

## **BERNARDS TOWNSHIP SCHOOL DISTRICT**

### **PROCEDURES FOR OPERATING SUMMER CAMPS**

#### 1. Approval process

- Camp director(s) prepares Request to Operate Summer Camp
- Camp director(s) completes Application for Use of Facility Form and submits to the Business Administrator with all required documentation for review by April 1
- Business Administrator will prepare a recommendation to approve the camp and submit request to the Superintendent of Schools
- Camp director(s) will be notified of the Superintendent of Schools decision
- Certificate of Insurance and the Waiver and Release Statements signed by every parent or guardian of the children participating in the camp must be sent to the Business Administrator prior to the camp's start date
  - Failure to provide these documents will result in the automatic cancellation of the camp

#### 2. Payment by camp participants

- Payment must be made by check payable to the camp, not an individual

#### 3. Final accounting and close out of camp

- The camp director(s) will prepare a final account of receipts and disbursements and submit it to the Business Administrator by September 1

**BERNARDS TOWNSHIP SCHOOL DISTRICT**

**Request for Approval to Operate Summer Camp**

**General Information**

Camp director(s): \_\_\_\_\_

Submission date: \_\_\_\_\_

Mission of camp: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age group: \_\_\_\_\_

Number of camp participants per adult supervisor(s): \_\_\_\_\_

Facilities requested: \_\_\_\_\_

\_\_\_\_\_

Camp dates: \_\_\_\_\_

Daily start time: \_\_\_\_\_

Daily dismissal time: \_\_\_\_\_

Fee per camper: \_\_\_\_\_

Include with this camp application:

- a copy of tentative daily camp schedule with room number or facilities noted and time of usage
- camp brochure (must include the following statement “Although it is consistent with the mission of the Bernards Township Board of Education, it operates as a separate entity from Board of Education programs”)

Request for Approval to Operate Summer Camp – General Information  
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Will there be any out of district trips during the camp: \_\_\_\_\_

If so, list all information: \_\_\_\_\_

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Note: special needs/concerns about your camp: \_\_\_\_\_

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Equipment requested: \_\_\_\_\_

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Meal arrangements: \_\_\_\_\_

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**BERNARDS TOWNSHIP SCHOOL DISTRICT**

**Summer Camp**

**Financial Statement**

Projected camp enrollment: \_\_\_\_\_

Total estimated camp income: \_\_\_\_\_

Projected expenses:  
(i.e. T-shirts, giveaways, etc.)

Cost

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Camp expenses subtotal: \_\_\_\_\_

Instructors

Please check the appropriate box below.

| <u>Name</u> | Employee                 | RHS<br>Student           | Adult+                   | <u>Salary</u> |
|-------------|--------------------------|--------------------------|--------------------------|---------------|
| _____       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| _____       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| _____       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| _____       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
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| _____       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| _____       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         |
| _____       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____         |

Estimated salary expense: \_\_\_\_\_

Total estimated camp expenses: \_\_\_\_\_

+Note: A fingerprint clearance letter for any adult instructor who is not a Bernards Township employee must be submitted with this application & checklist.

**Waiver and Release Statement**

*Please Read Carefully Before Signing*

We/I, the undersigned, are/am the parent or guardian of a student participating in the \_\_\_\_\_ summer camp.

I hereby release the Bernards Township Board of Education and its agents from, and agree to indemnify and hold the Board harmless with respect to all claims arising out of the child's participation in this camp for damage to the property of my child, or to the property of others as a result of the acts of my child.

My child is aware that the director(s) and instructors will be in charge of the students, and the students must follow their directions. We understand and agree that the Bernards Township Board of Education is hereby released from any and all claims and do further agree that the school, the Board of Education, and such persons, shall not be liable for injuries from any and all claims, damages or expenses in the event any suit is commenced by or on behalf of my child.

I further agree to pay any reasonable attorney's fees and costs of litigation should any lawsuit against the Board of Education result from my child's participation in this camp.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**BERNARDS TOWNSHIP SCHOOL DISTRICT**  
**Request for Approval to Operate Summer Camp**

**Check List**

- Request for Approval to Operate Summer Camp
- Use of Facility Form
- Insurance Certificate (due 30 days prior to the start of camp)
- Financial Statement
- Camp Brochure to be Reviewed by Superintendent of Schools
- Registration Form
- Waiver & Release Statement (one for each child participating in camp)
- Required Fingerprint Clearance Letters

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**Business Office Use Only**

- Summer Camp approved
- Flyer approved for District Friday Folder (may be sent home once)

\_\_\_\_\_  
Nick Markarian, Business Administrator

\_\_\_\_\_  
Date