

Edgewood Swim and Racquet Club

Summer Camp 2025



The Edgewood Summer Day Camp offers campers ages 6 to 12 a fun and exciting summer. Activities include swimming, tennis, pickleball, games, crafts, playground and theme specific activities. Camp per week attendance is limited to 30 children.

Payment is due upon registration to secure a spot. If you are signing up for multiple weeks please inquire about a payment schedule.

Camp Specifics:

Ages 6 to 12 (Siblings entering Kindergarten permitted)

Monday through Friday rain or shine

5% multi-week discount (must sign-up and pay for at same time)

Drop-off time is 9:00-9:15am

Pick-up time 4:00 pm

Before and after camp care is available (See registration form)

Children in the Edgewood Swim Program will be moved to camp after practice

Lunch can be brought or purchased for \$40 per week (See Registration Form)

7 day cancellation policy for full refund, See Details in pages below

Please refer to the edgewoodsrc.com for further details and forms



Parent Authorization for Administration of

Non-Prescription Bug Repellent and Sunscreen Bug Repellent

_____ I give the employees of Edgewood Day Camp permission to assist my child with the application of 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 Edgewood Day Camp 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



Code of Conduct Guidelines

The Edgewood Summer Day Camp staff is looking forward to providing every child with a fun, memorable, and safe summer camp experience. Each camper has a responsibility to act in a way that assures a positive experience for all. All campers are required to follow these guidelines.

Behavior Guidelines

Campers shall be responsible for their words and actions.
Campers shall be respectful of others.
Campers shall follow directions from staff members.
Campers shall leave all electronic devices at home. (A parent/guardian must seek permission from the camp director in order for the camper to be able to carry a cell phone for emergencies).

Prohibited Behaviors

Endangering the health and safety of themselves, other campers, and/or staff or volunteers.
Stealing, damaging, or failing to care for facility or personal property.
Continual disruption of the program.
Refusal to follow the behavior guidelines.
Inappropriate physical contact.
Using profanity or inappropriate language or displaying clothing or other personal items with offensive content.
Bullying or acts of aggression or violence.
Possession or use of illegal substances, tobacco, or alcohol.
Possession of weapons - any object that may cause harm to another, or place another person in fear of his/her safety, may be considered a weapon.

Failure to comply with the Code of Conduct may result in the removal from the program and/or additional fees. There will be no refunds given for campers who are removed from the program due to violations of the Code of Conduct.

Cancellation Policy

If a Parent wishes to cancel a week of camp they may do so with 7 days or 168 hours notice from the 9:00am Monday of the desired week in order to receive a full refund. If there is less than 7 days notice then a refund will not be granted.

Health Policy

If a child is ill they may not be in camp. If a child becomes ill during the camp hours a call will be made to the parents and arrangements will be made to have the child picked up. We define illness according to the "YMCA Youth Day Camp Policy" including but not limited to ...

- "Communicable Disease
- Persistent Vomiting within a 24 hour time period
- Diarrhea
- Persistent runny nose and/or Cough
- A contagious or undiagnosed rash
- A temperature of 100 degrees Fahrenheit or higher
- Upper respiratory infection"

Failure to comply with the Code of Conduct may result in the removal from the program and/or additional fees. There will be no refunds given for campers who are removed from the program due to violations of the Code of Conduct.

Injury, First Aid, Illness, and Medication Administration and Special Needs

Most of our staff is First Aid and CPR certified and responsible for the immediate, on site administration of basic first aid and/or CPR for any injuries occurring at camp. If the injury or illness is beyond common occurrence injuries (scraped knees, bumps and bruises, overheating) and proves to be a more serious condition (head injuries, sprains/breaks, heat exhaustion, severe allergic reaction, heart injury), we will contact parents or guardians and any necessary emergency medical services immediately if necessary. We will treat to the best of our abilities on site as well. In the event of such an emergency, the camp staff will first attempt to contact the child's parents/guardians. If unsuccessful, we will continue to try emergency contacts until we are able to reach someone. Please inform your Emergency Contacts of their responsibilities and be sure that they are readily available to receive and respond to such a call. If your child is sick, please keep him/her home. Please report any communicable diseases promptly, i.e. Chicken Pox, Head Lice, Pink Eye, etc., to the director of your camp. Refunds or credits are not given for missed camp days. If your child becomes sick during the camp day, a parent/guardian will be contacted immediately and asked to pick up the camper as soon as possible. If sent home with a fever, a camper will not be allowed to be signed in the following day. If sent home with a communicable disease, a camper will not be allowed to be signed in without a doctor's note stating that he/ she is no longer contagious.

If your child does require medication while at camp, you will need to obtain a Medical Authorization from the child's physician.

If your child has a special need or sensitivity, please explain so that we can ensure that need is addressed and they can have the best experience:

I authorize Edgewood to take pictures during camp hours to be used on our website and/or social media.

I have read and **agreed to all** of the above x_____

DATE Signed _____

**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 Signed



100 N. Benson Road
Middlebury CT 06762
203-528-0234
www.edgewoodsrc.com

MINOR RELEASE

I, THE PARENT AND/OR LEGAL GUARDIAN OF _____, UNDERSTAND THE NATURE OF TENNIS, SWIMMING EXERCISE ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EDGEWOOD BATH & TENNIS CLUB FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, IF, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: _____

Address: _____
(Street)

(City)

(State) (Zip)

Phone: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

Date: _____



EDGEWOOD SUMMER DAY CAMP CHECK LISTS

Registration:

Registration Form and Payment Submitted

Physical Form Submitted (copies of school forms accepted less than 2 years old)

Minor Release Form Submitted

Code of Conduct Reviewed with Camper

Sunscreen/Bug Application Authorization Form Submitted (if needed)

Medication authorization (if needed)

Daily Camp Check List: (child should bring everyday)

Put child's name on all items

Swimsuit and flip flops

Towel

Floaties (if necessary)

Bag or backpack

Sneakers and socks

Sunscreen and bug spray

Hat – sunglasses are optional

Lunch – bring your own or purchase for the week

Water Bottle

Snack (no nut products)

Day Camp Registration Form – 2025

Participant Information				
Full Name		Nickname		
Birthday (MM/DD/YYYY)				
Parent Information				
Parents Name(s)		Phone Number		
Address				
Parent E-mail Address				
5% Discount for multiple Weeks Must enroll and pay at same time Summer Camp *Themes Subject to Change*	Session	Member Cost	Non-Member Cost	Total
		\$310	\$395	
	Session 1	June 23 - 27		
	Session 2 (pro rated)	June 30 – July 3 (no camp on 7/4)		
	Session 3	July 7 - 11		
	Session 4	July 14 - 18		
	Session 5	July 21 - 25		
	Session 6	July 28 – Aug 1		
	Session 7	Aug 4 - 8		
	Session 8	Aug 11 - 15		
Extras	Number of weeks: (for below)			
Lunch \$50 Per Week				
Before Camp \$70 Per Week				
After Camp \$70 Per Week				
Both Before and After Camp \$140 Per Week				
			Final Cost	

Payment

Check enclosed for total cost (Check # _____)
 Charge Credit
 Name on Card: _____ Type of Card: _____
 Card Number: _____ Expiration Date _____ CVV _____

Authorization

Edgewood Swim and Racquet Club, 100 North Benson Road Middlebury, CT 203-528-0231, EdgewoodSR LLC, the Town of Middlebury and any other associated groups, their officers, members or associates., appointed or volunteer, do not accept any liability for loss of life or property, personal injury or damage caused or rising out of any activity engaged in during the Sports Camps/Activities for any reason whatsoever. By Participating in this Edgewood Swim and Racquet program, I as parent or legal guardian of the above named participant am knowledgeable of the inherent risk in the sport of the participant. I grant my child permission to engage in these activities with full knowledge that there is an element of danger involved. I also agree to assume the risks for myself and my child and agree to hold Edgewood Swim and Racquet and its officers, employees and volunteers harmless and free of any liability for damage or injury my child may incur arising from these activities. I hereby give Traverse Edgewood Swim and Racquet the irrevocable right to use my picture or photography in all forms and media and in all manners, including composite or manipulated representations, for advertising, promotion, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s) including written copy that may be created and appear in connection therewith.

Signature: _____	Date _____
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