

CITY OF NEWARK

2008-2009
CAMP WATERSHED
PROGRAM



Valerie James, CCD/Camp Director
(973) 697-9018

**Restricted to Newark residents only.*

Department of Neighborhood and
Recreational Services

Division of Recreation/Cultural Affairs
94 William Street, 2nd fl.
Newark, NJ 07102-2677
(973) 733-6454 Fax (973) 424-4030

Melvin L. Waldrop
Director

Michael E. Greene
Assistant Director

Zaid Braswell
Acting Manager

Dear Resident:

It gives me great pleasure to offer the youth of the City of Newark the opportunity to participate in the City of Newark, Department of Neighborhood and Recreational Services, Division of Recreation/Cultural Affairs, 2008-2009 Camp Watershed Program.

This year marks the 36th year of operation, with trained and experienced personnel providing daily leadership to each young participant. We are proud to report that our camping program maintains the status "Accredited" by the American Camp Association assuring quality camping.

In sending your young person to Camp Watershed at NO COST, he or she will participate in activities such as Instructional Skiing, Outdoor Living Skills (Overnight Camping), Gone Green, Summer Day Camp & Project Legacy where we have Swimming – instructional & recreational, Boating (sail, canoe, surf bikes, pedal, row), Creative Dramatics, Computers, Archery, Field Sports, Aerobics, New Games, Nature Quest, Hiking, Orienteering, Low & High Ropes, Initiative Courses and Gardening.

For your convenience, we can supply you with the applications electronically. This can be done via email at jamesv@ci.newark.nj.us; or, you may visit the city's official website at www.ci.newark.nj.us, click the 'Department of Neighborhood Services' and proceed to the 'Camp Watershed' link. All of the necessary forms for participation will be apart of the attachments. It is important that you note that camper selection is made on a first come first serve basis. The application must be completed and signed by the legal guardian in its entirety. A copy of the participant's birth certificate and proof of residency must be affixed to the application. All documents remain CONFIDENTIAL. Approval notification will be made via the camp's CONFIRMATION LETTER when the application has been processed.

We look forward to introducing the City of Newark's youth to the beauty, calm and unique setting of Newark's Pequannock Watershed.

If you should have any questions or desire further information, please feel free to contact the Camp Office at (973) 697-9018 or use the email address jamesv@ci.newark.nj.us.

Sincerely yours in Camping,

**Valerie James, CCD
Camp Director**

SUMMER DAY CAMP
PERSONAL GEAR LIST

RECOMMENDED CLOTHING AND ARTICLES LIST:

Summer wear

Swimwear with towel (one per participant)

Rain gear or warm jacket (inclement weather)

Sun block

Sturdy shoes (laced up or Velcro fastened, anything else is unacceptable)

Long sleeve shirt and pants for hiking (notification will be made 2 days before hike)

Insect repellent

Hat or cap

CAMP WATERSHED FACT SHEET 2008

Activities offered:

**Swimming (instructional & recreational)
Archery
Arts & Crafts
Hiking
Computers
New Games
Creative Dramatics
Instructional Skiing (winter)**

**Boating
Low & High Ropes
Field Sports
Fishing
Initiative Courses
OLS
Gardening
Gone Green**

Departure sites:

East Ward

**Ironbound Rec. Center 226 Rome St. @ St. Charles St.
Newark City Hall 920 Broad Street (Green Street entrance)**

North Ward

Rotunda Recreation Center 75 Clifton Avenue @ 7th Avenue

Central Ward

**John F. Kennedy (JFK) Rec. Center, 211 W. Kinney St. @ Howard St.
Hayes Park West Rec. Center 179 Boyd St. @ Muhammad Ali Ave.**

West Ward

Boylan Street Recreation Center 916 South Orange Avenue

South Ward

St. Peter's Recreation Center 378 Lyons Avenue @ Leslie Street

Supervision is provided from 8 am to 5 pm. Transportation leaves the Newark departure sites at 8:30 am (sharp) and returns to Newark at approximately 4:45 pm.

Breakfast and Lunch are provided (unless noted otherwise).

**CAMP WATERSHED
2008
SESSION DATES**

Session 1:

June 30, 2008-July 11, 2008

(Closed July 4, 2008)

Session 2:

July 14, 2008-July 25, 2008

Session 3:

July 28, 2008-August 8, 2008

Session 4:

August 11, 2008-August 22, 2008

**Parents can enroll their children for one (1)
two week session and one (1) alternate
two-week session.**

PLEASE FOLLOW THESE DIRECTIONS

1. Complete forms A through F and attach the Camper's original immunization records, birth certificate, and proof of residency. (WE WILL RETURN TO YOU)
2. Make sure all forms are signed in the appropriate places. Failure to do so may result in a delay of processing your child's application. Additionally, please indicate any other information that may be helpful. (Confidential matters are kept confidential.)
3. Return required documentation (forms A through F) with the original immunization records, birth certificate, and proof of residency to your local Recreation Center (excludes City Hall, please see 2008 Fact Sheet) or mail to Newark Camp Watershed Office, Division of Recreation/Cultural Affairs, 94 William Street, 2nd Floor, Newark, NJ 07102 by **June 1, 2008**. A letter affirming participation with the confirmation number will be mailed to you indicating the dates of approved attendance.
4. Upon receipt of the letter of approval, you must call this office (973-697-9018) to confirm your child's participation on the specified date(s). Please note that if this office does not receive a call confirming your child's participation, we will place the participant on the waiting list.
5. Have the letter of approval at the departure site and in your possession on the specified date(s). You must indicate on the approval letter the person authorized to drop off and pick up your child.
6. NO ONE will be permitted to participate without receipt of the letter of approval with confirmation number and confirmation call received by designated camp personnel.
7. Children WILL NOT be released to a non-custodial parent unless the custodial parent authorizes such in writing. The authorization must include the name, address and telephone number of the non-custodial parent. If a non-custodial parent has been denied access or has limited access as per a court order, a copy of such order must be kept on file at the camp office. You must provide proof of legal guardianship if warranted.

REMINDER: IF ALL REQUIRED FORMS ARE NOT PROPERLY COMPLETED WITH THE ORIGINAL IMMUNIZATION RECORDS, BIRTH CERTIFICATE, AND PROOF OF RESIDENCY ATTACHED, THE APPLICATION WILL BE RETURNED TO YOU IN IT'S ENTIRETY. If you do not receive a letter of approval with the confirmation number, you will not be allowed to participate in this camping program activity.

A082

NEWARK CAMP WATERSHED SUMMER DAY CAMP APPLICATION
223 ECHO LAKE ROAD
WEST MILFORD, NEW JERSEY
(973) 697-9018

CONF.# _____

CAMPER'S NAME _____

ADDRESS _____
(Please include an apartment number and/or floor.)

CITY: NEWARK STATE: NEW JERSEY ZIP CODE: _____

HOME TELEPHONE #: () _____ Cell#: _____ Email: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____ SHOE SIZE: _____ WEIGHT: _____

Height: _____ PREFERRED SESSION: _____ ALT. SESS.: _____

LEGAL CUSTODIAL PARENT/GUARDIAN NAME: _____

RELATIONSHIP: _____ CAMPER'S NICKNAME _____

(Yours to camper)

SCHOOL: _____ GRADE: _____

PREVIOUS CAMPING EXPERIENCE: _____

PREFERRED DEPARTURE/RETURN SITE: 1st choice _____

2nd choice _____

SIGNATURE OF LEGAL CUSTODIAL PARENT/GUARDIAN

FOR OFFICE USE ONLY

CONF. CALL DATE _____ DESIGNATED SITE _____

PARTICIPANT'S NAME _____

ADDRESS _____

BIRTH DATE _____ AGE _____ CAMP DATE(S) _____

EMERGENCY CONTACT PERSON _____ PHONE# _____

COMMENTS _____

DIVISION OF RECREATION/CULTURAL AFFAIRS
VALERIE JAMES, CCD, CAMP DIRECTOR

CAMP WATERSHED SUMMER DAY CAMP
RULES AND REGULATIONS

1. All participants must be residents of the City of Newark age 7-14 or for Project Legacy age 15 -17
2. All forms and required documentation must be completely filled out and returned to your local Recreation Center (excludes City Hall, please see 2007 Fact Sheet) or by mailing them to the Newark Camp Watershed Office, Division of Recreation/Cultural Affairs, 94 William Street, 2nd Floor, Newark, NJ 07102 - 2677 by June 1, 2008.
3. Parents are responsible for the child to be appropriately dressed for camp. Please mark all personal articles for identification. A suggested clothing and articles list is attached.
4. The Camp personnel must be notified of any participant needing special attention.
5. All participants must be dropped off and picked up at the specified times and sites.
6. Any participant who misses the transportation supplied to camp WILL NOT be allowed in camp that day. DO NOT DRIVE YOUR CHILD OR ANY PARTICIPANT TO CAMP!!! Children left at the designated meeting site will be turned over to the NEWARK POLICE DEPARTMENT for disposition. THE DIVISION WILL NOT BE RESPONSIBLE.
7. MANDATORY STEPS FOR CAMPER EMERGENCY RELEASE:
 - The Legal Custodial Parent/Guardian must submit a written request to the Manager of the Division of Recreation/Cultural Affairs.
 - The Legal Custodial Parent/Guardian receives written authorization from the Recreation Manager indicating such.
 - Verbal contact must be made to the Camp Director (973-697-9018) by the Recreation Manager as well as by the Legal Custodial Parent/Guardian requesting the emergency release.
 - Proper identification is required!
8. CAMPER EMERGENCY: In the event that an emergency occurs during the Day Camping Program, the Camp Director will notify the camper's Legal Custodial Parent/Guardian or the authorization emergency contact person designated to advise.
9. NO WEAPONS, ALCOHOL, OR DRUGS ARE PERMITTED!! Please DO NOT allow participants to wear jewelry, bring money, cell phones, electronic devices or any other valuables, including pets to camp. THE DIVISION WILL NOT BE RESPONSIBLE. Cell phones and electronic devices will be confiscated and returned to the parent.
10. FIGHTING, PROFANE LANGUAGE, OR ANY ACTS DEEMED DETRIMENTAL TO THIS PROGRAM WILL RESULT IN THE PARTICIPANT'S IMMEDIATE DISMISSAL FROM THE PROGRAM.
11. You must make the confirmation call to the Camp Watershed Office (973) 697-9018 affirming your child's participation.
12. All participants must have a letter of approval with the confirmation number in their possession on the initial session date. Please remember to indicate who is authorized to drop off and pick up your child. If the aforementioned is not indicated, your child will not be allowed to participate.
13. Photos, videos, and audios taken of my child may be used by Newark's Camp Watershed for future promotional purposes.
14. Camp Watershed will supply breakfast and lunch at the campsite (unless otherwise noted).
15. All camper absences must be reported daily to the Camp Watershed Office (973) 697-9018 failure to do so will result in camper's removal from the camp's roster.

"SAFETY IS OUR MAJOR CONCERN"

DIVISION OF RECREATION/CULTURAL AFFAIRS
VALERIE JAMES, CCD, CAMP DIRECTOR

PLEASE RETURN THIS SIGNED PORTION WITH THIS APPLICATION:

I have read and discussed these rules and regulations with my child and we understand and agree to adhere to same (both Legal Custodial Parent/Guardian and Child (camper) signatures are **MANDATORY**).

Participant/Camper Signature

Legal Custodial Parent/Guardian Signature

The following documents were received, read, signed, attached and returned:

- A. Program Application ___
- B. Rules & Regulations ___
- C. Permission to Travel ___
- D. Emergency Medical Treatment Authorization ___
- E. Personal Health and History ___
- F. Physical Examination ___
(signed & stamped by licensed physician)
- G. Copy of Immunization Records ___
- H. Birth Certificate ___
- I. Proof of Residency ___
- J. Proof of Legal Guardianship (if applicable) ___

**NEWARK DIVISION OF RECREATION/CULTURAL AFFAIRS
TRAVEL PROGRAM
PERMISSION SLIP**

SUMMER DAY CAMP PROGRAM

I hereby give my son/daughter _____ permission to participate in the trip(s) to **Newark Camp Watershed** date(s) _____ offered by the Newark Department of Neighborhood and Recreational Services, Division of Recreation/Cultural Affairs. Furthermore, I give my consent for any necessary medical treatment. Additionally, I waive all claims against the City of Newark, Department of Neighborhood and Recreational Services, Division of Recreation/Cultural Affairs or any of its agencies of any form of responsibility during the above trip.

Signature of Legal Custodial Parent/Guardian

Address (Apt. # and/or Floor)

City, State, and Zip Code

Authorized Emergency Contact Name & Telephone #

Center

Center Director/Manager

D086

Date: _____

**AUTHORIZATION TO TREAT A MINOR IN ATTENDANCE AT CAMP
WATERSHED**

I authorize a licensed physician at Chilton Memorial Hospital, Pompton Plains, New Jersey to evaluate my

child, _____, in the event that he/she is in an accident. Should treatment be deemed necessary by said physician, and in the event that I cannot be reached after every reasonable effort has been made, I also authorize such treatment in advance. In such event, the Camp Director or his/her designee may sign the hospital authorization forms for treatment.

A copy of this authorization may be considered as valid in lieu of the original. I reserve the right to revoke this authorization at any time in writing and in the absence of said written revocation, this authorization shall continue in full force and effect.

Date of last tetanus shot: _____

Allergic Reaction(s): _____

Any other medically important information (diabetic, etc.): _____

Signature of Legal Custodial Parent/Guardian

Relationship to Camper: _____

I may be reached at () _____ during the hours of _____
Telephone #

I may be reached at () _____ during the hours of _____
Telephone #

**PLEASE NOTE: VALID REACHABLE EMERGENCY CONTACT TELEPHONE
NUMBERS ARE CRITICAL AND MANDATORY (EMERGENCY TELEPHONE
NUMBERS WILL BE VERIFIED).**

PERSONAL HEALTH & MEDICAL RECORD

CAMPER/STAFF MEMBER NAME _____ DATE OF BIRTH _____

STREET ADDRESS, APT. #, FL. _____ AGE _____ SEX _____

CITY _____ STATE _____ ZIP CODE _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Relationship _____ Phone # _____

EMERGENCY MEDICAL INFORMATION

Has or is subject to: (Please check)

- DIABETES
- CONVULSIONS/SEIZURES/EPILEPSY
- FAINTING SPELLS
- HIGH BLOOD PRESSURE
- CONTACT LENSES
- ALLERGY OR REACTION TO ANY MEDICINE, PLANT, ANIMAL, OR INSECT TOXIN
- ANY OTHER CONDITION THAT MAY REQUIRE EMERGENCY OR SPECIAL CARE, MEDICATION, OR OTHER KNOWLEDGE
- OTHER _____

Explain, if necessary: _____

ACTIVITY PARTICIPATION

Approved For:

Except as noted:

- Hiking & Camping
- Water Activities
- Competitive & Non-Competitive Sports
- Low & High Ropes
- Archery
- All Activities

IMMUNIZATIONS

Vaccines:

Has had:

	Date received:	Check if needed		Vaccination	Disease	Check if needed
Tetanus	_____	___	Measles	___	___	___
Diphtheria	_____	___	Mumps	___	___	___
Polio	_____	___	Rubella	___	___	___
Hep B (series)	_____,_____,_____	___	Whooping Cough	___	___	___
Other	_____	___	Chicken Pox	___	___	___

Medical and Health History continued:

MEDICAL HISTORY

Most Recent Physical Examination:

Date _____

Do you have any current health problems?

Yes _____ (explain below)

No _____

Are you currently under medical care or taking any medication?

Yes _____ (explain below)

No _____

Has there been any surgery, illness, allergy or change in health status since last complete physical examination?

Yes _____ (explain below)

No _____

Explanation: _____

Disease or Past/Present History of:

Yes	No		Year	Details	Yes	No		Year	Details
___	___	Serious Illness	___	___	___	___	Stomach/Bowels	___	___
___	___	Serious Injury	___	___	___	___	Appendicitis	___	___
___	___	Deformity	___	___	___	___	Kidneys/Bladder	___	___
___	___	Surgery	___	___	___	___	Infection	___	___
___	___	Skin/Glands	___	___	___	___	Bed Wetting	___	___
___	___	Ears	___	___	___	___	Menstrual Problem	___	___
___	___	Eyes	___	___	___	___	Hernia Rupture	___	___
___	___	Nose/Sinus	___	___	___	___	Back/Limbs/Joint	___	___
___	___	Teeth	___	___	___	___	Sleepwalking	___	___
___	___	Throat/Tonsils	___	___	___	___	Behavioral Cond.	___	___
___	___	Dentures	___	___	___	___	Other (specify)	___	___
___	___	Bridge	___	___	___	___	_____	___	___
___	___	Chest/Lungs	___	___	___	___	_____	___	___
___	___	Heart	___	___	___	___	_____	___	___
___	___	Murmur	___	___	___	___	_____	___	___

AUTHORIZATION

To the best of my knowledge, this history is correct and complete. I know of no reason to restrict applicant's activity, and give my permission for participation in all activities, except any specifically noted herein. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Date _____

Parent/Guardian Signature _____

(Signature if over 18)

For Camp Use Only

Date _____

Reviewed and Verified by Adult Leader _____

**ANNUAL MANDATORY
PHYSICAL EXAMINATION**

Name: _____ D.O.B. _____

Address: _____ Age: _____
(Please put full address apt. # and/or floor.)

Telephone Number: _____

PHYSICAL EXAMINATION (To be completed by a licensed physician/M.D.)

Code: / = Negative

X = Not Satisfactory (explain)

General Condition or Appraisal _____
Height _____
Weight _____
Posture and spine _____
Feet _____
Skin: scabies _____
Athlete's Foot _____
Impetigo _____
Infection _____
Pediculosis _____
Eyes: Vision _____
Discharge _____
Glasses _____
Ears: Hearing _____
Discharge _____
Nutrition _____
Blood Hemoglobin _____
Nose _____

Throat/Tonsils _____
Teeth: position _____
Caries _____
Heart _____
Murmur _____
Blood Pressure _____
Sy. _____ Dias. _____
Lungs _____
Abdomen _____
Genitals _____
Hernia _____
Urine _____
Allergies: Animals _____
Food _____
Meds _____
Other _____

I believe this child is able to attend camp and participate in all camp activities with the following restrictions and recommendations:

Licensed Physician Signature & Stamp

Physician Name _____ Address _____

Date _____ Phone _____

PLEASE ATTACH IMMUNIZATION RECORDS

NOTE: SPECIFIC DIRECTIONS MUST ACCOMPANY ALL PRESCRIPTION DRUGS FROM A LICENSED PHYSICIAN THAT INCLUDES DIRECTIONS ON AN ORIGINAL PRESCRIPTION BOTTLE. A NOTE ON THE SIGNED HEALTH EXAMINATION FORM OR PHYSICIAN PAD. (FREQUENCY MUST BE CLEARLY INDICATED)

