



VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT
3 Library Road, Briarcliff Manor, NY 10510
(914) 941-6560



2016 Briarcliff Day Camp Counselor Assistant ("CA") Program Application deadline: Friday, March 11th

BMRD's Camp Staff Preparatory Program for students entering 9th grade in September 2016.
This program also serves those entering 10th grade that will not be 15 years old by July 5th.

About the program . . .

Department of Health regulations pertaining to the acceptable ages of day camp employees and volunteers dictated that adjustments needed to be made to the Village's Counselor-in-Training ("CIT") program. The Counselor Assistant ("CA") program has been developed in order to provide students who will be entering high school in the fall, but will not be 15 years old by the start of the day camp season, with a chance to continue being a part of the camp experience. Although they will not be recognized by the Health Department as members of our camp staff, they will be assigned to participate as a part of camper groups in Tree Camp & Super Camp, effectively beginning their training to become a CIT, and ultimately, a Counselor.

Those that will benefit the most from this program are students who have a genuine desire to work closely with children and learn the camp process. Active and mature participation in the daily operation of our camper groups & the overall camp program will be required. Applicants will go through an interview process and must be accepted into the program.

Program Notes:

- * CA's should have a strong desire to work with younger children in a day camp setting.
- * Once all necessary paperwork has been turned in, an interview with candidate and parent will be scheduled (during the month of April)
- * If accepted into the program, there will be a program fee (TBD) due
- * CA's must be available for the full 5 weeks of camp.
- * CA's who reside in the Village or School District be given a complimentary pool pass.

Mandatory Dates:

Monday June 27th & Tuesday June 28th
Monday, July 5 – Friday, August 5 from 8:30am – 3:30pm

Registration Information:

The following information must be submitted by Friday, March 11th

- 2 page application – attached

Counselor Assistant 2016

***Please note: Both pages of this form must be completed in full.
Application will not be accepted without immunization dates filled in!**

Camper's Name: _____ Nickname (if applicable) _____

Shirt Size: _____ AS _____ AM _____ AL _____
(Circle one) Adult Small Medium Large

Grade in September 2016: _____ School: _____

Siblings attending any of Briarcliff's camps - Circle all that apply: Horizon Adventure Super Tree

CA's E-Mail address: (please PRINT NEATLY): _____

Parent's E-Mail address: (please PRINT NEATLY): _____

Camp Preference* – If given a choice, what camp & grade assignment would you pick?

Tree Camp Super Camp

*** NOTE: Choices are not a guarantee for placement – Applicants may be assigned to any group !**

Special placement consideration: _____

References: Please list two personal references

Name

E-Mail Address:

1 - _____

2 - _____

For Office use only:

____ Reference 1 _____ Reference 2 _____ Interview: _____

Act. 7500 Sec. 1 ____ 2 ____

DATE: _____ AMOUNT: _____ RECEIPT#: _____

METHOD OF PAYMENT: CASH CHECK # _____ MasterCard / VISA **
(additional 2.5%)

Checks payable to: **Village of Briarcliff Manor** (\$20 fee for returned checks). ** Credit Card information below is shredded after processing.

Credit Card #: _____ Exp. Date: _____ Cardholder Signature: _____

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CAMPER'S NAME: _____ HOME PHONE: _____

ADDRESS: _____

SEX: _____ DATE OF BIRTH: _____ AGE: (as of 7/5/16) _____

Please provide contact information in case the camp needs to get in touch with you during the day. Please make sure at least one parent is listed (#1). Contacts #2 & #3 can be an alternate parent or caregiver, or a neighbor/friend/relative, in case the parent(s) cannot be reached.

	Name	Relationship	Phone # 1 / Phone # 2
Contact #1	_____	PARENT	_____
Contact #2	_____	_____	_____
Contact #3	_____	_____	_____

CHILD'S DOCTOR: _____ PHONE: _____

HOSPITALIZATION INSURANCE COMPANY: _____ POLICY NO. _____

MEDICAL HISTORY: Please list any medical or behavioral concerns that will assist our staff in properly caring for your child (e.g., allergies, medical conditions, hyperactivity, medications during school year, etc.)

IMMUNIZATION RECORDS: (Required by the NYS Health Department)

To be completed by parent each year. **Write in** EXACT DATES – Month/Day/Year – for each
Do not attach physician's form

1. Diphtheria/Tetanus Toxoid (DTaP) 4+ doses: 1) _____ 2) _____ 3) _____ 4) _____
2. Polio Vaccine (OPV or IPV) 3+ doses: 1) _____ 2) _____ 3) _____ 4) _____
3. Live Measles, Rubella, Mumps Vaccine (MMR) 1+ dose: 1) _____ 2) _____
4. Hepatitis B (HepB) 3 doses: 1) _____ 2) _____ 3) _____
5. Haemophilus influenzae type B (Hib): 1) _____ 2) _____ 3) _____
6. Varivax (Varicella /Chicken Pox): 1) _____ 2) _____

PLEASE READ AND SIGN:

I hereby certify that the above information is correct and that my child is in normal physical and mental health. I give permission for my child to participate in all camp activities, including any/all out of camp trips which may include swimming and aquatic amusement park activities not inspected by the Westchester County Health Department. I understand that continued misbehavior on the part of my child can/will result in dismissal from camp. I also understand that the Village of Briarcliff Manor maintains a general liability insurance policy which does not include medical costs for persons injured in the normal course of participation in any programs. Persons participating do so at their own risk. If I cannot be reached in the event of an injury, I give permission for my child to be taken to a hospital for treatment to include evaluation of the injury, x-ray and needed medical treatment.

Signature of Parent/Guardian

Date