

The CanTeen
Camp Hollis Leadership Camp 2019
"Not just camping, it's a connection!!"

FYI **YOU KEEP THIS!!**

- Who:** Anyone who is in 8th – 12th grades
- What:** This year we are so excited to welcome Eddie Slowikowski, an international motivational speaker!! In addition, this is a time away for 30+ teenagers to participate in youth led activities, & get to know others who they may not have known before the trip.
- When:** Saturday October 12th – Sunday October 13th (Columbus Day Weekend)
Arrive @ The CanTeen: Saturday @ 8:30 a.m.
Pick up @ The CanTeen: Sunday @ 5:00 p.m.
- Forms:** Field Trip Permission Slip, Expectations "Contract", & Medical Release & Van Permission Slip.
- Fee:** The cost for this trip is \$5.00
Checks must be made out to Friends of the CanTeen
The fee includes transportation & meals during our stay
- Parents/Guardians and Participants:** The camping trip is planned out from the time you arrive on Saturday & leave on Sunday afternoon by a group of your peers. There will be free time as well.
Adult staff members will chaperone the trip. Males and females will be placed in separate supervised cabins. Teens will not be permitted to "hang out" at the cabins without supervision. Participants who do not follow the CanTeen expectations will be dealt with immediately & may be banned from further trips.

- P.S.** Please bring an important or sentimental item with you to share
Permission slips **will NOT be accepted the day of the field trip
**NO REFUNDS WILL BE GIVEN UNLESS CANCELED DUE TO LACK OF PARTICIPATION

In case of an emergency, please contact
Toni Brauchle (315)491-3314 or
Amy Venditte (315)382-0775

Thank You,
The CanTeen Staff
315-699-1391

Town of Cicero Youth Bureau, Parks and Recreation Department

CanTeen Field Trip Permission Slip

"Not just a program, it's a relationship."

Camp Hollis – Oswego, NY

October 12th – 13th, 2019

Youth's Name: _____

Parent/Legal Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____ Guardian's Cell Phone Number: _____

Youth's Cell Phone Number: _____

Emergency Contact Name (other than Parent): _____

Relationship to Participant: _____

Home Phone Number: _____ Cell Phone Number: _____

List of youth's medications, allergies and medical problems:

I _____ being the parent/legal guardian of the above-named youth give permission for my child attend the field trip with the CanTeen staff. I also accept full responsibility for any and all injuries that may arise out of the participation in programs offered by the Town of Cicero and hereby release the Town of Cicero, its agents and/or employees from claims of any nature whatsoever arising out of my youth's participation in the program(s) listed above. Pictures and other materials, which include my youth, may be used for the Town of Cicero's promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Youth Signature: _____ Date: _____

Parent/Guardian Name Printed: _____ Youth's Name Printed: _____

****See FYI for more information**

****NO REFUNDS WILL BE ISSUED UNLESS THE TRIP IS CANCELED DUE TO LACK OF PARTICIPATION**

Town of Cicero Youth Bureau Parks & Recreation Department

The CanTeen

"It's not a program, it's a relationship."

8837 Brewerton Road (Route 11)

Brewerton, NY 13029

www.canteencny.com 699-1391

Van Permission Slip

Parent/Legal Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Daytime Phone/Contact Name: _____

Emergency Contact: _____ Phone: _____ Relationship to Participant: _____
(Other than Parent)

Parent/Legal Guardian Email Address: _____

List participant's name and any allergies, medications or medical problems:

_____ has my permission to ride in the CanTeen Van to the CanTeen on Route 31, as
(Youth Name)
well as to other destinations including field trips, CanTeen events, and community activities. He/She is able to
ride to The CanTeen or other events on the following dates.

✓ From 9/1/19 to 9/1/20
(Date) (Date)

You will be informed of the location of every event your youth goes to and a separate permission slip will be required.

I _____ being the parent or legal guardian of the above-named teenager(s) accept full responsibility for any and all injuries which may arise out of his/her participation in programs offered by the Town of Cicero and The CanTeen and hereby release the Town of Cicero and The CanTeen, it's agents and/or employees from claims of any nature whatsoever arising out of my teenager's participation. Consent is hereby granted to allow my teenager(s) to participate in the program(s) listed above.

I _____ being the parent or legal guardian of the above-named teenager(s) understand that once my teenager(s) exits the bus, my teenager(s) assumes the responsibility of attending The CanTeen. I also understand that if my teenager is not at The CanTeen when the bus leaves The CanTeen at night, I am responsible for my teen's transportation. I also understand that all youth that attend The CanTeen are allowed to leave as they want. Pictures and other materials that include my teenager(s) may be used for the Town of Cicero purpose.

Parent/Legal Guardian Signature: _____ Date: _____

I understand that this transportation is a privilege and that I need to be respectful or the privilege can be taken away.

Teenager's Signature: _____ Date: _____

CanTeen Medical Authorization

If your child needs medical, dental, health or hospital services, you as a parent must give permission. It is the law. What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician demonstrates a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent/legal guardian for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for the unexpected care your children might need when you are away from home. To do this, make sure babysitters know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated in unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors - anyone who is over 18 years of age - to be responsible for your children when you are away from home. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children. After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person - physician, dentist or hospital representative.

Authorization for Medical Treatment of Minors

Names of Minors

Birthdate

Identify allergies, medical conditions, etc

I/We being the parent(s)/legal guardian(s) of the above named minor(s) do hereby appoint:

NAME: Town of Cicero ADDRESS: 8236 Brewerton Rd Cicero, NY 13039 PHONE: 699-5233

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence.

MONTH Sept. DAY 1 YEAR 2019 THROUGH MONTH Sept. DAY 1 YEAR 2020

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

PARENT/GUARDIAN

SIGNATURE: _____ SIGNATURE: _____

ADDRESS: _____ DATE: _____ ADDRESS: _____ DATE: _____

HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED MINOR(S):

INSURANCE COMPANY OR GOVERNMENT PROGRAM: _____ ID #: _____

FAMILY PHYSICIANS:

NAME & PHONE NUMBER: _____

NAME & PHONE NUMBER: _____

Expectations for Camp Hollis Leadership Camp:

- Purple, Dark Red or Dark Blue is not permitted. PDA off limits!
- Please listen to the committee & pay attention so that each person can be heard. Side conversation are not welcomed.
- Be respectful to yourself & others.
- Please, clean up after yourself.
- Cell phones & other electronic devices can only be used during meal times, free time & when you are in your cabins.
- Please do not wander to the cabins randomly or go to the beach without an adult staff person.
- Please keep your cabins clean.
- Play the games...Woo Hoo!!!! They're fun!!! We promise that all the games will be fun filled awesomeness! We expect 100% participation.
- The staff just want to have fun with you...please refrain from whining to them.
- If you have any problems or issues with others, please talk to the staff....not complain to your friends because that creates more drama.
- Leave the drama for your Mama.... (unless, of course, it is your mama, ha!)
- If you have an issue with a staff member, please talk with to them about your issue in a respectful, calm manner.
- Have the best time at Camp Hollis that you possibly can! Be upbeat & positive....smile!
- When you hand your paperwork in to the staff, please fist bump the person that you are giving it to.
- We promise that the staff will follow the same expectations as participants.
- Money is useless, there is no place to spend it. Please leave anything valuable at home.
- Use of deodorant & a toothbrush will keep us close & happy!

***Whatever is shared at Camp Hollis STAYS at Camp Hollis!!!

*****PLEASE DO NOT GOSSIP**

I have read the above expectations. I understand them & I agree to follow them.

Student name (Please Print)

Signature_____Date_____

Parent's Signature_____Date_____

****Teen needs to sign on this line on Saturday morning BEFORE the activities begin

Signature_____Date_____

**CanTeen
Camp Hollis**
"It's not just camping, it's a connection!"
Packing List

- Please DO NOT bring any FOOD! Plenty will be provided. No money needed and no place to spend it, so leave it at home
- Warm Clothing... it is going to be cold during the day & freezing at night, so please dress in layers to stay warm. You can always take layers off if you become too warm.
- Footwear to run around outside
- Outfit for 1 day
- Hoodies/ Jacket
- Pajama's
- Underwear/Socks (bring extra)
- Mittens or gloves/ hats (if the weather forecast calls for cold weather)
- Pillow, Sleeping bag or sheets and blankets for twin bed (it will be very **COLD**)
- Washcloths/Towels
- Shampoo/Conditioner/Soap
- Deodorant
- Flip Flops (for the showers)
- Hairbrush
- Toothbrush/ Toothpaste
- Flashlight/extra batteries
- Something special to you that will be shared with the group
(such as a picture, stuffed animal, something with sentimental value)