

# FROZEN ROPES

## Off-Site SUMMER CAMP

Parent Handbook

2025

The Rock Sports Park  
24 Old Black Meadow Rd  
Chester, NY 10918

845-469-9507

[chester@frozenropes.com](mailto:chester@frozenropes.com)

[www.frozenropes.com](http://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

# 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
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### Off-site Summer Camp Options

- **Baseball & Softball Sport Camps**      Ages 7-12 (camp groups divided based on age)
  - Baseball, Softball      Full Day Only

### Camp Office Hours

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

### Camp Calendar

- Full Day Camp hours are 9:00am - 3:00pm, Monday through Friday.

### Registration

Payment in full is required at the time of registration.

Online – visit [Frozenropes.com/chester/programs/offsitesummer-camp/](http://Frozenropes.com/chester/programs/offsitesummer-camp/) 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.

### **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 7:30am. **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.

### **Dismissal**

Dismissal for camp is at **3:00pm**. 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.

### **Rainy Days**

If a day of camp has to be cancelled due to rain or an unplayable field as a result, each camper will be given a Frozen Ropes account credit for the cost of that day of camp. In the event of a cancellation, you will receive either an email or a phone call.

### **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 are trained both prior to, and throughout camp.

### **Lunch**

Campers are responsible for bringing their own lunch, snacks and drinks.

### **Passwords**

For safety, 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
- Hat
- Snacks and lunch
- Equipment (glove, bat, helmet, etc.)

\* 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:

<ul style="list-style-type: none"><li>● Respect others feelings and property</li><li>● Cooperate with each other</li><li>● Listen to your instructors</li><li>● Stay with your group</li></ul>	<ul style="list-style-type: none"><li>● No fighting, yelling, or cursing</li><li>● Tell a counselor if someone/something is bothering or upsetting you</li><li>● Clean up after yourself</li></ul>
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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 the 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 the activity of campers.
- 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. (NO REFUND)
- 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 5-8 at least 1 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):*

<b>Palpitations</b>	Yes	No	<b>Hernia</b>	Yes	No
<b>Blood Disease</b>	Yes	No	<b>Lung Disease</b>	Yes	No
<b>Asthma</b>	Yes	No	<b>High Blood Pressure</b>	Yes	No
<b>Heart Murmur</b>	Yes	No	<b>Epilepsy</b>	Yes	No
<b>Heart Disease</b>	Yes	No	<b>Impaired organs</b>	Yes	No
<b>Rheumatic Heart</b>	Yes	No	<b>Kidney Disease</b>	Yes	No
<b>Orthopedic Surgery</b>	Yes	No	<b>Diabetes</b>	Yes	No
<b>Appendectomy</b>	Yes	No	<b>Injuries to Head</b>	Yes	No
<b>Neurological Conditions</b>	Yes	No	<b>Dizziness, Fainting</b>	Yes	No

<b>Wear glasses?</b>	Yes	No	<b>Recurring Headaches</b>	Yes	No
<b>Contacts?</b>	Yes	No			
<b>Eye Problems</b>	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 describe any allergies to Medications:** \_\_\_\_\_

**Please describe 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.

# FROZEN ROPES

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

**Initials**

<input style="width: 100%; height: 100%;" type="text"/>	<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), the locker room, 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>
<input style="width: 100%; height: 100%;" type="text"/>	<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>
<input style="width: 100%; height: 100%;" type="text"/>	<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>
<input style="width: 100%; height: 100%;" type="text"/>	<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>
<input style="width: 100%; height: 100%;" type="text"/>	<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's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Date**