



# SALTAIRE DAY CAMP

P.O. BOX 5551, BAYSHORE, NY 11706



CAMP DIRECTOR

**Keith Miller**

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Phone (631) 583-5566

Website: [www.saltairecamp.com](http://www.saltairecamp.com)

Dear Parents/Guardians:

On Wednesday, July 17, 2019 grades 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> will be going on a fishing trip. As in years past, we will conduct two separate trips within the camp day. The 5<sup>th</sup> & 6<sup>th</sup> grades will be on the first trip and depart from the Saltaire dock at **8:30am** and will return at **10:15am**. These groups will need to be at the dock at **8:15 am** and will dismiss at their regular time of noon. The 3<sup>rd</sup> & 4<sup>th</sup> will be on the second trip. The 3<sup>rd</sup> & 4<sup>th</sup> grades will come to camp at the normal time and will begin their fishing trip at **10:30am**. They will return to the Saltaire dock around **12:15 pm**, and will be dismissed from the dock. The fee for the fishing trip is \$25. If there is a thunderstorm, the trip will be postponed. Please call Village Hall if you are unsure about the weather or email Keith at [keith@saltaire.org](mailto:keith@saltaire.org). In order for your child to go on this trip, the attached permission slip must be turned in by Monday, July 15<sup>th</sup>. There is a snack bar on the fishing boat if you wish to give your child some spending money. If your child will not be attending the trip, please email me at [keith@saltaire.org](mailto:keith@saltaire.org) so that I can arrange activities for them that day.

Thank you for your cooperation!!

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 fishing trip on July 17, 2019 with the Saltaire Day Camp.

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

CAMPER'S GRADE \_\_\_\_\_

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

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