



**Rolling River  
Day Camp**

477 Ocean Avenue  
Oceanside / East Rockaway, NY 11518  
516-593-CAMP (2267)  
fax: 516-593-5796  
camp@rollingriver.com  
www.rollingriver.com

## **Holiday Camp Winter Break 2021: Registration Form**

**Tuesday, February 16 to Friday, February 19, 2021**

***Open to children in Nursery through 5<sup>th</sup> grade only***

**CHILD'S NAME** \_\_\_\_\_

**Gender:** Circle M / F    **Date of Birth** \_\_\_\_\_    **Current Grade** \_\_\_\_\_

### **EMERGENCY CONTACTS & INFORMATION** *(other than parents)*

NAME	RELATIONSHIP	PHONE NUMBER

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

List Any Allergies (specify) \_\_\_\_\_

Dietary Restrictions (if any) \_\_\_\_\_

Please list any special needs: \_\_\_\_\_

### **Is Your Child Enrolled for Camp 2021? Circle Y / N**

**\*If NO, PLEASE COMPLETE THIS SECTION:**

Parent 1 Name: \_\_\_\_\_ Cell \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Cell \_\_\_\_\_

Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about Holiday Camp? \_\_\_\_\_

### **OTHER IMPORTANT INFORMATION—PLEASE READ CAREFULLY**

1. The signator authorizes Rolling River Day School & Camp Inc. (heretofore known as "RRDC") to administer prescribed medications, to obtain through a physician, licensed nurse or other emergency personnel of its choice, such medical care and/or first aid as is necessary for welfare of the child if any injury or illness occurs at Rolling River.
2. RRDC reserves the right to dismiss any child whose conduct or behavior, in the opinion of RRDC, is harmful to the best interests of RRDC with no refund of tuition upon dismissal from the program.
3. The signator permits RRDC to publish individual or group pictures and written or verbal testimonials for publicity, display, program brochure, website, internet, advertising or camp video/DVD promotions.
4. The signator and child agree to adhere to all of the policies, rules and regulations as reviewed by Holiday Camp staff upon arrival. No digital cameras or cell phones may be used on camp grounds by the children. A child that brings a cell phone will have the phone stored in the office for the day.
5. All medications must go to RRDC administrator. Possession of or the unlawful use of non-medically prescribed drugs or alcoholic beverages or the possession of weapons shall be reason for immediate dismissal of child with no refund of tuition. Directors will also contact the appropriate law enforcement agencies.
6. No refunds for any reason (i.e. absences, withdrawals, changes, terminations) will be made. Entire tuition must be paid at time of enrollment.
7. Rolling River Day Camp is licensed by the NYS Department of Health and is inspected twice yearly. Copies of the inspections are kept on file at the Nassau County Department of Health, 106 Charles Lindbergh Blvd. Uniondale, NY 11553. ROLLING RIVER IS A MEMBER OF AND ACCREDITED BY THE AMERICAN CAMP ASSOCIATION.

**\*\*\*PLEASE TURN OVER TO SCHEDULE DAYS AND CALCULATE PAYMENT AMOUNT\*\*\***

**Remember to SIGN the bottom of Page 2!**



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### **Holiday Camp 2021 Costs**

<b>Camper Status</b>	<b>Half Day 9:00am-1:00pm</b>	<b>Full Day 9:00am-4:00pm</b>
2021 Campers	\$60	\$90
General Public	\$75	\$105

\*Transportation and Lunch are not included. Snacks and refreshments are included.

To comply with COVID19 regulations, campers must remain in consistent groups. Therefore, all Holiday Camp days must be consecutive. Please select either the full week, first 2 days or second 2 days. Rolling River cannot host after camp this year since groups may not be mixed. We will offer a babysitter list if you need extended care past 4:00pm.

Campers and staff must wear masks (Nursery and PreK campers masks are optional). Rolling River will follow similar safety protocols to the summer day camp program including additional cleaning, outdoor activities whenever possible, etc.

### **Holiday Camp Schedule and Tuition Amount**

Check off Half Day or Full Day for your desired Holiday Camp Program and write the total cost.

<b>Date</b>	<b>Half Day</b>	<b>Full Day</b>	<b>Total Cost</b>
Full Week- 4 Days (Feb 16-19)			\$
First Half- 2 Days (Feb 16, 17)			\$
Second Half- 2 Days (Feb 18, 19)			\$

Special Notes for Staff: \_\_\_\_\_

**Payment Method (check one):** Cash \_\_\_\_\_ Check \_\_\_\_\_  
Camp In Touch Online Payment (2021 campers only) \_\_\_\_\_ Debit Card (by phone) \_\_\_\_\_

For Office Only- Paid Date: \_\_\_\_\_ Collected By: \_\_\_\_\_

**PAYMENT IN FULL IS DUE AT TIME OF ENROLLMENT. IF ROLLING RIVER DECIDES NOT TO HOLD HOLIDAY CAMP DUE TO INCREASED COVID19 NUMBERS, FAMILIES WILL RECEIVE A FULL REFUND. IF ROLLING RIVER HOSTS HOLIDAY CAMP AND A CAMPER WITHDRAWS, THERE WILL BE NO REFUNDS IF THE SPOT CANNOT BE FILLED. IF THE SPOT IS FILLED, WITHDRAWN FAMILY WILL RECEIVE A REFUND OF HALF OF THEIR PAYMENT. THERE ARE NO REFUNDS FOR SICK DAYS. AFTER FEBRUARY 6, 2021, PAYMENT IS CASH ONLY. THIS CONTRACT CANNOT BE ALTERED OR CHANGED IN ANY WAY BY THE SIGNING FAMILY. I UNDERSTAND AND WILL ABIDE BY ALL OF THE RULES OF THIS CONTRACT.**

**Print Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Parent/guardian signing contract has full authority to do so and will be responsible for payment of all fees).



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## **Holiday Camp Participation Waiver**

Before attending Holiday Camp at Rolling River, we want to make sure you understand that in light of the current medical, legal and economic conditions resulting from the COVID 19 pandemic, you are attending this activity under the following conditions. While we wish that we could control every possible risk, and while we will use our best efforts to keep your child safe from the COVID-19 virus, we want to make clear that we cannot promise or guarantee that this or any other pathogen will not enter the campgrounds, and that by the very nature of the personal interaction that takes place in this environment, there is always a risk of your child becoming ill with this or any other communicable disease. We want you to be fully aware of this risk and that you are willing to assume and accept it on your child's behalf.

During the week of Holiday Camp, I also attest that no one in my immediate household:

- Is experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- Has traveled internationally within the last 14 days.
- Has traveled to a highly impacted area within the United States of America in the last 14 days.
- Is believed to have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- Has been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

My party is following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

In consideration of participating in the physical activities at Rolling River, I understand the nature of these activities and that I and/or my child/children are qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue and/or will immediately discontinue my child/children's participation in such activities. I fully understand that these activities involve risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own and/or my child's actions, or inactions, those of others participating in the class/event, the conditions in which the class/event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or my child/children which are not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I or my child/children may incur as a result of our participation in the activities.

I hereby release, discharge, and covenant not to sue Rolling River Day Camp, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the "Releasees", I will indemnify, save, and hold harmless each of the "Releasees" from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

✓ I have read the above and agree

**Parent Signature** \_\_\_\_\_ **Parent Name** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Date** \_\_\_\_\_