



**BOROUGH OF LINCOLN PARK
DEPARTMENT OF RECREATION**

Lincoln Park 2022 Summer Camp

**www.lincolnpark.org lpsummercamp@bolp.org
973-694-6100 ext 2044**

TO: Parent, Guardian or Caregiver of a LP Summer Camper
FROM: Lincoln Park Camp Directors
RE: Summer Camp Mandatory Forms to be reviewed and signed

When you registered through CIVICREC, you digitally signed:

- Code of Conduct
- Medical Authorization
- Permission to Treat Minor Injuries
- Camp Waiver & Consent / Photo Waiver Acknowledgement

We also require hard copies, with signatures, of the following forms that are NOT in CivicRec and must be completed and submitted to the Recreation Department before your camper's first day of camp.

- Medical Health History Form
- COVID-19 Hold Harmless.
- Swim Permission Form **The Swim Permission Form is for K-6 Camp only.*

ONE FORM PER CHILD. If we receive one form for multiple children - the first name on the list is the only camper that the forms will apply to.

**If you have any questions about the forms or registrations,
please call 973-694-6100 ext 2044 or e-mail us at lpsummercamp@bolp.org**

THANK YOU

COVID PROTOCOLS: *Should your child test positive for COVID, and/or has symptoms consistent with those associated with COVID and/or has been identified as a close contact, you are obligated to notify the Lincoln Park Recreation Department immediately and will follow the most recent guidelines released by the CDC and NJ Department of Health.*

Lincoln Park 2022 Summer Camp

BOROUGH OF LINCOLN PARK DEPARTMENT OF RECREATION

Mandatory Camper Health History Form

Required as per N.J.A.C. 8:25-5.5

Camper's Name: _____ Date of Birth: _____ Age as of 06/01/22 _____

Address: _____

Gender: Male Female Height _____ Weight _____ Date of Last Exam: _____

Please check all that apply, provide necessary details. IF NONE OF THE BELOW APPLY, PLEASE WRITE N/A					Parent Notes:
	Ear Infections				
	Heart Defect/Disease				
	Convulsions/Seizures	Most recent occurrence: _____			
	Hypertension				
	ADD / ADHD				
	Chronic / Recurrent Illness				
	Diabetes	glucose testing?	Yes	No	
		on insulin?	Yes	No	
		pump or injection?	Yes	No	
	Asthma	use of inhaler?	Yes	No	
		able to self-administer?	Yes	No	
	Allergies: Please check all that apply & list reactions				
	Food				
	Insect Stings				
	Poison Ivy				
	Hay Fever				
	Other (please list)				
	Prescribed Epipen	Self-Administer	Yes	No	

Additional Health Information and Other Comments on the information above:

This child is under the care of a physician for the following reason(s) and current treatment, including medications:

Are there any activities that your camper should be exempted from for health reasons? Please explain:

SPECIAL ACCOMMODATIONS: Please contact the Camp Directors to discuss any special concerns and/or accommodations that will enhance your child's camp experience. Our Directors will address all concerns and attempt to accommodate all requests - all information is confidential.

Lincoln Park 2022 Summer Camp Mandatory Camper Health History Form

(continued)

Immunization History:

Physician Information: **PHYSICIAN'S RECORDS ARE ACCEPTABLE**, you may attach them or physician
may fax directly to us at 973-628-9512 with camper's name **CLEARLY** on the form.

Give YEAR of last immunization or booster for:

DPT Series _____

Tetanus Booster _____

Polio _____

Mumps _____

Measles (Rubella) _____

Tuberculin Test _____

Hepatitis B Series _____

Varicella (Chicken Pox) _____

Name of Family Physician: _____ Phone: _____

=====

_____ as the parent or guardian of _____
Print Parent/Guardian Name print name of child

_____ date

Immunization Records are required by the State of New Jersey.

**You may request that your physician fax the records to 973-628-9512
or email to lpummercamp@bolp.org.**

**Should your child be exempt from immunization requirements, you
MUST send a letter explaining the reason.**

Lincoln Park 2022 Summer Camp

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COVID-19 ACKNOWLEDGEMENT

The Borough of Lincoln Park and the Borough of Lincoln Park Recreation offer the public the option to participate in or attend indoor and outdoor physical, social and educational programs/activities (“Recreation Programs”) held on Borough of Lincoln Park property and other public and semi-public places accessible to large numbers of people on a daily basis.

Due to the COVID-19 pandemic, individuals age 18 or older who wish to enroll themselves, their child or other dependent family members into a Recreation Program, or who seeks employment with or a volunteer position with the Recreation Department must complete, sign and return this Acknowledgement Form to the Lincoln Park Recreation Department before camp begins. Enrollment, employment and participation/volunteering in a Recreation Program is conditioned upon timely submittal of a completed Acknowledgement Form.

ACKNOWLEDGEMENT

I/We acknowledge that I/WE have been provided with, read and fully understand this Acknowledgement Form, the Center for Disease Control’s (“CDC”) and the New Jersey Department of Health’s (“NJDOH”) information and guidelines regarding COVID-19 and Multisystem Inflammatory Syndrome in Children (“Pandemic Illnesses”), and the Borough of Lincoln Park Department of Recreation’s “COVID-19 Operational Plan” for 2022.

I/We further acknowledge that the Pandemic Illnesses: (1) are highly contagious and may cause serious permanent bodily injury, including death, of healthy persons of all ages; (2) are subject to changing recommendations on limiting the risk of exposure and spread; (3) remain prevalent throughout New Jersey; (4) are highly likely to spread to persons in direct contact with or in close proximity to (within about 6 feet) an infected person; (5) believed by the CDC/NJDOH to spread by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth, and from touching surfaces on which droplets containing the virus exist.

I/We further acknowledge that attending or participating in a Recreation Program poses an inherent and heightened risk of exposure, infection, and bodily injury from the Pandemic Illnesses regardless of preventative measures taken by the Borough of Lincoln Park.

COVID PROTOCOLS: If my child tests positive for COVID, and/or has symptoms consistent with those associated with COVID and/or has been identified as a close contact, I understand that I am obligated to notify the Lincoln Park Recreation Department immediately and will follow the most recent guidelines released by the CDC and NJ Department of Health.

_____ as the parent or guardian of _____
Print Parent/Guardian Name print name of child

_____ date _____
Signature

Lincoln Park 2022 Summer Camp
BOROUGH OF LINCOLN PARK DEPARTMENT OF RECREATION
LAKE DAYS - Swimming Consent Form
Kindergarten - 6th grades

ONE FORM PER CHILD.

If we receive one form for multiple children
the first name on the list is the only one that will have permission to swim.

I understand that the campers of the Lincoln Park Recreation Summer Camp will be using the Lincoln Park Community Lake on designated Lake Days. Lifeguards will be on duty during swim time as well as close supervision by the camp staff. Children will have the opportunity to enjoy the “water extras”, (such as the diving boards water trampoline, kayaks, and/or paddleboats), with the appropriate permission and provided they pass a swim test administered by the lifeguards. It is mandatory that children wear life vests when using the “water extras”.

I understand the Waiver & Consent applies to the Lake days as well as the Code of Conduct.

My child _____ is permitted to:

_____ **SWIM ONLY:** my child IS NOT permitted to use diving boards, or any “water extras”

_____ **ALL ACCESS:** my child may swim and use the diving boards and “water extras”
provided they have successfully passed the lifeguard swim test.

_____ I **DO NOT** want my child to swim, use the diving boards and/or “water extras”.

_____ as the parent or guardian of _____.
Print Parent/Guardian Name print name of child

_____ date _____
Signature

**Please apply sunscreen to your camper before camp or send SPRAY sunscreen that they can
apply themselves during camp if needed.**
The LP Summer Camp Staff is not permitted to apply any sunscreen.

Lincoln Park 2022 Summer Camp

BOROUGH OF LINCOLN PARK DEPARTMENT OF RECREATION

CODE OF CONDUCT

The Recreation Department advocates and supports youth programs in Lincoln Park. The Borough proudly offers a wide variety educational, social and physical fitness opportunities, including Summer Camp. Participation in programs such as Summer Camp are subject to the observance of rules and procedures. The activities outlined below are *strictly prohibited*. Any participants, volunteers or staff members who violate this code are subject to discipline, up to and including removal from the program.

- Abusive language towards a staff member, volunteer, or other participant.
- Discourtesy or rudeness to a fellow participant, staff member, or volunteer.
- Verbal, physical, or visual harassment of another participant, staff member, or volunteer.
- Bullying or taking unfair advantage of any participant.
- Failure to cooperate with adult supervisor/leader/mentor.
- Possession or usage of alcoholic beverages or illegal drugs on the Borough of Lincoln Park property or reporting to the program while under the influence of drugs or alcohol.
- Possession of dangerous or unauthorized materials such as firearms, weapons, or other similar items on Borough property.
- Conduct endangering the life, safety, health or well-being of others.
- Failure to leave area in the condition in which you found it, including restrooms, gym, hallways, and any other area used. Defacing or destruction of any Borough property regardless of condition or value.
- Failure to follow any Department of Recreation policy & procedures.
- ZERO TOLERANCE = The policy or practice of not tolerating undesirable behavior as listed above. Discipline may include suspension AND/OR removal from Summer Camp for the entire season WITHOUT A REFUND.**

I have read and understand the Department of Recreation's Code of Conduct. I agree to review the rules with my child. I understand that failure by child to abide by the rules may lead to suspension and/or removal from Summer Camp with no refunds or credits.

_____ as the parent or guardian of _____
Print Parent/Guardian Name print name of child

_____ date _____
Signature

**PLEASE REVIEW THE CODE OF CONDUCT
WITH YOUR CAMPER**

Lincoln Park 2022 Summer Camp
BOROUGH OF LINCOLN PARK DEPARTMENT OF RECREATION

Medical Authorization

I have voluntarily registered my child in Summer Camp and I hereby give consent for my child to receive medical treatment according to camp protocol.

I authorize the Lincoln Park Summer Camp Staff to give my child necessary care – which includes treatment of cuts and scrapes, bumps and bruises, and bee stings on any body parts. Treatment will consist of: cuts and scrapes – cleaning with soap and water and applying a band aid. Bumps, bruises and bee stings are treated with application of ice. Any aches, (including stomach, head, ear, throat, poison ivy and eye irritations) the child will be sent home. If your child develops any of the above conditions and the Camp Directors deem necessary, you will be required to arrange for pick-up as soon as possible.

In the event of a known severe allergy, camp staff may administer an EPIPEN, (individual prescription only), to prevent life-threatening conditions. I understand that if I do send an EPIPEN to Camp it must be in the original pharmacy containers, with an intact, current prescription label affixed to packaging with the camper’s name. No exceptions will be made. I understand that no other medications may not be sent to camp or dispensed by camp staff.

I understand that Lincoln Park Recreation Summer Camp cannot administer medication or daily testing of any type. If my child takes medication or requires testing, I understand that the Camp will contact me to pick-up my child or come to camp to administer a test or give medication.

In the event of an emergency, I give my consent for the administration of emergency medical treatment and to transport the child to the closest hospital facilities, if necessary. I understand that a reasonable attempt to contact me will be made.

HIPPA Privacy Rule: I authorize the use of information to promote and monitor well-being while in camp, and as necessary, to provide first aid/emergency care as best as possible, accordingly and not limited to certifications, training, and availability. This health history is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my son/daughter should not participate in prescribed camp activities.

COVID PROTOCOLS: *If my child tests positive for COVID, and/or has symptoms consistent with those associated with COVID and/or has been identified as a close contact, I understand that I am obligated to notify the Lincoln Park Recreation Department immediately and will follow the most recent guidelines released by the CDC and NJ Department of Health.*

_____ as the parent or guardian of _____
Print Parent/Guardian Name print name of child

_____ date

Lincoln Park 2022 Summer Camp
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Permission to Treat Minor Injuries

I have voluntarily registered my child in Lincoln Park's Summer Camp. I hereby give my permission to the Lincoln Park Staff to have my child transported to the nearest hospital in case of an emergency. I authorize the Lincoln Park Summer Camp Staff to give my child necessary care, which includes treatment of cuts and scrapes, bumps and bruises, and bee stings on any body parts. Treatment will consist of: cuts and scrapes – cleaning with soap and water and applying a band aid. Bumps, bruises and bee stings are treated with application of ice.

The camper may be sent home if they are complaining of stomach-ache, head-ache, ear-ache, throat irritation, poison ivy and/or eye irritations. If your child develops any of the above conditions or another condition that the Camp Directors have concerns about, you will be notified and required to arrange for pick-up as soon as possible.

I understand that Lincoln Park Recreation Summer Camp cannot administer medication or daily testing of any type. If my child takes medication or requires testing, I understand that the Camp will contact me to pick-up my child or come to camp to administer a test or give medication.

_____ as the parent or guardian of _____.
Print Parent/Guardian Name print name of child

_____ date _____

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Waiver & Consent

Photo Waiver Acknowledgement

Waiver and Consent:

I acknowledge that my child is in suitable physical condition to participate in the recreation program, activity, sport, trip or event that I have registered my child for and I hereby assume any risks involved by such participation. I certify that my child is fully capable of participating in this recreational program, activity, sport, trip or event and that my child does not have any physical or mental disability that would restrict full participation. On behalf of my child, I do hereby waive, release, indemnify and hold harmless the Borough of Lincoln Park, its directors, superintendents, employees and volunteers from any liability and/or for any injury or damages that may be suffered by my child in the course of participation in the recreation program, the activity, sport, trip or any event and the activities incidental thereto, whether the result of any negligence or any other cause. In the event I am unable or unavailable to do so, I hereby grant permission to have my child receive emergency professional medical care as deemed necessary by the Recreation Staff. *I agree to review the rules of the LP Recreation Department with my child* and I agree on behalf of my child that he/she will abide by the Rules and Regulations of the Lincoln Park Recreation Department, the Summer Camp and those of the venue that the Lincoln Park Recreation Department is visiting.

Photo Waiver Acknowledgement:

Lincoln Park Recreation reserves the right to photograph attendees throughout the course of their events. On behalf of my child, I hereby grant permission to the Borough of Lincoln Park, its directors, superintendents, employees and volunteers to photograph my child and use the images solely for public relations purposes and/or the social media pages of the Borough of Lincoln Park. I do hereby waive, release, indemnify and hold harmless the Borough of Lincoln Park, its directors, superintendents, employees and volunteers from any liability and/or for any injury or damages that may be suffered by my child as a result of the taking or use of the photograph and images obtained in the course of participation in the recreation program, activity, sport, trip or event and the activities incidental thereto, whether the result of any negligence or any other cause.

_____ as the parent or guardian of _____
Print Parent/Guardian Name print name of child

_____ date _____
Signature