

NORTHWest PARK

145 Lang Road Windsor, CT 06095 | 860.285.1886
townofwindsorct.com/recreation



Dear Parents and Guardians,

Thank you for registering your child(ren) for Camp Foxfire at Northwest Park. We are excited for another fun and memorable summer with our campers exploring the natural environment. Our highest priority is to provide the best service to our community in the safest manner possible. We successfully ran our programs through the unprecedented summers of 2020 and 2021 and continue to stay informed and enact best practice health protocols. Camp Foxfire's specialized staff are trained in procedures that help maintain the safety of your child while nurturing their curiosity and wonder for nature and building respect for self, others, and the environment.

With health and safety as a main ingredient to a successful camp, please keep in mind that the following attached forms must be filled out and returned to Northwest Park by June 1st or we cannot allow your child to participate. These forms will be kept confidential. The required forms are attached and include: Health Record, Pick up Authorization Form, Camper Discipline Policy, and Liability Form. Please return these forms via email to CampFoxfireNWP@gmail.com or drop them off at Northwest Park (145 Lang Road, Windsor, CT).

Additional information including a parent handbook will be sent in the weeks leading up to the beginning of camp. A parent newsletter will be emailed to participants the Thursday before the start of each week of camp with highlights of activities. We look forward to meeting each of you. If you have any questions or concerns please feel free to contact the Park Office at 860-285-1886, or via email at the addresses below.

Sincerely,

Theresa Nodine
Environmental Education Coordinator
nodine@townofwindsorct.com
CampFoxfireNWP@gmail.com

NORTHWEST PARK CAMP FOXFIRE: HEALTH RECORD

General Camper Information:

Name: _____ Nickname: _____ Date of Birth: _____

Address: _____ Grade in Fall: _____ Age: _____ Sex: _____

Home Phone: _____ Work Phone (Parent/Guardian): _____

Parent/Guardian Name(s): _____

Cell Phone (Parent/Guardian): _____

In the case of an emergency, please notify:

1.) Name: _____ Phone Number(s): _____

2.) Name: _____ Phone Number(s): _____

3.) Name: _____ Phone Number(s): _____

Family Physician: _____ Phone Number(s): _____

Please list and briefly explain the following:

Chronic or serious illness: _____

Allergies: _____

Current Medications: _____

Prior Injuries: _____

Has your child ever had a bee sting? YES NO Reaction: _____

Helpful Information: You know your child best! Is there anything else that we should know in order to better serve your child? For example, does your child need transition warnings? Is your child afraid of spiders? Please help our educators provide the best experience possible for your child!

If Northwest Park staff determines that a medical emergency exists, our policy is to call 911 and then we will call the emergency contacts. If the first emergency contact cannot be reached, the second will be tried, and then the third. If none of the contacts are reachable, Northwest Park will contact Dr. Christopher Schuck with Windsor Pedicorp.

To the best of my knowledge, my child _____ is in good physical health and is able to fully participate in all Camp Foxfire activities. I understand and give my consent to the medical procedures as described above.

Parent/Guardian Signature: _____ **Date:** _____

**Please return forms by June 1st to CampFoxfireNWP@gmail.com or
Mail to 145 Lang Road Windsor CT 06095**

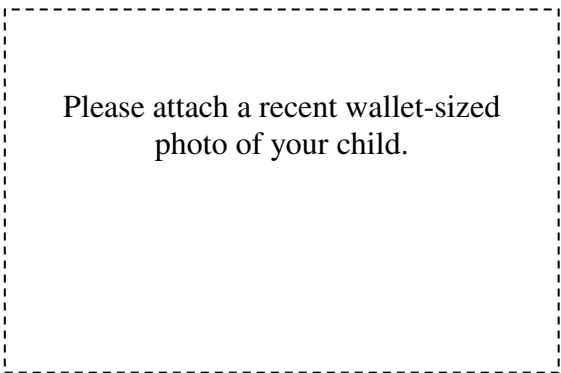
PICK UP AUTHORIZATION FORM

Please note: Persons not mentioned on this form will not be permitted to pick up your child. Camp staff may require photo identification at pick up to confirm authorization. Please see Camp Director with questions or concerns.

I _____ (Parent/Guardian) give permission to the following
people to pick up _____ (Child's Name) from Camp Foxfire.

_____	_____
Name	Relationship to child
_____	_____
Name	Relationship to child
_____	_____
Name	Relationship to child
_____	_____
Name	Relationship to child
_____	_____
Name	Relationship to child

_____ **Parent/Guardian Signature** _____ **Date**



Please return forms by June 1st to CampFoxfireNWP@gmail.com or Mail to 145 Lang Road Windsor CT 06095

Northwest Park Camp Foxfire Discipline Policy

Please read with your camper and sign below.

Our big rule at Camp Foxfire is that we have a good time, so when there is conflict, campers need to realize no one is having a good time. It is not fun to be hit, called names, pushed or treated disrespectfully. Campers don't spit, throw items, use bad words, or leave our Camp Teachers without permission. Campers treat each other just the way that they want to be treated. It is not fun to have to sit in time out, miss out on fun activities or be sent to the office.

This is how we handle discipline at Camp Foxfire:

- We will redirect the child's behavior
- We will use positive reinforcement
- We will use a brief time out

These actions listed above usually stop the undesired behavior.

However, in an unusual situation we may have to continue on to any or all of the following measures depending on the severity of the situation:

- Camper may be required to speak with a member of the Camp Administrative Team to develop a plan for positive behavior
- Communication with Parents/Guardians either by phone or in-person
- Camper may be dismissed early from Camp
- Camper may be asked to miss a day of camp and/or be excluded from particular activities

Please note that Northwest Park reserves the right for immediate suspension/expulsion from camp under severe circumstances. (Weapons, unsafe behavior to self and others, damage to Northwest Park property.) If your child is removed from camp, you will not be refunded.

We want all of our camp community to get the best experience out of Camp Foxfire. So let's gear up and get ready for a fun time together. Bring your sense of adventure with you, and leave your negativity at the door when you arrive.

Camper's signature _____ **Date** _____

Parent's signature _____ **Date** _____

TOWN OF WINDSOR
Applicant Information and Release of Liability

Disclosure:

The Town of Windsor's Camp Foxfire program at Northwest Park involves a variety of activities and challenges that may include games, initiatives, hiking, fire building, canoeing, and off site travel. All activities are challenge by choice, that is, the level of participation is determined by the individual at all times. There is risk involved in all activities associated with participants and the participant of the program assumes the risk. It is the policy that all participants have health insurance coverage. Information on this coverage must be made known to the instructors of the program prior to the onset of all activities. All information will be kept confidential.

Applicant Information:

1. Name: _____
2. Full Address: _____
3. Daytime Phone Number: _____
4. Evening Phone Number: _____
5. Emergency Phone Number: _____
6. Date of Birth: _____
7. Name of Insurance Company: _____

Release of Liability:

I understand that the Camp Foxfire program, which may include canoeing as well as other activities, may be both physically and mentally demanding. I affirm that I am in good health and that I am not under any professional care for any condition that will limit my ability to safely participate with the guidelines. I recognize the inherent risk of injury that could result during canoeing, nature exploration, and off site travel. I release the Town Council, Town Staff, Northwest Park Staff, Volunteers, and Campers liability for and injury that may occur to me during the Camp Foxfire program.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____