recreation, its successors and assigns, the right to use and publish for educational or other purposes, photographic likenesses or pictures of

Name of child

He / She may be included in the photographic likenesses or pictures in whole or in part, or reproductions thereof, or in color or otherwise, made through any medium. City of New York / Parks & Recreation will not use the child's name in any photographic likenesses or pictures.

Parent or Guardian's Signature

Date

For Office Use Only

- | | | | |
|---------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> PL Form | <input type="checkbox"/> Deposit received | <input type="checkbox"/> Full Payment Received(date): _____ | <input type="checkbox"/> W&R Form |
| <input type="checkbox"/> Medical form | <input type="checkbox"/> Photos | <input type="checkbox"/> Missing Items Letter sent (date): _____ | |



WAIVER & RELEASE FORM JUNIOR RANGERS SUMMER PROGRAM

Participant/Camper Agreement

Parents ... Please review this information with your child

I am aware that participating in these activities can involve risk of injury. I realize that participating in the camp activity(s) presents risks which include, but are not limited to broken bones, sprained muscles, as well as injuring parts of the body that could affect my health. The City of New York/ City & Recreation will take every precaution to insure that a safe environment will exist, however, such injuries can occur.

I also understand that if I follow directions from the program staff the possibility of injuring myself is unlikely. I agree to follow all of the program rules as presented to me by the program staff, as well as the rules stated below:

- 1. I agree to listen to the directors and counselors carefully and to follow the directions that are given to me.**
- 2. I agree to display good sportsman-like conduct by playing fairly and avoiding rough play with the other campers.**
- 3. I agree to respect each participant's right to enjoy the camp at his/her own level of activity/play.**

Parent /Guardian Agreement

ACTIVITY PARTICIPANT RELEASE AGREEMENT

I recognize and acknowledge that there are certain risks of physical injury inherent in the named minor's participation in this program. I understand the risks and have or will discuss them with my child. He/she understands that he/she must obey all rules and regulations, follow all safety procedures, and obey any and all instructors, assistant instructors, and staff members assigned to the program. My child and I understand the risks associated with this program and my child and I have agreed to accept our responsibility in making this program a safe one.

I certify that the minor is in proper physical condition for safe participation in the Junior Ranger Summer Program, and I agree that it is incumbent upon me to immediately inform the Urban Park Rangers should the minor's physical condition change any time prior to or during his/her participation in the program.

I understand that there are risks and dangers inherent in participating in the Urban Park Rangers' Junior Ranger Summer Program. I also understand that in order for my child to be allowed to participate or receive instruction in the Junior Ranger Summer Program, I must give up my rights to hold the instructors of the camp, the Urban Park Rangers or the City of New York/Parks & Recreation, its officers, agents and employees liable for any injury or damage which my child may suffer while participating in the Junior Ranger Summer Program.

Knowing this, and in consideration of being permitted to participate and/or receive instruction in the Junior Ranger Summer Program, hereby voluntarily release the instructors of the camp, the Urban Park Rangers, and the City of New York/Parks & Recreation from any and all liability resulting from or arising out of my child's participation and/or receipt of instruction in the Junior Rangers Summer Program. I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities, and that I expressly waive all rights under Section 1542 of the Civil Code that states "a general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him may have materially affected his settlement with the debtor."

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my child's participation and/or receipt of instruction in the Junior Ranger Summer Program. This release constitutes a complete release, discharge and waiver of any and all actions or causes of action against the Urban Park Rangers and the City of New York/Parks & Recreation, its officers, agents or employees.

I understand and agree that this Release applies to personal injury, property damage, or wrongful death which my child may suffer, even if caused by the acts or omissions of others.

I understand that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my child while participating or receiving instruction in the Junior Ranger Summer Program.

I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, assigns, my children and any guardian for said children.

I understand and agree that by signing this release, I am agreeing to release, indemnify and hold the instructors of the program, the Urban Park Rangers, and the City of New York/Parks & Recreation and their officers, agents and employees harmless from any and all liability or costs, including attorneys' fees, associated with or arising from my child's participation and/or receipt of instruction in the Junior Rangers Summer Program.

I understand and agree that if I am signing this Release on behalf of my minor child, that I will be giving up the rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of potential dangers incidental to participating and/or receipt of instruction in the Junior Ranger Summer Program.

PARENT/GUARDIAN RELEASE

I am the parent or legal guardian of the minor _____ and I am signing this Release on behalf of said minor.

Print Name of Parent/Guardian: _____,

Signature of Parent/Guardian: _____ Dated: _____

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM _____

_____ / / M F
CHILD'S LAST NAME FIRST NAME BIRTHDATE SEX

Home Address: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Place of Employment: Father (Guardian) _____ Phone: _____
Mother (Guardian) _____ Phone: _____

In case of emergency, notify: _____ Phone: _____

If Parent, Guardian are not available in an emergency, notify:

1. _____ Phone: _____
or 2. _____ Phone: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes No (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check box if child has had afflictions, give appropriate dates)

- | | | <u>Allergies</u> |
|--|--|---|
| <input type="checkbox"/> Rheumatic Fever _____ | | <input type="checkbox"/> Hay Fever _____ |
| <input type="checkbox"/> Seizures _____ | | <input type="checkbox"/> Poison Ivy, etc. _____ |
| <input type="checkbox"/> Diabetes _____ | | <input type="checkbox"/> Insect Stings _____ |
| <input type="checkbox"/> Asthma _____ | | <input type="checkbox"/> Penicillin _____ |
| <input type="checkbox"/> Chicken Pox _____ | | <input type="checkbox"/> Other Drugs _____ |
| | | <input type="checkbox"/> Food _____ |

Other Past Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication taken _____

Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____ Tel.# _____

Department of Health and Mental Hygiene — The City of New York — Bureau of Food Safety and Community Sanitation

PHYSICAL EXAMINATION

(To be filled out by Physician - please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the need of this child in Day Camp and After-school and Youth Center programs.

IMMUNIZATION HISTORY - This is a record of dates of basic immunizations and most recent booster doses.

DTaP, DTP, DT, Td	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____		
Hemophilus influenzae type b (Hib)	Date _____	Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	
Varicella	Date _____	Date _____			
Pneumococcal Conjugate (PCV)	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	Date _____	Date _____	Date _____	Date _____	Date _____

MEDICAL EXAMINATION - To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival in camp.

- Code: S = Satisfactory
X = Not Satisfactory (Explain)
0 = Not Examined

General Appearance _____
General _____
Height _____ Weight _____ Blood Pressure _____ Posture & Spine _____ Throat - Tonsils _____
Nose _____ Teeth _____ Abdomen _____ Ears _____ Feet _____ Lungs _____ Skin _____
High Temp (Date) _____ Urinalysis (Date) _____
Eyes _____ Vision _____ Refractive _____ Extremities _____ Heart _____
Ears _____ Hearing _____
Neurological Findings _____
Describe Abnormal Findings and/or Handicapping Conditions _____

Allergy: (Please specify) _____

Recommendations and restrictions while in camp:

Special Diet _____
Special Medicine (dose, route of administration, when should it be administered) _____
Is parent/guardian sending special medicine? _____
Activity Restrictions _____
Swimming _____ Diving _____

General Appraisal _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Youth Center After-school and Youth Center activities, except as noted above.

EXAMINING PHYSICIAN (Signature)

PHYSICIAN'S NAME (Print)

Telephone _____ Address _____

Date of Examination _____