

Parent Authorization for Administration of Non-Prescription Bug Repellent and Sunscreen

BUG REPELLENT ADMINISTRATION

_____ I give the employees of Camp Highfield permission to assist my child in applying Off bug repellent to my child in accordance with the instructions of the manufacturer's recommendations to prevent against mosquitoes and ticks.

_____ I do not wish for my child receive bug repellent

SUNSCREEN ADMINISTRATION

_____ I give the employees of Camp Highfield permission to apply Coppertone Kids Continuous Spray or similar Sunscreen to my child.

_____ I do not wish for my child to receive sunscreen.

Child's Name

Sessions Attending

Parent Signature

Date

Highfield Summer Camp Check List 2017

Daily Check List- Please clearly label all items with name

- Swimsuit, flip flops for pool area
- Towel, Plastic bag for wet items
- Back pack or Bag
- Sneakers, no running shoes due to the clay course, flat bottom sneakers are okay
- Change of clothes
- Sweat shirt- change in weather
- Sunscreen (bug & sun) Don't forget to sign the permission form
- Hat
- Lunch (you may purchase weekly, or bring your own)
- Water Bottle and snacks each day
- Appropriate golf and tennis attire (collared shirts and shorts with pockets)

Golf & Tennis Information

If you need assistance with junior golf club equipment, contact Bill Murray at 203-598-3815.

Any questions regarding tennis equipment, contact Richard Makepeace at 203-598-3312.

In order to determine the appropriate tennis racquet size, your child should lower their arm to their side and then swing a tennis racquet toward the ground thus lightly touching the floor.

Racquet size relative to age:

Ages 4-6: 21 inches / Ages 6-8: 23 inches / Ages 8-12: 25 inches

Ages 12: 26 inches / Ages 13: 28 inches

2017 Highfield Summer Camp Registration

Member Name: _____

Camper's Name: _____ Sex: M F

Address: _____ Member Guest

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Grade: _____ E-mail: _____

Phone Number: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Health Insurance Company: _____

Group or Policy Number: _____

Does your child have any special dietary needs? Yes No

If Yes, explain: _____

Does your child have any allergies? Yes No

If Yes , explain: _____

To check availability for sessions, please call Highfield at (203)758.9101. Return registration and fee forms to secure registration by fax at (203)598-7593 or by mail at 256 White Deer Rock Rd., Middlebury, CT 06762.

Highfield Day Camp

Code of Conduct

The Highfield Country Club Day Camp is dedicated to providing an outstanding summer camp program. To accomplish this goal, campers are expected to behave appropriately and promote a safe, fun, and healthy environment through productive participation. We aim to promote character values of caring, honesty, respect, and responsibility in all aspects of our camp program. We ask that all campers and parents/guardians read this code together and sign before arriving at camp.

As a camper, I will:

Respect:

- ❖ Be respectful, cooperative and contribute positively to the experience of fellow campers.
- ❖ Be careful and considerate that my actions will not hurt another camper's feelings or hurt them physically, either intentionally or accidentally.
- ❖ Show respect to the camp staff, and cooperate fully with their instructions by following directions at all times.
- ❖ Respect the property of others.
- ❖ Respect camp property and equipment/ supplies in all camp areas (golf course, tennis courts and pool area)

BEHAVIOR

- ❖ Conduct myself responsibly. I understand that horseplay; unwelcome teasing/bullying or other unkind behaviors are not allowed and will not be tolerated. Campers will face consequences per the camp director/assistant camp director.

- ❖ Communicate in an appropriate manner, which means I will not use foul language or gestures, harsh words or raise my voice.
- ❖ Refrain from deliberately causing bodily harm to the campers or staff. I understand that pushing, kicking, hitting or fighting are not acceptable behavior and will not be tolerated and will be grounds for suspension/dismissal from the camp program.

General:

- ❖ Campers must dress appropriately for camp everyday. On the golf course, campers are encouraged to wear collared shirts and shorts/skirts. On the tennis courts, campers are to wear a t-shirt and shorts.
- ❖ Campers are to participate in all camp activities. (Golf, tennis, swim lessons, and group games/crafts)
- ❖ Campers are to have FUN at camp!

Camper Name: _____

Parent/Guardian Signature _____

Date: _____

2017 Highfield Summer Camp Registration					
	Week 1	Week 2	Week 3	Week 4	Week 5
	June 19-June 23	June 26-June 30	July 3-July 7	July 10-July14	July 17-July 21
	Golf and Tennis	Golf and Tennis	Golf and Tennis	Golf and Tennis	Golf and Tennis
Camper					
Member \$200/week/\$40/day					
Member (w/lunch) \$225/week					
Guest \$300/week/\$60/day					
Guest (w/lunch)\$325week					

Please note- payment, in full, will be required two weeks before week(s) of attendance.

Camp Hours are 9am-4pm

***Before and Aftercare can be provided at additional charge, but needs to be pre-arranged the week prior to camp**

Member Name: _____

(Camper Name)Friend or Relative: _____

To check availability for sessions, please call Highfield at (203)758-9101 x101.

Return registration and fee forms to secure registration by fax

Return forms to secure registration by email at office@highfieldclub.com or by mail at 256 White Deer Rock Rd., Middlebury, CT 0

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Week 6	Week 7	Week 8	Week 9
July 24-July 28	July 31-August 4	August 7-11th	August 14th-18th
Golf and Tennis	Golf and Tennis	Golf and Tennis	FUN WEEK

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**

Physical Exams Are Valid For 3 Years
From Date of Last Examination

- Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____ / ____ / ____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number