



Malta Summer Recreation Program 2016

Calendar and Trip Packet

Malta Community Park & Shenantaha Creek Park

Summer Blast Teen Camp Grades 6-9

***Please note:** Space is limited on field trips.

- There are registration due by dates for every trip.
- See special attached sheet for important **Great Escape** registration information.
- Be aware of drop off and pick up times of trips as times may vary from regular camp hours.



Information for Registration for Great Escape

The Great Escape has new requirements for 2016 regarding the purchasing of tickets. Therefore, registration will be held earlier than usual for this particular trip.

- **Great Escape Group Ticket \$37.00 | Due on Tuesday, June 28**
- **Great Escape Late Ticket Price \$50.00 | Due between 6/29- 7/14**
- **Campers attending with their own season pass \$10 fee | Due by Thursday, July 14**
- **Financial Assistance families must register by June 28.**

There are no refunds on these tickets. These tickets are purchased in advance and cannot be refunded.

	Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 1 Happy Birthday America Week 	4 	5 Staff Orientation No Camp Today. 	6 Teen Camp Program Starts Today 9:30am-12:30pm Welcome and Orientation  Remember to wear your sneakers and bring a snack each day.	7 Field Trip Day Spare Time Bowl Clifton Park  Wear socks, bring lunch or spending money. Camp is in session for those who do not attend the trip. Register by June 30.	8 Star Spangled Celebrations Wear Colorful Red, White, and Blue.  “May the 4th Be With You” Teen Camp Party Day Decorated Flag Cake Sports Fun 4 All Capture the Flag
WEEK 2 Summer Blast Week 	11 Mad Hatter Day Come to camp today with a crazy hat. Contest to see who has the craziest hat. Prizes for all who participate.  Camper Talent Show What is Your Talent? Share it with others. Musical, comical, or magical! Sports Fun 4 All Dodgeball Game	12 Field Trip Day Fun Plex SPORTS  Wear socks. Bring lunch or spending money. 9:30-1:00 Camp is in session for those who do not attend the trip. Register by July 7.	13 Amazing Races  Teens Together Adventure Let’s Race!! Mr. Ding-A-Ling Visits Bring money for ice cream. SCP: Spin Art Fun	14 Way Out West Wear your bandana, cowboy hats, or anything “Western” Wear whatever shows off your western style. No Guns!  Teen Camp Party Day Chuck Wagon Cook-Out MCP: Spin Art Fun	15 NO TEEN PROGRAM 
WEEK 3 H2O WOW! 	18 Sunglasses Day Wear Your Sunglasses MCP: Wet Slide Day Wear bathing suit and bring a towel.  SCP: Staff Fashion Challenge Come dress up the staff in a crazy outfit. Ice Cream Sundae Party for SCP.	19 Surf’s Up! Water Games Competition Dress to Get Wet!  Teens Together Adventure Sponge Water Relay Water Balloon Toss Come join the water fun! Watermelon Snack	20 Wonderful Wednesday SCP: Wet Slide Day Wear bathing suit and bring a towel.  MCP: Staff Fashion Challenge Come dress up the staff in a crazy outfit. Ice Cream Sundae Party for MCP.	21 Field Trip Day MCP and SCP Great Escape Bring empty bottle and money for lunch. Register by Tuesday, June 28 for Great Escape. Camp is in session for those who do not attend the trip.	22 NO TEEN PROGRAM 

	Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 4 Teen Camp Spirit Week 	25 Crazy Hair Day Make this a wacky hair adventure. Prizes for all who participate.  Tie Dye Day Bring a shirt or something to tie-dye Sports Fun 4 All Soccer Game	26 Campers Travel Tuesday Shenantaha Creek Park Teens will take a trip by bus to the Malta Community Center with planned activities by staff. Trip includes "Breakfast All Day @ McDonalds" or lunch. Buy or bring your own lunch. 9:30-1:00. Malta Community Park Campers will switch parks and go to Shenantaha Creek Park. Pizza Party 9:30-1:00	27 Field Trip 190 Grill and Cinema (formerly Aimee's Movie) Lunch Included Camp is in session for those who do not attend the trip. Register by July 21. 	28 Campers Travel Thursday Malta Community Park Teens will take a trip by bus to the Malta Community Center with planned activities by staff. Trip includes "All Day breakfast @ McDonalds" or Lunch. Buy or bring your own lunch. 9:30-1:00. Shenantaha Creek Park Campers will switch parks and go to Malta Community Park. Pizza Party 9:30-1:00	29 NO TEEN PROGRAM
WEEK 5 Silly Celebrations Week 	1 Spooktacular Monday Wear a Wacky Outfit! Prizes awarded for everyone in a crazy costume. "Trunk or Treat Fun" Wrapped non-peanut candy donations needed.  Sports Fun 4 All Backwards Kickball Game	2 Field Trip Flight Trampoline Wear socks. Bring lunch & money for ice cream stop.  Camp is in session for those who do not attend the trip. Register by July 28.	3 Dance Party at Shenantaha Creek Park DJ Music * Dancing Popcorn For All  Malta Community Park Camper Food Challenge Special Food Fun Planned	4 Un-Birthday Celebration Party  Ice Cream Sodas & Cookies. Piñata Fun! Carnival Games	5 NO TEEN PROGRAM 
WEEK 6 International Olympic Week 	8 Olympic Competition  Tae Kwon Do Demo	9 Field Trip Adventure Challenge Course Bring lunch * Wear sneakers Register by August 4 Camp is in session for those who do not attend the trip.	10 Let's Take A Hike! Hike to Stewarts's for Ice Cream. Bring money. 	11 Dance Party Malta Community Park DJ Music * Dancing Popcorn For All  Shenantaha Creek Park Camper Food Challenge Special Food Fun Planned	NO TEEN PROGRAM 

FIELD TRIPS – TEEN CAMP * GRADES 6-9
Malta Community Park and Shenantaha Creek Park
TRIP INFORMATION & REGISTRATION 2016



NEW FOR 2016:
 Please note that for all the trips, except Flight Trampoline, children who are attending a trip must come to camp at 9:15am.

General Trip Information: Please check off the trips(s) for which you are registering. Be sure to check all activity notes and registration due dates for trips.

Child's Name _____ Grade _____ Park _____
 MCP = Malta Community Park SCP = Shenantaha Creek Park

Activity Name	Date	Time	Fee	Notes
Spare Time Bowl Clifton Park MCP & SCP	Thursday, July 7	9:15-1:30	\$19.00 Max. Campers 40 per park	Registration due by Thursday, June 30 Fee includes 2 games of bowling, shoes, laser tag and \$5.00 gift card for game room. Bring lunch, snack, and beverage. Wear Socks.
Fun Plex East Greenbush MCP & SCP	Tuesday, July 12	9:15-2:00	\$20.00 Max. Campers 40 per park	Registration due by Thursday, July 7 Fee includes 1 round of miniature golf, bank shot basketball, and tickets for 2 additional rides. Check on their website for list of choices. Money for more rides and food. Bring lunch, snack, and beverage.
Great Escape Lake George MCP & SCP	Thursday, July 21	9:15-5:00 Max Campers 40 per park	\$37.00 OR Season Pass + \$10.00 for bus	Registration due by Tuesday, June 28 See attached sheet for more registration details. Bring spending money for lunch. Empty water bottle is allowed. Campers will not be visiting the water park.

	190 Grille and Cinema Glens Falls MCP & SCP (formerly Aimee's Dinner)	Wednesday, July 27	9:15-2:00	\$22.00 Max. Campers 40 per park	Registration due by Thursday, July 21 Fee includes movie, lunch, and tip. Movie selection will be age appropriate. Campers will have several menu choices this year.
	Flight Trampoline Park Colonie MCP & SCP	Tuesday, August 2	9:30-2:00 Please complete attached waiver when registering.	\$17.00 Max. Campers 40 per park	Registration due by Thursday, July 28 Bring lunch, snack, and beverage. Ice cream stop on return trip. Bring money.
	Adventure Challenge Course Clifton Park MCP & SCP	Tuesday, August 9	9:15-3:00 Please complete attached waiver when registering.	\$20.00 Max. Campers 36 Space limited on this trip. Sign up early.	Registration due by Thursday, August 4 Fee includes instruction, rentals, group activities, low ropes and high ropes. Bring lunch, water bottle, and snack. Waiver MUST be signed at registration for trip. Wear Sneakers.

* Please remember to be aware of drop off and pick up times for trips as times may vary from the regular camp hours.

Most trips include a fee for bus transportation of \$8.00 per camper. (Except Great Escape)

NEW FOR 2016: Please note that for all the trips, except The Flight Trampoline, children who are attending a trip must come to camp at 9:15am.

**ALBANY TRAMPOLINE PARK, LLC d/b/a FLIGHT TRAMPOLINE PARK
PERPETUAL PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

NOTICE: READ THIS FORM COMPLETELY AND CAREFULLY.

In consideration of being allowed to use the facility and to participate in the services and activities, including, but not limited to, trampoline park access, trampoline dodge ball, trampoline basketball, aerial training, jumping activities, climbing activities, balancing activities, trampoline courts, foam pits, inflatable bags, obstacle courses, snack bar access, parties at the facility, fitness classes, and any other services or amusement activities (collectively, "ACTIVITIES") provided by ALBANY TRAMPOLINE PARK, LLC, operator of FLIGHT TRAMPOLINE PARK, its agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "ATP"), I, on behalf of myself, and/or on behalf of my minor child(ren)/ward(s) hereby agree to, and do forever release, indemnify, hold harmless and discharge ATP, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

(1) ACKNOWLEDGEMENT, UNDERSTANDING AND APPRECIATION OF THE RISKS: I acknowledge, understand and appreciate that my participation in the ACTIVITIES entails known and unanticipated risks that could result in death, serious physical or emotional injury, paralysis, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, including without limitation: slipping and falling; collision with fixed objects or people; injuries caused by stepping on or falling on equipment or items that have fallen from or were dropped by myself or another participant; injuries including, sprains, fractures, scrapes, bruises and cuts, dislocations, pinched fingers and serious injuries to the head, back, or neck; injuries arising out of the negligence of or otherwise caused by other participants or myself; injuries due to my own physical or mental condition or any medical condition I may have whether known or unknown; injuries due to physical contact with others, including the risk of contracting illness or coming into contact with germs, bacteria or fungi whether by contact with equipment or with another participant, and any and all risks associated with exercise, physical exertion and physical activities (hereinafter referred to collectively as the "RISKS").

(2) ASSUMPTION OF THE RISK. I expressly agree and promise to accept and assume all of the RISKS. My participation in activities at ATP is purely voluntary, and I elect to participate in spite of the RISKS.

YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY OR TO LET YOUR MINOR CHILD(REN)/WARD(S) ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ATP USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOU OR YOUR CHILD(REN)/WARD(S) MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD(REN)'S/WARD'(S)' RIGHT AND YOUR RIGHT TO RECOVER FROM ATP IN A LAWSUIT FOR ANY DAMAGES, INCLUDING PERSONAL INJURY OR DEATH TO YOU OR YOUR CHILD(REN)/WARD(S), OR ANY PROPERTY DAMAGE, THAT RESULTS FROM THESE RISKS. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ATP HAS THE RIGHT TO REFUSE TO LET YOU OR YOUR CHILD(REN)/WARD(S) PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

(3) RELEASE OF LIABILITY. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ATP from any and all claims, demands, or causes of action, which are in any way connected with my or my child(ren)/ward(s) participation in activities at ATP or my or my child(ren)'s/ward'(s)' use of ATP's equipment or facilities, including, to the extent permitted by law, any such claims which allege negligent acts or omissions of ATP. I understand that this perpetual release/waiver will apply to each and every occasion that I or my child(ren)/ward(s) visit an ATP facility.

(4) ATTORNEYS' FEES, INSURANCE. Should ATP or anyone acting on its behalf, be required to incur attorneys' fees and costs to enforce this agreement, including but not limited to, attorneys' fees and costs incurred to defend against claims brought by me, or on behalf of my child(ren)/ward(s), or by third parties, I agree to indemnify and hold ATP or anyone acting on its behalf harmless for all such fees and costs. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself.

_____ (PARTICIPANT/GUARDIAN INITIALS)

(5) **PHOTO RELEASE:** By entering ATP and participating in the ACTIVITIES, I hereby grant ATP on behalf of myself and on behalf of my child(ren)/ward(s), the irrevocable right and permission to photograph and/or record me or my child(ren)/ward(s) in connection with ATP and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner and in any media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and/or recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.

(6) In the event that I file a lawsuit against ATP, I expressly agree and understand that the State of New York State Supreme Court of Albany County shall be the venue for any and all actions. I further agree that the choice of law of the State of New York shall apply in said action without regard to any conflict of laws of any other of state.

(7) I expressly agree and set forth that I have adequate insurance to cover any injury or damage, which I may cause or a participant may cause while participating. In the alternative, I agree to bear the cost of such injury and/or damage myself. Lastly, I certify that I am willing to assume all risks of medical and/or physical condition I may have.

(8) I expressly agree and understand that if any portion of this Agreement is found to be void and/or unenforceable, the remaining portions of said Agreement shall remain in full force and affect.

(9) Both parties expressly agree and understand that this Agreement may not be changed orally and that this written Agreement encompasses the entire agreement by and between the parties.

By signing this document, I understand that I may be found by a court of law to have forever waived my and my child(ren)/ward(s) right to maintain any action against ATP on the basis of any claim from which I have released ATP and any released party herein. I have had reasonable and sufficient opportunity to read and understand this entire document and consult with legal counsel, or have voluntarily waived my right to do so. I knowingly and voluntarily agree to be bound by all of the terms and conditions set forth herein. I represent that I have the actual authority to and do hereby enter into this agreement on behalf of, and as an authorized agent, parent or legal guardian of any child(ren)/ward(s) listed on this agreement. I have read and knowingly and voluntarily have signed this agreement and specifically the release contained herein and further agree that no oral representations, statements or inducements have been made to me.

By signing below, I affirm, understand and agree to the above terms in their entirety.

IF THIS DOCUMENT IS SIGNED ELECTRONICALLY, THIS DOCUMENT IS VALID AND MAY BE ENFORCED IN THE SAME MANNER AS A HAND-SIGNED DOCUMENT THAT EXISTS IN PHYSICAL FORM. I ALSO EXPRESSLY ACKNOWLEDGE THE VALIDITY OF THE ELECTRONIC SIGNATURE APPENDED TO THIS DOCUMENT, WHICH WAS MADE BY ME ON THE DATE THIS FORM WAS ELECTRONICALLY SUBMITTED. I FURTHER AGREE THAT I HAVE KNOWINGLY AND EXPLICITLY WAIVED ANY RIGHT TO CLAIM THIS DOCUMENT IS INVALID OR IS UNENFORCEABLE BASED ON (1) THE FACT THAT THIS DOCUMENT EXISTS IN ELECTRONIC FORM OR (2) THE FACT THAT THIS DOCUMENT IS SIGNED ELECTRONICALLY.

*****Parent/Legal Guardian Information*****

First Name: Last Name: Date:
Birth Date: Phone: Email:

X _____ (Parent/Legal Guardian Signature)

ENTER FULL NAME AND BIRTH DATE OF ALL FAMILY MEMBERS UNDER THE AGE OF 18 FOR WHOM YOU ARE SIGNING:

First Name #1: Last Name #1 : Birth Date:
First Name #2: Last Name #2 : Birth Date:
First Name #3: Last Name #3 : Birth Date:
First Name #4: Last Name #4 : Birth Date:

WE RESERVE THE RIGHT TO REVIEW YOUR DRIVER'S LICENSE AND/OR OTHER FORMS OF ID TO VERIFY IDENTITY AND AGE.

_____ (PARTICIPANT/GUARDIAN INITIALS)

Town of Clifton Park

One Town Hall Plaza
Clifton Park, New York 12065
(518) 371-6667
FAX (518) 383-5088



PROJECT ADVENTURE INFORMATION AND CONSENT FORM

DISCLOSURE

The Town of Clifton Park Project Adventure program involves a variety of activities that often include warm-ups, games, group initiative problems, high and low challenge ropes course elements, and other rigorous physical adventure activities. (The level of participation in a Project Adventure program activity is at all times completely up to the individual's choice). Yet there is a risk, which must be assumed by each participant.

Certain health/medical information must be made known to the instructor(s) conducting the programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to the Town of Clifton Park, Office of Parks, Recreation, and Community Affairs at the above address prior to participating in any activities.

APPLICANT INFORMATION

1. Name: _____
2. Do you have any health/accident insurance? ___ No ___ Yes If yes, name and address of company: _____
3. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? ___ No ___ Yes If yes, identify and explain:

4. Are you currently taking medication (prescribed or otherwise; e.g., cold medicine)?
___ No ___ Yes If yes, state what you are taking and what condition it is for:

5. Do you have any allergies, reactions to medications, any other medical limitations?
___ No ___ Yes If yes, identify and explain:

RELEASE OF LIABILITY

I understand that parts of the Project Adventure program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in Project Adventure activities. I recognize the inherent risk of injury or disability in Project Adventure activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I give the Town of Clifton Park and its agents permission to take the necessary measures to care for my welfare and safety.

Date _____ Applicants Signature (if at least 18 years old) _____
Applicant's Address: _____
City, State, Zip Code: _____
Home Telephone #: _____ Business Telephone #: _____

Parent/Guardian Signature (if under 18 years old) _____