# 2022 SB2W Camper Application

\***Because of the 4th of July we will start on Tuesday July 5th.**

**PRIMARY LOCATION:** New Covenant Fellowship, 1350 Five Mile Line Road, Penfield, NY 14526

**ADDITIONAL LOCATIONS:** Swim, Track & Track Meet: Penfield High School, 25 High School Drive, Penfield, NY, Canoeing will be off of Empire at the Irondequoit Bay

## DATES

**Tuesday, July 5th – Friday, 15th, 2020**

\*Tues, July 5th – Fri, July 15th 9:00 a.m. – 4:30 p.m. (Half Day 9:00 a.m. – 12:30 p.m.)

\*Wed, July 6th  BOYS Overnight at the Church

\*Th, July 7th GIRLS Overnight at the Church

\*Sun, July 10th Camp Sunday at New Covenant Fellowship, services at 10:00 a.m.

\*Tues, July 12th Track Meet (time TBD)

\*Wed, July 13th Swim Meet @ Penfield HS (time TBD)

\*Wed, July 13th Youth Group @ New Covenant (after camp to 8pm, food provided, and for any camper going into 7th grade and older)

\*Fri, July 15th Camp Awards begin at 3:00 p.m., at New Covenant. Families welcome.

## AGES

**Full Day Campers: Ages 7-14**

**Half Day Campers: Ages 4-6**

\*Students ages 15+ are encouraged to apply to serve on Work Crew or as Jr. Counselors

## COST FOR CAMPERS

\*Full Day (7-14) Early Registration (before February 1st) = $185.00

\* Full Day (7-14) Registration (before June 1st) = $210.00

\* Full Day (7-14) Late Registration (June 1st or later) = $230.00

\*Half Day (ages 4-6) Early Registration (before February 1st) = $85.00

\*Half Day (ages 4-6) Registration (before June 1st) = $100.00

\*Half Day (ages 4-6) Late Registration (June 1st or later) = $110.00

 \***Full Day** Multiple sibling discount = 2nd sibling gets $25 off, 3rd sibling gets $50 off

**\*Half Day** Multiple sibling discount = 2nd sibling gets $12 off, 3rd sibling gets $25 off

\*A minimum **$50 per child** non-refundable deposit is due with registration.

 **Financial Aid: Applications available upon request**

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***Please complete the following application and return to Bill Lydon or New Covenant of Rochester, 1350 Five Mile Line Road, Penfield, NY 14526.***

(Make checks out to **New Covenant of Rochester** with “**SB2W 2022**” in the memo line)

**VALUES**

### **The “I’m Third” motto: “God first, Others second, and I’m Third”**

At SB2W we strive to emulate the “I’m Third” motto in every aspect of camp. Competition is one of the

hardest areas of life to have an “I’m Third” attitude. We compete in everything we do at camp so we can practice that attitude in hopes that it would stick with us in all aspects of our life; in the way we act when we win or lose, in the way we serve one another, and in the way that we work hard at all things and not just those we excel at naturally. Ultimately, being “I’m Third” is a way to honor God with the way we live our lives.

## CAMP STAFF

Supervision & care will be provided directly by our Senior Counselors who will lead a “squad” of around 10 campers (of the same gender and age range) for the duration of the two weeks in bible study, competition, swimming and other activities. These Sr. Counselors have been selected for their love for kids, active walk with Christ, enthusiasm, and desire to give your child the best two weeks of their summer!

Supporting the Sr. Counselors are 1-2 Jr. Counselors (older HS students) per squad who assist with all squad activities. The Work Crew Bosses (adults) and Work Crew (younger HS students) cover all the behind the scenes set up at camp and add to the fun & excitement for the kids. Overseeing all of the camp activities are the Camp Directors.

## THINGS TO BRING

Bible

Bag lunch

Water bottle

Athletic clothes & footwear

Swimsuit (one-piece suits for girls) and towel

Sun Block

Sun Glasses if necessary

Hat

**Please Leave Home**

Jewelry

Shoes/flip flops/sandals/slides

Cell phone

Headphones/ear buds

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2022 SB2W Camper Registration Form

***Please complete the following registration form and return to 1350 Five Mile Line Road, Penfield, NY 14526, ATTN: “SB2W” along with a $50 per camper deposit to reserve your child’s spot for SB2W this summer. Checks payable to New Covenant Fellowship.***

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname (if used): \_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_ Grade (**Fall ‘22**): \_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_ **Male** or **Female** (circle one)

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is camper living with both parents? **Yes** or **No** (circle one) If not, with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Parent/Guardian/Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_ h/w/c (circle one)

### Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Parent/Guardian/Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ h/w/c (circle one)

### Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3rd Parent/Guardian/Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ h/w/c (circle one)

 Name of church you currently attend (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you hope your child will get out of camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SB2W’s Romans & Galatians

One exciting element of camp is the friendly competition between the ‘Red Hot’ **Romans** and ‘Cool Blue’ **Galatians** teams. In keeping the SB2W traditions going back to 1966, once one person in a family becomes part of the Roman or Galatian teams, all their siblings, parents, distant cousins, etc. are also part of that same team affiliation. Team affiliations do not change from year to year (though the eldest team loyalty does override in the case of a cross-team marriage).

For new campers to SB2W, your team affiliation will be announced on the first day of camp with great excitement! As part of registering for SB2W camp, your child will receive a team (Roman or Galatian) T-shirt; they will receive their shirt at the team-revealing ceremony. Often times, parents would like to purchase additional team shirts (for just $10) so your child can represent their team throughout the two weeks and still be hygienic.

Team & Shirts

\*Has the above camper attended a SB2W camp before? **Yes** or **No** (circle one)

 If yes, what team was the camper on? **Roman** or **Galatian** (circle one)

\*Has the above camper ever had a family member attend a SB2W camp? **Yes** or **No** (circle one)

 If yes, what team were they on? **Roman** or **Galatian** (circle one)

Family member name & camp attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Does the above camper have any relatives (siblings, cousins, etc.) attending SB2W with them this term?

 **Yes** or **No** (circle one) If yes, please list the campers’ names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*T-Shirt Size (circle one):**

Youth XS Youth S Youth M Youth L

Adult S Adult M Adult L Adult XL Adult XXL

**\*Would you like to purchase additional team shirts for your child for $10.00?**

 **Yes** or **No** (circle one) If yes, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***(We’ll order have them for you to pick up on the first day of camp at registration.)***

## \*We will be selling Team shirts, sweatshirts, and hats at out T-Shirt table each day as well.

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## Volunteer Opportunities (check box if interested)

□ I am interested in helping at camp as (circle one of the following or write in):

 Camp Nurse, Check-in/out, other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **I hereby give my child permission to use sunscreen (Check all that applies):**

□ Apply sunscreen by themselves

□ Counselor and/or Nurse (circle one or both) may assist camper in applying it to their arms, face, and neck

**How did you hear about SB2W?**

□ I’ve been a camper in the past.

□ I saw SB2W advertised in the community.

□ I heard an announcement at New Covenant Fellowship.

□ I was referred by a friend or family member. If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by parent/guardian:**

I hereby grant permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (camper’s name) to participate in SB2W day camp. I hereby grant permission for the camper named above to appear in photos taken by camp officials that may or may not be posted to the camp website (no names will be used). The camper named above may participate actively in the total program, except as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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# 2022 SB2W Medical Release

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Primary Parent/Guardian/Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ h/w/c

## (circle one)

**2nd Parent/Guardian/Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ h/w/c (circle one)

**3rd Parent/Guardian/Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ h/w/c (circle one)

## Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Phone: ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunizations** (Please attach a copy of your child’s shot record OR give date of most recent vaccine)

|  |  |  |
| --- | --- | --- |
| Tetanus  | Measles  | Polio  |
| Diphtheria  | Mumps  | Varicella (Chicken Pox)  |
| Pertussis  | Rubella  | Homophiles (Hib)  |
| Hepatitis B  | Other  |   |

Operations, serious injuries or illnesses and dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Penicillin or other drug reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*List existing medical conditions (such as asthma, ADD, nosebleeds, car-sickness, headaches, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any additional physical or emotional needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Per New York State Law, a physician’s signed permission must be on file for all medications to be given at camp (*including over-the-counter medications*).**

Medication to be administered at camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s) to be administered at camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Physician's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by parent/guardian:**

In the event I cannot be reached in a medical emergency, I hereby give permission to the physician at the scene of the accident/emergency room to hospitalize, secure treatment and order injections, anesthesia or surgery for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name).

In the event of an accident resulting in injury or death, I do not hold New Covenant of Rochester, it’s volunteers, or employees liable.

I have read the above information and agree.

## Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_