



PHILADELPHIA PARKS & RECREATION

2016 Summer Rowing Camp at Lloyd Hall



Rowing is fun... Friends, Fitness, Fantastic!

Have you ever dreamed of rowing on the river? Are you interested in learning how to row? Well, here is a great opportunity for local teenagers to do just that.

Philadelphia Parks & Recreation will offer four (4) two-week sessions, for youth ages 13 to 17 years old, beginning on Monday, June 27, 2016. Encampments are \$25 per session. (Please make checks payable to Lloyd Hall Advisory Council.) During each session, campers will be taught the basics of the sport. Camp is held at Lloyd Hall on historic Boathouse Row. The camp hours are 9 a.m. to 3 p.m. Breakfast and a snack will be provided. Campers must bring their own lunch.

Safety is a top priority; we emphasize and teach personal safety to each camper through lessons on equipment handling, equipment maintenance and boat/water safety. Camp staff is comprised of veteran Crew Coaches, experienced rowers and certified Lifeguards.

Campers must be able to:

- **Swim and pass a swimming test on the first day of camp.**
 - **This test includes swimming multiple laps & treading water**
- **Be physically fit and able to participate in running and exercise drills.**
 - **Please note: 1-3 mile runs are common during a camp week. (Usually every other day is a 'run day') Some other activities include: Rowing Machines Challenges, running of the Art Museum Stairs, Volleyball, Yoga, dodge- ball & a variety of different gym activities**
- **Participate in other camp activities when not on the river.**
 - **A tour of Boathouse Row, The Fairmount Waterworks**

Every day, campers should bring the following: a bathing suit, sunscreen, and a towel. Campers should wear old summer clothing and old sneakers. Hats or sun visors are optional but highly recommended. **The camper can pack a lunch or lunch can be purchased at Cosmic Café located at Lloyd Hall.**

There will be space to secure personal items but Campers should not bring jewelry, portable electronic devices, or any valuables that could be lost, stolen, or dropped in the water. Philadelphia Parks & Recreation is not responsible for the loss of any such items under any conditions.

IMPORTANT: Your child must complete the swim test (1st day of the session) before being allowed on the river. Please make sure the child has a bathing suit for the first day of camp.

Questions? Call 215-685-3936/Email lloydhall.staff@gmail.com

Register Now!

We have a limited number of spots available and applications are processed in the order that they are received...so apply early!

Please note: If your child has attended this camp in the past, they may not attend again, except if the camper was 13 years old during the 2016 camp. This is to ensure that as many children as possible can have the Rowing Camp experience.

Classes are \$25.00 per session. Campers may register for one session only.

Please place a 1 by the session you wish to attend, a 2 by your second choice, and a 3 by your third choice:

___ Session 1: June 27th – July 8th*

___ Session 2: July 11th – July 22nd

___ Session 3: July 25th – August 5th

___ Session 4: August 8th – August 19th

*No camp Monday, July 4, 2016 (Independence Day Observed)

IMPORTANT: If you have an email address, please be sure to include it on the application.

****A COPY OF BIRTH CERTIFICATE IS REQUIRED WITH APPLICATION****
Rowers will not be registered without first submitting a copy of a birth certificate or passport

IMPORTANT: Keep page 1 for your records and send all other pages and checks made payable to Lloyd Hall Advisory Council to:

**2016 Summer Rowing Camp
Lloyd Hall, 1 Boathouse Row
Philadelphia, PA 19130**

Please email lloydhall.staff@gmail.com with any questions.

Additional rowing opportunities for select campers who have completed the LLOYD HALL Rowing Camp:

In partnership with Philadelphia Parks and Recreation, St. Joseph's University will conduct 3 one-week camps starting July 11th with sessions running from 9 a.m.-12 p.m. daily. Please note that only campers who have completed current or previous LLOYD HALL Rowing Camps are eligible for these encampments.

Please indicate which session would be your first preference:

___ July 11th - July 15th

___ July 18th-July 22nd

___ July 25th - July 29th

For friends and family: Philadelphia Learn to Row and Paddle Day: 2016 TBD



PHILADELPHIA PARKS & RECREATION DEPARTMENT



Facility: _____ District: _____ Program: _____

Personal Information

Season/Year: _____

Participant's First & Last Name:		Age:	DOB:
Residential Address:		City:	Zip:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		
School	Grade:		
Participant's Home Phone:		Participant's Cell Phone:	

Parent/Guardian Information

First & Last Name:	
Relationship:	Email Address:
Address (if different)	
Home Phone:	Cell Phone:
First & Last Name:	
Relationship:	Email Address:
Address (if different)	
Home Phone:	Cell Phone:

Emergency Information

Name:	
Relationship:	
Home Phone:	Cell Phone:
Name:	
Relationship:	
Home Phone:	Cell Phone:

Medical Information

Any Medical conditions we should be aware of? Allergies? Asthma? (please list)
This individual is free of infectious disease, is up to date on all immunizations, and is able to participate in recreation activities (w/limitations/restrictions listed) <input type="checkbox"/> YES <input type="checkbox"/> NO

Medical Information

Physician's Name:	Phone:	
Medical Coverage:	Preferred Hospital:	
Limitations/Restrictions(activity or diet)		
Is participant taking medication we should be aware of: (circle) YES NO		
Medication:	Dosage	Time
Medication:	Dosage	Time

Emergency Clause

In the event I cannot be reached in an emergency, I hereby give my permission to employees of the Philadelphia Parks & Recreation Department to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.	
Signature of Responsible party	
Relationship:	Date:

How did you hear about our program? Friend Newspaper Internet Other

Have you ever registered in any of our programs before? (If so, what programs, check all that apply)

Athletic Cultural After School Summer Camp Other

MEDIA RELEASE

I HEREBY GRANT PERMISSION TO RECORD MY CHILD'S/WARD'S LIKENESS AND/OR VOICE FOR USE BY TELEVISION, FILMS, RADIO OR PRINTED MEDIA TO FURTHER THE AIMS OF **THE PHILADELPHIA PARKS & RECREATION DEPARTMENT** IN RELATED CAMPAIGNS AND MAGAZINE ARTICLES, BOOKLETS, POSTERS AND IN ANY OTHER WAYS THEY MAY SEE FIT.

Signature of Responsible Party	Relationship	Date
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PARTICIPANT'S SHIRT SIZE (check one box)

Child's Small	Child's Medium	Child's Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Other
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FOR ALL CHILDREN'S PROGRAMS, PLEASE ALSO ANSWER

My Child will attend the program: Sun M T W Th F Sat

The time my child will be picked up:	My child may walk home or be dismissed at:
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THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD AT THE SITE:
(PHOTO ID WILL BE REQUIRED)

Name	Relationship	Phone #:
Name	Relationship	Phone #:
Name	Relationship	Phone #:

BEHAVIORAL PROBLEMS

Identify any behavior problems and how to deal with them

TRIPS

Permission Consent Form/Waiver: My child has permission to participate in the above activity and to be escorted, under proper adult supervision, away from _____ (facility) to participate in activities associated with the event of which I have registered. I do not hold _____ (facility) and program staff responsible for any accident or illness that might occur while my child is involved in scheduled activities. I request that the adult in charge seek or administer proper medical attention if necessary. Participants should have a recent medical examination certifying that his/her physical activity need not be limited. Participants assume any and all risks associated with the activity including, but not limited to falls, contact with other participants, heat or humidity and condition of fields, all such risks being known and appreciated by me. I hereby release the City of Philadelphia, Philadelphia Parks & Recreation Department, Saint Joseph's University, all sponsors, agents, volunteers and anyone acting on their behalf for any and all claims of liability.

Signature of Parent/Guardian	Date	Parent's E-mail Address
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THE PHILADELPHIA PARKS & RECREATION DEPARTMENT ASSURES THAT ALL FACILITIES AND SERVICES ARE AVAILABLE FOR PUBLIC USE WITHOUT REGARD TO RACE, COLOR, RELIGION, ANCESTRY, SEX, AGE, PHYSICAL HANDICAP, NATIONAL ORIGIN, SEXUAL OR AFFECTIONAL PREFERENCE OF MARITAL STATUS. IF ANYONE BELIEVES HE OR SHE HAS BEEN SUBJECTED TO DISCRIMINATION ON THESE BASES, HE/SHE MAY FILE A COMPLAINT ALLEGING DISCRIMINATION WITH EITHER THE PHILADELPHIA PARKS & RECREATION DEPARTMENT OR THE OFFICE FOR EQUAL OPPORTUNITY, U.S. DEPARTMENT OF INTERIOR, WASHINGTON, D.C. 20240.

Medical History Form

Child's Name: _____

Height: _____ Weight: _____

Does your child have any medical problems (*e.g.*, diabetes, asthma, seizure disorder, etc.)?

YES NO

If YES, list medical problem(s): _____

Does your child take any medication? YES NO

If YES, list medication(s) with dosages and frequency of dosage: _____

Does your child have any allergies? YES NO

If YES, list allergies: _____

Has your child suffered any injuries in the last 18 months? YES NO

If YES, please describe the injury and your child's current condition:

Will these medical problem(s), your child's use of medication, allergies, injuries, etc. affect your child while he/she is rowing, running or swimming? YES NO

If YES, what precautions should be taken while your child is participating in rowing, running or swimming?

Does your family have any history of heart problems at a young age? YES NO

If YES, please explain: _____

Is there anything else that you feel the Lloyd Hall Staff should know about your child's health condition? YES NO

If YES, please explain:

Date of last physical exam (must be within one year to participate in rowing): ____/____/____

Does your family have medical insurance? YES NO

Name of Insurance Carrier: _____

Plan or Policy No. _____

Additional medical information may be requested by PPR.