



July 5-8, 2016
CAMP iAM

A fun experiential week
for middle school youth
to discover and develop
sparks – the passions that
light a fire in someone
and help nurture hidden
skills, talents, and
interests.

WHEN 9am-4pm

WHERE Bay Spring Community Center

WHAT TO BRING The camp is free! You just need to bring a lunch
and a desire to search for your sparks!

SPONSORED BY: The BAY Team, ACT-ion Performance & Leadership and
Barrington Recreation

TO REGISTER Contact the BAY Team at 247-1900 ext. 316 or
download application at www.thebayteam.org

Camp iAM Registration Form

July 5-8, 2016 (Tuesday-Friday)
Service Day July 9th

PROGRAM REQUIREMENTS:

1. All participants should be completing 6th or 7th grade by 2016 and be residents of Barrington.
2. Ideal candidates will be youth who have yet to identify a particular activity they find really interesting (though they may participate in any number of activities currently) but who would be open to learning about themselves in creative ways and working with other youths on a group project.

Child's Name: _____ Gender _____

Address: _____

Birth Date: ____/____/____ Age: _____ Grade (as of fall 2016): _____

Allergies / Medical Conditions / Medications: _____

Parent Cell: _____ Home: _____ Work: _____

Email (Required): _____

Parent / Guardian (print): _____

Camp iAM is a pilot project that offers an exciting environment to middle school youth to embark on a journey of self-discovery to find a spark – something that the youth finds engaging and motivating. Through exposure to a variety of different activities including team building, problem solving, and community service youth will learn what they enjoy and ideally end the week with an appreciation of their skills and learning styles. Youth will also participate in the creation of a documentary that may be used in the future to motivate other youth to find out more about themselves and what sparks their interests and abilities.

Full Day: 9 AM to 4 PM

**Bay Spring Community Center,
Field trips may be taken to sites outside of Barrington**

Cost Per Session

There is no fee to attend. Participants should bring their own lunches.
This camp is co-sponsored by The BAY Team and the Town of Barrington Recreation Department.

PARENT/GUARDIAN SIGNATURE _____

Please return this form by June 10, 2016 to
The BAY Team, 283 County Rd, Barrington.
For more information please call (401) 247-1900 x 316 or email dalves@barrington.ri.gov.

Child Camp Waiver Form

1. I, the parents/guardian of the name child(ren), hereby give my approval for his/her participation in any/all activities during the Camp iAM 2016 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren).

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the BAY Team/Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Medical Conditions and/or Food Allergies: _____

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the BAY Team/Town of Barrington Recreation Department involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the BAY Team/Barrington Recreation Department and the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

Parent / Guardian _____
Signature

Parent / Guardian: _____ Date: _____
Please print

Child(ren) Name(s) _____

EMERGENCY CONTACT INFORMATION:

Name of Contact: _____

Telephone: _____

CAMP iAm

ARRIVAL PROCEDURES

Please plan for your child to arrive **between 8:45 and 9am each morning**. There is parking on the street in front of and behind the Bay Spring Community Center, located at 170 Narragansett Avenue. Additional parking is available at the Atria Bay Spring Village assisted living facility.

DISMISSAL PROCEDURES

Pick up is at 4pm each day. Please arrive promptly. Please let us know below if your child has permission to depart on his/her own. If you wish to restrict pick-up to only certain people, please indicate this below. **This is at the option of each parent and is not required.** If you do not want to designate particular people for pick up then please leave that section blank.

Name(s) of Child(ren): _____
Print

A. The following people have my permission to pick up my child(ren):
(NOTE – Parent(s) or legal guardian(s) must be included in the list)

<u>Name</u>	<u>Relation</u>	<u>Phone Number</u>

My child will not be picked-up:

B. My child will _____ home: (please check)

Walk _____

Bike _____

Other (specify) _____

Parent/Guardian _____
Signature Date

CAMP iAM

Food Waiver

Throughout the 2016 Camp iAm session, there may be planned occasions that include themed food items. Nuts or products containing nuts will never be served. In order for your child(ren) to participate, you must return this signed permission form.

I, the parent / legal guardian of

_____ grant my permission for my child(ren) to
consume foods provided by Camp iAm.

Parent / Guardian Signature

Date

Summer Camp Behavior Policy

In the event of ongoing disruptive or unacceptable behavior at camp, the Camp Director will request a meeting with the camper's parent or guardian in order to discuss how to resolve the problem.

Below is a list of some, but not all, forbidden behaviors:

- Bullying
- Pushing/shoving
- Screaming/yelling
- Biting
- Spitting

We are expecting a great session and are looking forward to lots of fun! This behavior policy is in place to ensure that all campers have the best time possible.

Sincerely,

Dena Davis, Denise Alves

Camp iAM

PHOTOGRAPH / VIDEO RELEASE WAIVER

I, the parent/legal guardian of _____,

_____ grant my permission for my child(ren) to be photographed at camp for camp projects **AND** photographed and videotaped for videos and photo slideshows that may be used for future educational purposes.

- *Campers' names will NOT be included in the videos and photo slideshows.*

Parent/Guardian _____
Print

Parent/Guardian _____
Signature Date

Camp iAM

Transportation Waiver

Throughout the week, there may be planned occasions that include the need to travel by car. Transportation will be provided by the camp staff in their own private vehicles. In order for your child(ren) to participate, you must return this signed permission form.

I, the parent / legal guardian of

_____ grant my permission for my child(ren) to ride to activities in private cars driven by camp staff.

Parent / Guardian Signature

Date