



SUMMER CAMP

Parent Handbook

2022

The Rock Sports Park
24 Old Black Meadow Rd
Chester, NY 10918
845-469-9507
chester@frozenropes.com
www.frozenropes.com

This children's camp must have a permit to operate from the Orange County Department of Health.
The camp is required to be inspected at least twice annually.
Copies of inspection reports are on file and available for review at the Orange County Department of Health,
Division of Environmental Health, 124 Main Street, Goshen, NY

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Dear Parents,

We are excited to have you join us for **Summer Camp 2022!** Entering our 28th year in offering camps in Orange County, we are proud to offer a first class experience by fostering a love of sports, friendship, and fun at **The Rock Sports Park**, home of **The Frozen Ropes Training Center**. Our 10-acre park has received great reviews since we moved here in the summer of 2010.

Frozen Ropes is the leader in youth sports throughout the Hudson Valley. Our coaches and counselors have been trained through our world-class teaching model to ensure a safe learning environment. We have camps for a variety of ages and skill level.

Our camp options this summer are:

- **ALL-SPORT camp**
- **BASEBALL camp**
- **SOFTBALL camp**
- **BASEBALL/SOFTBALL TOURNAMENT camp**

Our summer camps give the perfect blend of teaching specific sports while enjoying your summer vacation!

See you at The Rock!

Sincerely,

Tony Abbatine

National Director, Frozen Ropes Training Center

**Please return pages 11-13
with a copy of your child's immunization records
at least one week prior to the start of camp.**



Camp Philosophy

- **Fitness:** The health and fitness (physical, psychological and social) elements of sports
 - **Friendship:** Relationships that last a lifetime
 - **Fun:** Whether recreational or competitive, our camps offer an enjoyable and rewarding experience
 - **Fundamentals:** Presenting and teaching primary movements of specific sports
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Goals and Objectives

1. To help instill healthy living habits and a love of sports and fitness
 2. To provide opportunities that stimulate the development of each camper's self-esteem
 3. To allow campers opportunities to work collaboratively and cooperatively
 4. To help each camper develop skills in the various programs they participate in each week
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Our Home

The Rock Sports Park, home of Frozen Ropes, is located in Chester, NY (Exit 126 off of Route 17). We are a year-round sports complex that provides the perfect venue for summer camps and programming. Our ten acre complex features natural grass and turf fields, an outdoor fitness trail, a giant water slide and an indoor climate controlled 15,000 sq ft field-house offering food service, children's sports parties and the best sports instruction in the Hudson Valley!

Summer Camp features:

- World-class facilities on our ten acre secured complex
- A ½ mile Outdoor Fitness Trail for activities including walks and jogs
- The Ultimate Water Cool down for water activities
- Full food service
- Spacious field house for rain days



Summer Camp Options

We offer a number of camps throughout the summer to meet your child's needs!

- **All-Sport Camp** Ages 5-14 (camp groups divided based on age)
Full day or ½ day options
- **Next Level Sport Camps** Ages 5-14 (camp groups divided based on age)
 - Baseball, Softball *Full day or ½ day options*
- **Baseball/Softball Tournament Camp** Ages 7-14 Full day only (last 2 weeks of summer)
- **Specialty camps (TBD)** Ages 7-12
Full day or ½ day options

Camp Office Hours

- Hours: 7:30 a.m. to 5:00 p.m., Monday - Friday
- Telephone: (845) 469 – 9507
- Email: chester@frozenropes.com

Camp Calendar

- Full Day Camp begins on **Monday, June 28, 2021**
 - Full Day Camp hours are 9:00am - 3:00pm, Monday through Friday.
- Half Day Camp begins on **Monday, June 28, 2021**
 - Half Day Camp hours are 9:00am - 12:00pm
- Early drop off starts at 7:30am
- Late pick up is from 3:00 - 5:00pm (for full day campers)

Registration

Payment in full is required at the time of registration. Member rates apply to those that are members at the time of registration and remain members through their camp sessions.

Online – visit <https://www.frozenropes.com/chester/camps/> and click “Register”

Phone – Contact our staff at 845-469-9507

In Person – Visit us at 24 Old Black Meadow Road to register in person

Refunds/Cancellations

Refunds will only be made for medical reasons with a doctor's note. No exceptions.

There is a \$20 surcharge per camp for changes made after initial registration.



Absence Procedures

If your camper is going to be absent on any given day that was originally registered for, we request that you alert the Camp Office as early as possible. A message can be left on the Camp phone: 845-469-9507. Messages will be checked when the office opens at 8:00am. **Please be advised that no refunds will be given to campers that are absent from Camp unless a medical note is provided.**

Arrival

Campers are to arrive at the designated check in area between 8:45am -9:00am unless arriving for early drop off. Campers arriving after start of camp are considered late and must be checked in at the front desk by a parent or guardian.

*** No camper will be allowed to join their group late, without first checking in at the front desk.**

Dismissal

Dismissal for camp is at **3:00pm (Full Day) and 12:00pm (Half Day) from their designated drop off area.** The person picking the child up must be on the approved dismissal sheet, and will be asked for the password for pick up. **What if someone does not remember the password and is not on the pre-authorized pick up sheet?** No camp participant will be released to someone unless they have been pre-authorized by the camper's parent(s) or guardian(s). Telephone authorizations will be accepted to designate a person who is given permission to pick up however, that person must present a valid form of ID.

Early Pick-Up

Please let us know in advance if your child needs to depart from Camp early on any day. All requests must be directed to the Camp Office. Early dismissals must be made **prior to 2:30pm (Full day) and prior to 11:00am (Half Day),** and must adhere to the following procedure:

- The camp office must be contacted of any early pickup
- The Camp participant must be picked up by those pre-authorized on the dismissal sheet with password
- A staff member will bring the child to the front desk at the time you designate that they will be picked up. Early pick-up means that your child will miss some of that day's activities.

Early Drop off/Late Pick up Camp Service

We offer both early drop off service and late pick up service (full day camp only) for all camps. Early drop off begins at 7:30am and late pick up runs until 5:00pm. A \$10 fee for each service will apply.

Schedule of Activities

A full list of program activities will be scheduled each day to ensure your child has an enjoyable and rewarding experience.



Rainy Days

A full program of activities will be scheduled indoors for every group on rainy days.

Counselors and Staff

Safety is our number-one priority at camp. Our counselor-to-camper ratio follows the standards of the NYS Board of Health. All counselors are carefully screened and our staff of educators and college students are trained both prior to, and throughout camp.

Camp Groups and Friend Requests

Campers are grouped according to their age and may change from week to week based on enrollment numbers.

Water Slide

Campers have the opportunity to cool off on our giant water slide each day. Please make sure to pack a bathing suit each day along with a towel and extra change of clothes, just in case.

Sports

Our All Sport Camps include baseball/softball, soccer, basketball and cooperative games for Ages 5 - 14. Younger campers learn the basic skills of individual sports, while older campers learn new skills, refine the skills they already have, and play in fun games. We also provide the opportunity for your child to participate in our Next Level Sports Camps which are instructional Baseball and Softball for ages 5-14.

Lunch

Full day campers have the option of purchasing lunch at our café, or they may bring their own lunch in an insulated bag marked with the child's name. Food choices are offered a-la-carte including pizza, chicken nuggets, hot dog, nachos, peanut butter & jelly. Drinks are also available for purchase at our café. For your convenience we offer **CAFÉ GIFT CARDS** that can purchased in any denomination so your camper does not have to carry cash.

Snacks

As with lunch, you have the option to bring your own snack or purchase snacks at the cafe. Snacks include chips, pretzels, granola bars, and ice cream.

Backpacks

Backpacks and other bags may be brought by the child to hold their belongings. Please send small bags. Please make sure that the bag only contains the items that your child absolutely needs for Camp (water bottle, snack, swim clothes, towel, sunscreen, etc). **Please remove all toys, games, and items that will not be used in the Camp. Again, we will not be responsible for the loss of personal property.**



Lost and Found

Please make every effort to label your child's belongings. Counselors will make every effort to collect all belongings before leaving an activity. Please remind your campers it is his/her responsibility to keep track of their own belongings. If you have a missing item, please check our Lost and Found. Frozen Ropes is not responsible for lost items.

Birthdays

Parents are welcome to celebrate their child's birthday with their group. Please inform the Camp office at least 2 days in advance if you plan on celebrating their birthday. Please send in nut-free products.

Get Social With Us:

We are social! Become a fan of ours at <https://www.facebook.com/FrozenRopesUSA/>, follow us on Instagram: @FrozenropesUSA or on Twitter: @FRchesterny to receive camp updates, pictures of campers old and new, along with upcoming events.

Health Director

Our Camp follows NYS and Orange County Board of Health Requirements for staff and camper paperwork. If your camper has a particular medical issue please make sure to note it on the Health Interview Form (page 11 of this packet). Our health director will help administer all medications and has a locked closet and refrigerator where medications are stored. We have set procedures to follow should a camper become ill or have an accident.

Medical Forms

The health director is First Aid/CPR certified for your child's medical needs throughout the summer. The Orange County Board of Health Department requires that all camp participants have completed medical forms, with immunizations indicated, on file with the Camp Office. Please make sure all medications are clearly labeled. **Any child whose medical form is not fully completed or returned by the start of camp will not be allowed to participate in Camp until all forms are provided.** Parents should speak with the Camp Director if there are any concerns regarding the camp participant's health. We **will not** administer any type of prescription or over the counter medication without a **doctor's written order**. Please make sure all medications are clearly labeled.

Passwords

For safety sake, parents are asked to provide a password at time of registration, which will be used to authorize pick up each day. **What if someone is not on the designated list, but comes to pick up a child?** No camper will be released to someone unless they have been pre-authorized by the camper's parent(s) or guardian(s). Telephone authorizations will be accepted to designate a person who is given permission to pick up, however, that person still must present a valid form of identification. **Won't this slow down pick up at the end of the day?** YES, initially. We recognize that at the start of the summer this may slow things down, especially during the first day. But, we believe that the peace of mind that this process will create far outweighs any possible delays. Once counselors recognize a face and have seen ID, the pick-up will move more quickly. Please inform caregivers, nannies and au pairs and/or others of our requirements. Please make sure they know your pickup password.



Emergencies

We devote much time and attention to emergency procedures during our staff training in June. We have specific procedures for lost campers, fire, severe weather and medical emergencies, in addition to camp protocols that counselors receive training in as well.

Camper Requirements

Campers need to bring a few items each day to Camp.

- Water bottle
- Sunscreen
- Extra change of clothes
- Snacks and lunch (if not purchasing at our café)
- Bathing suit & towel

* Please make sure that all items sent to camp are clearly labeled with your child's name.

Camper Conduct

We work to maintain an atmosphere of mutual caring, respect, and understanding at the Summer Day Camp. Proper participation and conduct by your child is expected and includes the following rules:

- Respect others feelings and property
- Cooperate with each other
- Listen to your instructors
- Stay with your group
- No fighting, yelling, or cursing
- Tell an instructor if someone/something is bothering or upsetting you
- Clean up after yourself

Please discuss and reinforce these behavioral expectations with your child. Staff supervises all camp activities and helps children resolve conflicts and problems as they arise. Behavioral redirection is seen as an opportunity for learning and approached accordingly. However, if a child continually disrupts the program, or poses a safety risk to himself/herself or others, then the issue needs to be addressed with parent/guardian.

Frozen Ropes has no expectations of having discipline problems with campers. However, in the event that there are any incidents, our procedure is as follows:

1. Acknowledgment by counselor to show awareness/displeasure in activity of camper.
2. Verbal Warning by counselor asking camper to stop inappropriate activity.
3. Short time-out. (5 minutes)
4. Longer time-out. (15 minutes)
5. Camp Director conference with camper.



6. Phone call to parent.
7. Camp Director/parent/camper conference.
8. Short suspension.
9. Camp suspension. (NO REFUND)

The following offenses may result in a camper calling a parent or guardian to come and pick them up. Parents/caretakers need to be available at all times. There will be no refund issued in the event that your child is sent home for one of the following disciplinary actions:

- Inappropriate language/vocabulary such as cursing or being sexually explicit
- Demeaning language
- Harassing or hazing other campers
- Physical or verbal fighting
- Taking someone else's personal property without permission
- Leaving the group without permission or proper supervision
- Disobeying camp rules/policies on a continued basis

Less serious offenses will be dealt with on a per-incident basis. All campers are encouraged to follow the guidelines listed above. Keys to discipline include patience and respect for all persons involved. Discipline problems will be reported to the Camp Director immediately. Parents will be notified in the case of consistent problems with their son or daughter.

Verbal and physical bullying and hitting will not be tolerated. Any camper suspected of or caught bullying (verbally and/or physically) another camper will be asked to sit out from that activity and the camper's parents will be notified. A second offense will result in a dismissal from camp. Parents will be called and asked to come and pick up their child. (NO REFUND)

The Camp Director or designated staff will keep records of campers misbehaving, noting the day and time and camper/staff involvement. Records will be kept on file in the camp administrative office.

We reserve the right to suspend and/or dismiss a child from summer camp without reimbursement.



Please include a copy of your child's **immunization record** and return with pages 11-13 at least **one week prior** to camp start date.

Health Interview Form

Camper's Name: _____ Age: _____ DOB: ____/____/____
Parent/Guardian Name(s): _____
Home Phone: _____ Work Phone: _____
Cell Phone AND Provider: _____ ☐Verizon ☐ATT ☐Sprint ☐T-Mobile ☐other _____
Address: _____
(City) (State) (Zip Code)
Email: _____

Family Physician: _____ Phone: _____
Date of Last Physical: _____ Date of Last Tetanus: _____

Does your child have or ever had (circle Yes or No):

Birth Defects	Yes	No	Chest Pains	Yes	No
Palpitations	Yes	No	Hernia	Yes	No
Blood Disease	Yes	No	Absent or seriously injured	Yes	No
Lung Disease	Yes	No	Asthma	Yes	No
High Blood Pressure	Yes	No	Heart Murmur	Yes	No
Heart Disease	Yes	No	Impaired organs	Yes	No
Rheumatic Heart	Yes	No	Kidney Disease	Yes	No
Orthopedic Surgery	Yes	No	Diabetes	Yes	No
Hernia Repair	Yes	No	Appendectomy	Yes	No
Injuries to Head	Yes	No	Neurological Conditions	Yes	No
Dizziness, Fainting	Yes	No	Do you wear glasses?	Yes	No
Eye Problems	Yes	No	Contacts?	Yes	No
Gastrointestinal Disease	Yes	No	Recurring Headaches	Yes	No
Epilepsy or Paralysis	Yes	No			

Problems with shoulder, neck, arm, elbow, wrist, hand, knee, or back during athletic participation:
Yes No Describe: _____

Hospitalization Yes No Date: _____ Describe: _____
Surgery Yes No Date: _____ Describe: _____

Have you been under a physician's care for any injury or health-related condition?
Yes No Date: _____ Describe: _____

Dental Appliances (describe): _____

Please describe any other medical conditions not covered: _____

Please list any allergies to Medications: _____

Please list any other allergies: _____



Permission for Medical Treatment

If your child requires off campus medical services, such as prescription medications or emergency evaluations, they will be transported to a local hospital. Payment will be the responsibility of the parent or guardian. In order to provide these medical services, the attending physician will require a permission to treat statement and insurance information. Frozen Ropes staff will contact you in the event of an emergency. Thank you for your cooperation.

I, the parent/guardian of _____ give permission for emergency transport and
(Child's Name)
medical treatment to be administered. I authorize the release of any medical information to Frozen Ropes Staff. I also give permission for the Health Director to administer over-the-counter medications, such as children's Tylenol.

Date Parent/Guardian Signature

Insurance Company: _____

Policy Number: _____

Home Phone: _____ Work Phone: _____

Emergency Contact (Name) _____ Phone Number: _____

Authorization for Pick Up

1. Password: _____

A password is necessary for child pickup. Parents must inform anyone picking up child of this password.

2. Authorized people to pick up your child

- a. _____
- b. _____
- c. _____
- d. _____

Please list all people authorized to pick-up your child. They will be asked your child's password, so please make sure that you inform them of the password for pickup. If they do not know the child's password, they will be asked for identification and must be on the authorized list above.



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

Initials

<div style="background-color: yellow; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>1. In consideration of your participation in activities at the facilities, The Rock Sports Park (24 Old Black Meadow Rd, Chester, NY 10918), you understand and voluntarily accept this risk of injury and agree that the facilities, its officers (Frozen Rock LLC, Frozen Ropes Orange County LLC), directors, employees, volunteers, agents, and independent contractors will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, and any loss or theft of any personal property, any economic loss or any damage to you, your spouse, your minor children and any unborn child, your guests, or relatives resulting from the active or passive negligence of our facilities or anyone on the facility's behalf, or anyone using the facilities whether related to exercise or not. Your assumption of risk includes, without limitation, your use of any exercise equipment (mechanical or otherwise), bathrooms, sidewalk, walkways, parking lot, stairs, turf fields, dugouts, lobby areas, pro-shop, batting cages, pitching lanes, spectator ledge(s), the Fitness Trail(s), and any equipment in the facility.</p>
<div style="background-color: yellow; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>2. I understand that the activities performed, including the use of equipment, are potentially hazardous. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.</p>
<div style="background-color: yellow; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>3. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as specifically set forth below. I acknowledge that it had been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have his/her recommendation concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.</p>
<div style="background-color: yellow; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>4. I agree that any and all photographs and/or videos taken of me or my child/children may be used for advertising or promotional materials.</p>
<div style="background-color: yellow; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>5. I understand that Frozen Ropes and The Rock Sports Park have Park Policies that are available on its website as well as in its facility.</p>

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT 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.

Player's Name: _____ D.O.B. _____

Parent/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature (Parent/Guardian if player under the age of 18)

Date