

**Town of Huntington
Department of Parks and Recreation**

**CAMP SEAHAWK
Camper Assistant Program**

March 2019

Dear Camp Seahawk Camper Assistant Applicant:

Enclosed please find an application for the Camper Assistant Program (entering grades 9th or 10th as of September 2019) at Camp Seahawk. The number of Camper Assistants accepted is based on camper enrollment. Completed applications should be returned to Town of Huntington, Department of Parks and Recreation, 100 Main Street, Huntington, NY 11743, Attention: Camp Seahawk Camper Assistant.

Applicants must be prepared to commit to a two-week session. Preference will be given to previous Camper Assistants who have received positive evaluations, former campers who exhibit the necessary qualifications, and Town of Huntington residents. The selection of Camper Assistants is a privilege and is not guaranteed.

A requirement will be the submission of the enclosed Medical/Emergency Form for your child. This form is due one month prior to the start of the session.

Applications are due no later than May 1, 2019. Late applications will be placed on a waiting list. All applicants will be notified by June 7, 2019. **Do not send in payment with the application.** Also, please do not call the office to inquire or lobby for your child.

Sincerely,

Bill Musto
Deputy Director

Town of Huntington
Department of Parks and Recreation

CAMP SEAHAWK
Camper Assistant Program

JOB RESPONSIBILITIES: Assist program directors and counselors with the supervision of children, ages 5 through 12, at Camp Seahawk. Camper Assistants will learn how to be counselors. After successful completion of the Camper Assistant Program, participants will be considered for counselor positions in the Playground/Pre-School Program when he or she reaches 16 years of age.

DAYS & TIMES: Monday thru Friday, 8:15 AM to 2 PM

Session I	-	July 1 to July 12, 2019 (No Camp July 4 th)
Session II	-	July 15 to July 26, 2019
Session III	-	July 29 to August 9, 2019

ELIGIBILITY: 9th and 10th grades as of September 2019

LOCATION: To Be Determined

FEE:	1 st Year	-	10% discount
	2 nd Year	-	50% discount
	3 rd Year	-	No Fee

REQUIREMENTS:

1. Must like working with children
2. Must be a responsible role model
3. Skills in sports, games or arts & crafts a plus
4. Experience working with children helpful, but not necessary.
5. Preference will be given to past Camp Assistants who have received positive evaluations and to former campers who exhibit the qualities necessary to be a Camper Assistant.
6. Must enroll for a minimum of one session.

Complete the attached application form and mail to:
Town of Huntington, Parks & Recreation Department
100 Main Street, Huntington, NY 11743
Att: Camp Seahawk Camper Assistant

CAMP SEAHAWK

CAMPER ASSISTANT APPLICATION

Name _____

Address _____
Street City State Zip

Home Phone Number _____ Date of Birth _____

School as of Sept. 2019 _____ Grade as of Sept. 2019 _____

List the years you attended camp as a Camper Assistant _____

List the years you attended a Town Camp or Playground Program _____

List the program(s) you attended _____

Requested Dates: Please circle choice (must be at least 1 session) :

Session I July 1 to July 12, 2019 (no camp July 4th)

Session II July 15 to July 26, 2019

Session III July 29 to August 9, 2019

REFERENCES: (school, clergy, employers, youth organizations)

1. Name _____

Phone # _____ Relationship _____

2. Name _____

Phone # _____ Relationship _____

PERMISSION TO CARRY AND USE SUNSCREEN

For your information, Chapter 242 of the Laws of 2013 amended the New York State Public Health Law in regards to the use of sunscreen at summer camps. Written permission is now required by the parent or guardian to allow their child to carry and use sunscreen. Permission would also allow camp staff to assist with the application of sunscreen when the child is unable to do so, provided the child requests the assistance.

I do____ do not____ grant permission for my child to carry and use sunscreen and for staff to assist with it's application should my child request it.

Parent's or Guardian's Signature_____Date_____

PERMISSION TO CARRY AND USE INSECT REPELLENT

For your information, Chapter 163 of the Laws of 2017 amended the New York State Public Health Law in regard to the use of Insect Repellant by a child attending summer camp. Written permission is now required by the parent or guardian to allow their child to carry and use Insect Repellent. Permission would also allow camp staff to assist with the application of Insect Repellent when the child is unable to do so, provided the child requests the assistance.

I do____ do not____ grant permission for my child to carry and use Insect Repellent and for the staff to assist with its application should my child request it.

Parent's or Guardian's Signature: _____Date: _____

CAMP SEAHAWK

CIRCLE SESSION(S): I II III

CAMPER ASSISTANT MEDICAL/EMERGENCY FORM
MUST BE SUBMITTED 1 MONTH PRIOR TO SESSION

Please Print

Last Name _____ First Name _____

Sex: _____ Home Phone: () _____ Date of Birth _____

Address _____

Street

Town

Zip

Mother's Business # _____ Mother's Cellphone # _____

Father's Business # _____ Father's Cellphone # _____

***IF PARENTS CANNOT BE REACHED-EMERGENCY NUMBERS:**

1. Name _____ Phone # _____

2. Name _____ Phone # _____

PLEASE LIST THE INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

HEALTH INSURANCE INFORMATION

CARRIER OR PLAN NAME _____ **GROUP #** _____

NAME OF INSURED _____ **INSURANCE ID #** _____

RELATIONSHIP TO PARTICIPANT _____

NOTE: All medication sent to camp **MUST** be labeled by pharmacy. We cannot administer medication.

ALL MEDICATIONS ARE SELF ADMINISTERED BY THE CHILD.

In the event that I cannot be reached by phone, I give my permission to the Camp Director or their appointed representatives to act in my behalf in seeking and providing medical treatment for my child during the camp season. This includes medical care and treatment by a first aid station or physician in a hospital.

Signature of Parent or Guardian _____ Date _____

CAMP SEAHAWK

TO BE COMPLETED BY A MEDICAL DOCTOR

CIRCLE SESSION(S): I II III

IMMUNIZATION HISTORY

(show dates of last immunization or booster)

NAME OF CHILD _____

IF CHILD BORN AFTER JANUARY 1, 1993 – MUST FILL IN DATES OF:

HEPATITIS B: _____

HAEMOPHILUS INFLUENCA TYPE B: _____ RUBELLA _____

MEASLES _____ MUMPS _____ HIB _____ DPT _____

POLIO SALK/SABIN _____ MMR _____ VARICELLA(chicken pox) _____

TBC: Date _____ Results _____

_____ is in good health, is not suffering from any illness and
CHILD'S NAME

MAY _____ MAY NOT _____ participate in a full program of activities.

DIETARY/PHYSICAL RESTRICTIONS: _____

I have prescribed the following medication for _____ which is self-administered

1. Name of medication: _____ Dosage _____

2. Name of medication: _____ Dosage _____

Purpose of Medication(s) _____

ALL MEDICATIONS ARE SELF-ADMINISTERED BY CHILD

SIGNATURE OF PHYSICIAN: _____ **DATE:** _____

PHYSICIAN'S NAME, ADDRESS & PHONE NUMBER: _____

Phone Number _____

NOTE: All medication sent to camp **MUST** be labeled by pharmacy.

CAMP SEAHAWK

CIRCLE SESSION(S): I II III

MUST BE SUBMITTED ONE MONTH PRIOR TO SESSION

LAST NAME: _____ FIRST NAME : _____

PLEASE TAKE THE NEXT FEW MINUTES TO ANSWER THE FOLLOWING QUESTIONS. REMEMBER: YOUR CHILD'S SAFETY AND HEALTH IS IMPORTANT TO US. PLEASE BE HONEST IN YOUR RESPONSES SO WE CAN DO EVERYTHING WITHIN OUR ABILITIES TO INSURE THAT YOUR CHILD HAS A GREAT TIME AT THIS SUMMER PROGRAM. IF YOU HAVE ANY QUESTIONS CONCERNING THE INFORMATION ON THIS FORM, PLEASE DO NOT HESITATE TO ASK US.

HAS YOUR CHILD EVER HAD OR DO THEY NOW HAVE:

**PLEASE CHECK
YES NO**

	YES	NO
(1) Asthma, wheezing, or inhaler use		
(2) Epilepsy, fits, seizures, or convulsions		
(3) Recurrent neck or back pain		
(4) Rheumatic fever		
(5) Dislocated joint, knee, hip, shoulder, elbow or ankle		
(6) Foot pain		
(7) Periods of unconsciousness		
(8) Frequent or severe headaches causing interruptions in school		
(9) Wear contact lenses		
(10) Fainting spells or passing out		
(11) Head injury, skull fracture, concussion		
(12) Seen a psychiatrist, psychologist, counselor or social worker		
(13) Skin disorders such as: Eczema Psoriasis Atopic Dermatitis		
(14) Irregular heartbeat, rapid or slow heartbeat		
(15) Thyroid condition or taking medication for thyroid		
(16) Limitation on movement or motion of joint, wrist, knee, hip, shoulder		
(17) Heart murmur, heart abnormality or problems		
(18) Heart surgery		

		Please Check	YES	NO
(19)	High blood pressure			
(20)	Hepatitis (liver inflammation or infection)			
(21)	Any eye injury or surgery (other than corrective)			
(22)	Allergies: common foods (milk, peanuts, eggs, meat, fish, etc.) wool or fabrics wasp, bee or any insect stings penicillin poison ivy drugs (prescription or medication) other: please specify _____			
(23)	Broken bones requiring surgery to repair			
(24)	Perforated ear drum or tubes in ear drums			
(25)	Anemia (iron deficiency)			
(26)	Pain or swelling at the site of an old fracture			
(27)	Loss of appendage, limb or part thereof			
(28)	Attention Deficit Disorder			
(29)	Diseases: chicken pox german measles mumps tuberculosis measles other: please specify _____			
(30)	If the answer to any of the above is "Yes" please reference the question number then Describe or explain with dates:			

MAIL ALL FORMS ONE MONTH PRIOR TO SESSION TO:

Town of Huntington, Parks & Recreation Department
100 Main Street, Huntington, NY 11743
Att: Camp Seahawk Camper Assistant