

AGES  
4-12

# KIDS SUMMER CAMP

at Albany Country Club

**8 WEEKS OF ACTION  
PACKED FUN!**



Field Games | Daily Swim | Golf & Tennis  
Arts & Crafts | Science & Nature  
and a Lot More...

albanycc.cc  
campacc@albanycc.cc

# GOALS AND OBJECTIVES



Encourage creative expression through imagination and adventure

Enhance individual character & moral development

Develop skills in game, sports, nature and aquatics

Develop new friendships and social skills including team work and group responsibility

HAVE FUN in a safe and friendly environment

## CAMP ACTIVITIES

### FIELD GAMES

Kickball, Baseball, Soccer, Capture the Flag, Tag Games, Basketball, Football, Relay Races and Dodgeball

Golf Putting & Tennis

### Arts & Crafts

### Free Swim Daily

Pending pool allowed to open

### Indoor Activities

For rainy/hot days

### Science & Nature Activities

CAMP ACC also works collaboratively with traveling museums for weekly science, art or technology classes

# What to Bring



- Camp T-shirt MUST be worn
- Backpack
- Bathing Suit & Towel
- Sneakers
- Sunscreen
- Water Bottle
- Change of clothes when necessary

**Please label all  
items with  
your children's  
names**

## CAMPERS' RESPONSIBILITIES

All campers participating at camp must comply with the camp's rules and standards of behaviors. All campers are required to wear their camp T-shirts, stay with their group and follow the directions of the staff. Rules are enforced for safety and health reasons.

**Albany Country Club has the right to terminate any camper's participation in the camp program if he/she does not comply with our rules and standards of behaviors.**

## BASIC CAMP RULES:

1. ACC Camp T-Shirts are to be worn every day to help distinguish from non-campers.
2. Must follow all staff directions.
3. No fighting or horseplay (hitting, biting, pushing, shoving or striking another child).
4. Must not touch or throw nature.
5. No using unacceptable language.
6. Must stay with your group at all times.
7. Must ask permission to leave an area with supervision.
8. Must have proper shoes on at all times (except for swimming and water activities).
9. Must stay in line and walk quietly to and from tennis and golf.
10. You must stay with your buddy in the swim area.
11. No littering or refusing to pick up after one's self.
12. No taking another person's property.
13. Cell phones must remain in the camper's backpack while at camp.
14. No teasing, pranks or embarrassing another person.
15. Must try every activity at least once.

## LOCKER ROOM/BATHROOM CAMP POLICY:

*This policy refers to the use of the locker rooms/bathrooms during camp when using the facilities, washing hands, and changing for swim. This policy ensures all campers will always remain safe in the bathrooms.*

- Only four campers will be allowed in the bathroom at one given time. The campers will be chosen by the camp counselors.
- Horseplay will not be tolerated.
- A counselor will check the bathrooms before swim to ensure that there is room for each camper to change in private.
- When a camper needs to use the bathroom, they need to ask a counselor first. When campers are in the bathrooms changing, a counselor will be right outside of the door in the event a camper needs assistance.



# CAMP POLICIES

## Tennis & Golf

- All campers must follow all of the golf and tennis facilities rules as well as the Camp ACC rules regarding golf and tennis.
- When walking to tennis and golf, all campers will remain in a straight, quiet line with a counselor in the front and back to ensure safety and to respect others using the facilities.
- All counselors receive the right to suspend a campers playing time if they are challenging to the instructors and misbehaving at either location.
- Campers are encouraged to use their own equipment for these specialties. This equipment will stay in their respected locker rooms until it is time to go to either location.



## Pool & Swim Time

- All campers must follow all of the pool facility rules as well as the Camp ACC rules regarding pool safety.
- **Campers must complete a swim competency test. All children must take one swim test or they will not be allowed in water depth over chest level.**
- Campers must wear Camp ACC wristband at all times while using the pool facilities.
- There will be a “buddy check” every 15 minutes of scheduled swim time to ensure camper safety.
- If a camper does not want to participate in swim time, they will be able to sit at the lunch tables with a counselor and participate in small board games, playing cards, coloring etc.
- The responsibility of the camper’s safety is the responsibility of the Albany Country Club dedicated lifeguard staff on duty while campers are on the deck or in the water. While the campers are in the water or on the pool deck, there will be an appropriate number of camp counselors responsible to assist the lifeguard staff by monitoring the campers’ behavior and see that all swimming and camp rules are followed so the trained professionals can concentrate on their safety and that of all swimmers.
- CampACC is under the jurisdiction of Albany County Health Department.



# PARENT RESPONSIBILITIES

**WE ASK ALL PARENTS COOPERATION IN MAKING THE CHILD'S STAY AT CAMP AS SAFE AND EXCITING AS POSSIBLE. PLEASE KEEP THESE REQUESTS IN MIND AT ALL TIMES.**

1. Registration forms must be completed properly upon registration and signed by the parent or legal guardian.
2. Parents must provide the ACC with copy of the camper’s immunization records from their doctor’s office.
3. Parents must finalize all methods of billing with the office PRIOR to the weeks their children will be attending camp.
4. Please be sure that camper's belongings are marked with their name. Please mark every item that you send into camp. We are not responsible for lost, stolen, or broken items.
5. **Counselors are NOT responsible** for application of sunscreen. Campers will be reminded frequently throughout the course of the day so please remember to not only apply sunscreen in the morning, but to also send extra in.
6. If your child is taking any medication, it must be accompanied with a written note and be in the original bottle. Medications and notes should be given to the Camp Director upon arrival.

# MEALS AND SNACKS

Children are more than welcome to bring their own lunch, or supplement the below, if the selections are not satisfactory or sufficient.

Camp fees include a morning snack, complete and healthy lunch, afternoon snack, and a late cool down snack after swim.

Afternoon Snack served at approximately 2:00 p.m.

Choice of: Crackers, Chips, Pretzels, Animal Crackers & Cookies, Fruit Snacks, Cheese Stick, GoGurt

Late Afternoon “Cool Down” Snack served at approximately 3:30 p.m.

LUNCH SERVED FROM 11:30 AM – 12:00 PM

Lunch items change daily, but may include items like the following:

- Chicken & Cheese or Cheese Quesadilla
- Turkey and Cheese Wraps
- Popcorn Chicken/Chicken Tenders
- Hamburger or Cheeseburger
- Hot Dog
- Pizza
- Grilled Cheese

Lunches come with fruit or GoGurt and a choice of pretzels, animal crackers, cookies, or chips.



## Registration & Payment Policies

- To qualify for the “**Member**” rates, the camper must be a child, or a grandchild, of a current member.
- Multiple child discounts apply to “Full Week” camp registration ONLY.
- A one-time Registration Fee of \$50 is charged for each child attending Camp ACC.
- **Registration is required a minimum of 1 week in advance.**
- **No drop-ins will be allowed.**
- **Payment by non-members will be required at least 1 week prior to the week of attendance.**
- **ALL PRICING INCLUDES MORNING SNACK, LUNCH, AFTERNOON SNACK AND ALL BEVERAGES.**

# 2024 SUMMER CAMP PRICING

To qualify for the “**Member**” rates, the camper must be a child, or a grandchild, of a current member. Multiple child discounts apply to “Full Week” camp registration ONLY.

One-Time Registration Fee of \$50 per child.

Registration is required a minimum of 1 week in advance. No drop-ins will be allowed.

Payment by non-members will be required at least 1 week prior to the week of attendance.

Pricing includes morning snack, lunch, afternoon snack and

	MEMBER	NON-MEMBER
Full Week M-F (9:00 am-4:00 pm)	\$310 2 <sup>nd</sup> child: \$280 3 <sup>rd</sup> child: \$245	\$355 2 <sup>nd</sup> child: \$330 3 <sup>rd</sup> child: \$305
Full Week/Half Day M-F (9:00 am-12:30 pm)	\$230	N/A
(3) Full Days/Week	\$230	N/A
(3) Half Days/Week	\$180	N/A
Daily Rate/Full Day	\$85	N/A
Daily Rate/Half Day (Morning/Afternoon)	\$65	N/A
EXTENDED CARE 8:00-9:00 am 4:00-5:00 pm	\$8.00 per ½ hour	\$8.00 per ½ hour

## SUMMER CAMP SCHEDULE

CAMP WEEK	CAMP DATES	SELECT DAYS ATTENDING				
		M	T	W	TH	F
#1	July 1, 2, 3 & 5 (Animal Kingdom)				X	
#2	July 8 - July 12 (Space Expedition)					
#3	July 15 - July 19 (Jurassic Park)					
#4	July 22 - July 26 (Camp Olympics)					
#5	July 29 - August 2 (Circus Carnival)					
#6	August 5 - August 9 (Safari Season)					
#7	August 12 - August 16 (Pirates & Mermaids)					
#8	August 19 - August 23 (World Tour)					

Weekly themes are subject to change until 30 days prior to the start of camp.



Albany  
Country Club

# 2024 SUMMER CAMP REGISTRATION FORM AND PAYMENT TERMS

Camper Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt Size \_\_\_\_\_ School Grade \_\_\_\_\_ (As of Sept. 2024)  
Parent's names \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Member \_\_\_\_\_ Non-Member \_\_\_\_\_  
Member Sponsor Name & Member # \_\_\_\_\_

Albany Country Club will only release campers to the custody of their parent(s) or legal guardians, unless there is prior notification in writing to the site director by that parent or legal guardian. Therefore, Camp ACC is authorized to release \_\_\_\_\_ (camper name), a minor, only to the care of those listed below:

Name	Telephone
1 _____	_____
2 _____	_____
3 _____	_____

Any additional info you would like us to know: \_\_\_\_\_

## PAYMENT ARRANGEMENTS

### Please Check Your Preferred Method of Payment:

\_\_\_\_\_ Charge my account: Member Name: \_\_\_\_\_ Member # \_\_\_\_\_

\_\_\_\_\_ Personal Checks: **Must accompany application prior to start of Camp**

\_\_\_\_\_ Please charge my Credit Card (Visa, Mastercard, Discover or American Express)

**\*\*All credit card charges will be subject to an additional surcharge of 2.5% of the total.**

Name on card: \_\_\_\_\_

Billing address on card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Card Type: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. date: \_\_\_\_\_ Three Digit Code: \_\_\_\_\_

**\*\*\*All non-member billing and payments arrangements MUST be made prior to the start of camp with the billing office.**



*Albany  
Country Club*

# TERMS OF AGREEMENT

This enrollment is not valid unless signed by a parent or guardian.

**For the safety and general welfare of all campers, Albany Country Club reserves the right to dismiss any camper whose conduct or influence, in the opinion of the director, is detrimental to the best interests of the Camp.**

Camp is not responsible for the loss of clothing, equipment, or other personal belongings.

**Camp reserves the right to use photographs/videos of campers for promotional purposes, and the parent/guardian authorizes such use without compensation.**

**I have read the Terms of Agreement above and understand their terms and accept their conditions. In the event that one parent executes this agreement, I acknowledge that I am also acting as the agent of the other parent with authority to enroll my child at Albany Country Club Children's Day Camp and to execute this agreement upon the representations herein made in accepting this enrollment.**

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

## SUMMER CAMP PARENT RELEASE FOR SUMMER CAMP PROGRAMS

I know that by participation in any sport or recreational activity that there is potential for an accident or hazardous result. I have read all of the camp information and I understand what is expected to take place. I agree to abide by the decision of the camp staff for my child's participation and hereby waive and release my rights and claims for damages that I, or my heirs, may have against Albany Country Club. Having read this waiver, I certify that my child is medically able to participate in the activities of this camp.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL RELEASE

In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any medical and/or dental attention to my child/children in the event of an accidental injury or illness until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery under the recommendation of qualified medical personnel.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_

Dental Insurance Provider: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_





Albany  
Country Club

# 2024 SUMMER CAMP HEALTH FORM (PAGE 1)

**THIS FORM IS TO BE COMPLETED AND SUBMITTED WITH CAMP APPLICATION.**

**An actual physical for camp is NOT necessary so long as all information is complete, correct, and that the camper has had a physical in the past 24 months.**

Camper's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_  
last first middle

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

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

Parent/Guardian Name \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

If not available, in an EMERGENCY contact:

Name \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

## Part One --- Parental Authorization

I understand and certify that my child's participation in the summer camp program is completely voluntary. I understand that certain hazards and dangers are inherent in the camp program, and I acknowledge that although Albany Country Club has taken measures to minimize the risk of injury to camp participants, Albany Country Club cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the camp's rules and procedures for the safety of camp participants.

I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to Albany Country Club to provide routine health care, administer prescribed medications, and seek emergency medical treatment including hospitalization, authorize x-rays or routine tests.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

If you carry medical insurance, please indicate:

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Carrier Phone Number ( ) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ SS# \_\_\_\_\_



*Albany  
Country Club*

## 2024 SUMMER CAMP HEALTH FORM (PAGE 2)

### Part Two --- Health Information

#### Basic Health History:

- |  |                                       |   |                                       |                                       |
|--|---------------------------------------|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> asthma       | <input type="checkbox"/> bleeding disorders | <input type="checkbox"/> diabetes     | <input type="checkbox"/> heart defect |
| <input type="checkbox"/> convulsions             | <input type="checkbox"/> epilepsy     | <input type="checkbox"/> hyperactivity      | <input type="checkbox"/> hypertension |                                       |
| <input type="checkbox"/> bedwetting              | <input type="checkbox"/> sleepwalking |   |                                       |                                       |

#### Allergies:

- |   |                                     |   |                                     |
|---|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> hay fever      | <input type="checkbox"/> penicillin | <input type="checkbox"/> serious poison ivy | <input type="checkbox"/> bee stings |
| <input type="checkbox"/> food allergies | <input type="checkbox"/> aspirin    | <input type="checkbox"/> other (specify):   |                                     |

**Immunizations:** All immunizations must be up to date. Indicated dates of basic immunization or most recent booster.

\_\_\_\_\_ DPT      \_\_\_\_\_ Polio      \_\_\_\_\_ Measles      \_\_\_\_\_ Current Tetanus (If date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster." \_\_\_\_\_)

Operations, Serious or Chronic Illnesses:

Dietary Modifications While At Camp:

Prescription Drugs Camper Brings to Camp:  
(include instructions)

### Part Three --- Health Examination Record

This health history record is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 24 months.

Physical Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Date of Last Physical \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Phone # of Family Physician \_\_\_\_\_ (     ) \_\_\_\_\_