



# SALTAIRE DAY CAMP

P.O. BOX 5551, BAYSHORE, NY 11706



CAMP DIRECTOR

**Keith Miller**

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Dear Parents/Guardians:

On Thursday, August 8, 2019 the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> grades will be going to Adventure Land. Adventure Land is a small amusement park located in Farmingdale. The campers will leave from the Saltaire dock on the 10:00 AM ferry. Once we get to Bay Shore, we will take a 20-minute bus ride to the park. Each camper will stay with a small group that is chaperoned by a counselor. We will leave Adventure Land around 2:15 PM to catch the 3:00pm boat back to Saltaire.

The cost for this trip is \$35 which covers the cost of the ferry tickets, bus, and admission to the park. We also suggest that you give your child \$15-\$20 in spending money for lunch and games.

In the event of rain, the trip will be postponed until Friday, August 9th. Since the day will be quite long, we ask that your child not come to camp at 9 o'clock, but rather meet us at the Saltaire dock by 9:30 am. A hard copy permission slip is **MANDATORY** and **MUST** be turned in by Monday, August 5, 2019. If your child will not be attending the trip, please email me at [keith@saltaire.org](mailto:keith@saltaire.org) so that I can have something planned for him/her that day. Sincerely, Keith

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*The Recreation Program provides limited accident insurance coverage for each child during participation in recreation activities. It is not in any way a substitute for family medical coverage and the Village strongly encourages that each participant should maintain their own sufficient medical coverage. I give permission for emergency diagnostic and therapeutic procedures, including hospitalization, securing proper treatments, injection of medication, anesthesia or surgery as may be deemed necessary for my child by the medical personnel in charge of care at the time; and also provide information concerning my child's medical condition to the responsible officials when deemed necessary. My child is in good health and has my permission to enroll and participate. My child has no previous sickness, illness, disease or bodily injury which is in any way a constraint or restriction to his/her participation in this activity and/or program*

I give permission for my Son/Daughter \_\_\_\_\_ to go on the Adventure Land trip on Thursday, August 8th, with the Saltaire Day Camp.

PARENTS SIGNATURE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT PHONE # \_\_\_\_\_

CHILD'S/CHILDREN'S NAME \_\_\_\_\_

GRADE OF THE CHILD/CHILDREN \_\_\_\_\_

**\*\*ALL CAMPERS MUST WEAR THEIR CAMP T-SHIRT FOR THE TRIP AND CLOSED TIP SHOES (SNEAKERS).**