



SUMMER'S BEST 2 WEEKS

July 8th – July 19th

We are excited for

2024 Summer's Best 2 Weeks Camp at New Covenant!

As we prepare for your family's arrival we wanted to go over a few updates with you! We plan to keep all of the amazing sports, events and activities from last year! In order to keep things running to their full potential we are limiting our full day campers to 100 participants. Applications will be processed on a first come, first serve basis. Once we reach 100 participants we will have a waitlist.

All Applications need to have the following. Your child's spot is not guaranteed if the following items are not included.

- _____ Completed Application
- _____ Payment: A minimum **\$50 per child** non-refundable deposit is due with registration
(Check made out to "New Covenant of Rochester", Memo line "SB2W 2024")
- _____ Health Form

Completed Applications can be dropped off at New Covenant and placed in the mail box under the carport by the front door or mail the application to 1350 Five Line Rd, Penfield NY 14526



SUMMER'S BEST 2 WEEKS

July 8th – July 19th

2024 SB2W Camper Application

PRIMARY LOCATION: New Covenant Fellowship, 1350 Five Mile Line Road, Penfield, NY 14526

ADDITIONAL LOCATIONS: Swimming and Swim Meet: Penfield High School. Track Meet: New Covenant Church.

DATES:

Monday July 8th to Friday July 19th

*Monday, July 8th to Fri, July 21st 9:00 a.m. – 4:30 p.m. (Half Day 9:00 a.m. – 12:00 p.m.)

*Wednesday, July 10th: Oldest GIRLS Squad Overnight at the Church

*Thursday, July 11th: Family Camp Night, all campers welcome and their families. 4:30pm-7:30pm

*Thursday, July 11th: Oldest BOYS Squad Overnight at the Church

*Sunday July 14th: Camp Sunday at New Covenant Fellowship, service at 10:00 a.m.

*Sunday July 14th: "412" Youth Group @ New Covenant, 5-7pm camper going into 6th grade and up

*Tuesday July 16th: Track Meet 9:30 @ New Covenant Church

*Wednesday July 17th: Swim Meet 3pm @ Penfield HS Pool

*Friday July 19th: Camp Awards begin at 3:00 p.m., at New Covenant. Families are welcome.

(We do our best to adhere to these dates but they are subject to change)

AGES

Full Day Campers: Ages 7-14

Half Day Campers: Ages 4-6

*Students ages 15+ are encouraged to apply to serve on Work Crew or as Jr. Counselors

COST FOR CAMPERS

*Full Day (7-14) Early Registration (before March 1st) = \$240.00

*Full Day (7-14) Late Registration (March 2nd or later) = \$260.00

*Half Day (ages 4-6) Early Registration (before March 1st) = \$110.00

*Half Day (ages 4-6) Late Registration (March 2nd or later) = \$130.00

*Full Day Multiple sibling discount = 2nd sibling gets \$25 off, 3rd sibling gets \$50 off

*Half Day Multiple sibling discount = 2nd sibling gets \$12 off, 3rd sibling gets \$25 off

*A minimum \$50 *per child* non-refundable deposit is due with registration and Medical Release by March 1st



SUMMER'S BEST 2 WEEKS

July 8th – July 19th

VALUES

The “I’m Third” motto: “God first, Others second, and I’m Third”

At SB2W we strive to emulate the “I’m Third” motto in every aspect of camp. Competition is one of the hardest areas of life to have an “I’m Third” attitude. We compete in everything we do at camp so we can practice that attitude in hopes that it would stick with us in all aspects of our life; in the way we act when we win or lose, in the way we serve one another, and in the way that we work hard at all things and not just those we excel at naturally. Ultimately, being “I’m Third” is a way to honor God with the way we live our lives.

CAMP STAFF

Supervision & care will be provided directly by our Senior Counselors who will lead a “squad” of around 10 campers (of the same gender and age range) for the duration of the two weeks in Bible study, competition, swimming and other activities. These Sr. Counselors have been selected for their love for kids, active walk with Christ, enthusiasm, and desire to give your child the best two weeks of their summer!

Supporting the Sr. Counselors are 1-2 Jr. Counselors (older HS students) per squad who assist with all squad activities. The Work Crew Bosses (adults) and Work Crew (younger HS students) cover all the set up at camp and add to the fun & excitement for the kids. Overseeing all of the camp activities are the Camp Directors.

THINGS TO BRING

Bible, Bag lunch, Water bottle, Swimsuit (one-piece suits for girls) and towel,
Athletic clothes & footwear, Sun Block, Sun Glasses if necessary, Hat

PLEASE LEAVE HOME

Jewelry, Shoes/flip flops/sandals/slides, Cell phone, Headphones/earbuds

SB2W’S ROMANS & GALATIANS

One exciting element of camp is the friendly competition between the ‘Red Hot’ **Romans** and ‘Cool Blue’ **Galatians** teams. In keeping the SB2W traditions going back to 1966, once one person in a family becomes part of the Roman or Galatian teams, all their siblings, parents, distant cousins, etc. are also part of that same team affiliation. Team affiliations do not change from year to year (though the eldest team loyalty does override in the case of a cross-team marriage).

For new campers to SB2W, your team affiliation will be announced on the first day of camp with great excitement! As part of registering for SB2W camp, your child will receive a team (Roman or Galatian) T-shirt; they will receive their shirt at the team-revealing ceremony. Oftentimes, parents would like to purchase additional team shirts (for just \$12) so your child can represent their team throughout the two weeks and still be hygienic.



SUMMER'S BEST 2 WEEKS

July 8th – July 19th

2024 SB2W Camper Registration Form

Please complete the following application and return to Bill Lydon or New Covenant Fellowship, 1350 Five Mile Line Road, Penfield, NY 14526

Applications are due by March 1st *First Come First Serve Basis*

(Make checks out to New Covenant of Rochester with "SB2W 2024" in the memo line)

Financial Aid: Applications available, request a form or download one from website:

Website: <https://www.newcovenantrochester.org>

Camper's Name: _____ Nickname (if used): _____

Age: _____ Grade (Fall '24): _____ School: _____

Date of Birth: _____ Height: _____ Male or Female (circle one)

Home Address: _____

City: _____ State: _____ Zip: _____

Is camper living with both parents? Yes or No (circle one) If not, with whom? _____

TEAM & SHIRTS (available for pickup first day of camp at registration)

*Has the above camper attended a SB2W camp before? Yes or No (circle)

If yes, what team was the camper on? Roman or Galatian (circle)

*Has the above camper ever had a family member attend a SB2W camp? Yes or No (circle)

If yes, what team were they on? Roman or Galatian (circle)

Family member name & camp attended: _____

*Does the above camper have any relatives (siblings, cousins, etc.) attending SB2W with them this term?

Yes or No (circle one) If yes, please list the campers' names: _____

*T-Shirt Size (circle one):

Youth XS	Youth S	Youth M	Youth L		
Adult S	Adult M	Adult L	Adult XL	Adult XXL	

*Would you like to purchase additional team shirts for your child for \$12.00?

Yes or No (circle one) If yes, how many? _____

*Volunteer Opportunities (circle or write in): Nurse, Check-in/out: _____

*How did you hear about SB2W?

I've been a camper in the past. If, you've been a camper/staff, how many summers: _____

I saw SB2W advertised in the community or heard about at New Covenant Fellowship

I was referred by a friend or family member. If so, who? _____



SUMMER'S BEST 2 WEEKS

July 8th – July 19th

2024 SB2W Medical Release

FORM REQUIRED for all campers, staff, and volunteers

Demographic Information

SB2W Role (circle one): Camper Youth Staff/Volunteer (under 18) Adult Staff/Volunteer

Last Name: _____

First Name: _____

Date of Birth (MM/DD/YYYY): _____ Male or Female (circle)

Cell Phone (Personal number, N/A if student does not have one): _____

Guardian Demographic Information (*COMPLETE if Under 18 Years*)

1. Primary Parent/Guardian/Emergency Contact Name: _____

Relationship to Child: _____ Cell Phone: () _____ - _____

Can we text this phone? Yes or No (circle one) Other Phone: () _____ - _____

2. 2nd Parent/Guardian/Emergency Contact Name: _____

Relationship to Child: _____ Cell Phone: () _____ - _____

Can we text this phone? Yes or No (circle one) Other Phone: () _____ - _____

Health Information (*ALL MUST COMPLETE*)

Physician Name/Office: _____ Physician Phone: _____

Dentist: _____ Dentist Phone: _____

Preferred Hospital: _____

Insurance Carrier: _____ Policy #: _____

Date of Last Physical: _____

No Allergies or **Allergies** (circle one)

If Allergies, list type and reaction (medications & food-related):

Prescription or Daily Medications

Please list any medications you will take during camp or may need to take during camp: _____

*ANY medication needing to be stored or administered by camp staff MUST have a doctor's order and be provided by the attendee. (This includes over the counter medications) *



SUMMER'S BEST 2 WEEKS

July 8th – July 19th

Please answer questions below to indicate if you attendee has or has ever had the following:			
1	Within the last year, has the athlete sustained any injury which required medical attention or had any illness which required surgery or caused them to miss school or sports? If yes, please describe:	Yes	No
2	Has s/he had any contagious skin problems?	Yes	No
3	Does s/he have an ongoing medical condition? Please circle: Asthma, diabetes, seizures, Marfan's Syndrome, sickle cell trait or disease, other:	Yes	No
4	Does s/he have a life threatening allergy? Please circle: Medication, food, insect bite, pollen, latex, other:	Yes	No
5	Does s/he carry an Epi-pen (epinephrine)? Have they ever had anaphylaxis?	Yes	No
6	Has s/he ever complained of light-headedness, dizziness or fainted during or after exercise?	Yes	No
7	Has s/he ever complained of chest pain, tightness or pressure during or after exercise?	Yes	No
8	Has s/he ever complained of or been told by a health care provider that they have fluttering in their chest, skipped beats, or a racing heart? Have they ever had (Please circle): EKG, echocardiogram, stress test?	Yes	No
9	Has a medical professional ever denied or restricted his/her participation in sports for any reasons?	Yes	No
10	Has s/he been told that s/he has a heart condition or problem or any of the following? Please circle: High or low blood pressure, high cholesterol, implanted cardiac defibrillator (ICD), pacemaker, heart infection, heart murmur, or Kawasaki Disease.	Yes	No
11	Does s/he have a bleeding disorder?	Yes	No
12	Does s/he wheeze or cough frequently during or after exercise?	Yes	No
13	Has a health care provider ever said s/he has asthma or exercise-induced asthma?	Yes	No
14	Does s/he use or carry an inhaler or nebulizer?	Yes	No
15	Has s/he ever complained of getting extremely tired or short of breath during exercise?	Yes	No
16	Has s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had a concussion?	Yes	No
17	Does s/he ever have headaches with exercise or experience migraines at any time?	Yes	No
18	Has s/he ever had a seizure or been diagnosed with a seizure disorder?	Yes	No
19	Does s/he use a brace, orthotic, retainer, or other protective device?	Yes	No
20	Does s/he have any problems with his/her hearing or wear hearing aids/cochlear implant?	Yes	No
21	Does s/he have problems with vision or only have vision in one eye or wear protective eyewear such as goggles/face shield?	Yes	No

Health History (*ALL MUST COMPLETE*)

Additional Information you wish to share with camp staff to explain health history or other details (physical and/or emotional needs):



SUMMER'S BEST 2 WEEKS

July 8th – July 19th

Immunizations (Please attach a copy of your vaccination record OR list dates below)

TDap	MMR	Pneumococcal
Dtap	Hepatitis B	Varicella (Chicken Pox)
Polio	Haemophilus (Hib)	Other:

Health Consents (*COMPLETE if Under 18 years*)

*I hereby give my child permission to use sunscreen (Check all that applies):

- Apply sunscreen by themselves
- Counselor and/or Nurse (circle one or both) may assist camper in applying it to their arms, face, and neck

Parent/Guardian Initial: _____

*In the event I cannot be reached in a medical emergency, I hereby give permission to the health care team at the scene of the accident/emergency room to hospitalize, secure treatment and order injections, anesthesia or surgery.

Parent/Guardian Initial: _____

*In the event of an accident resulting in injury or death, I do not hold New Covenant Fellowship of Rochester, its volunteers, or employees liable.

Parent/Guardian Initial: _____

*I agree to the above and hereby grant permission for _____ (camper's name) to participate in SB2W day camp. I hereby grant permission for the camper named above to appear in photos taken by camp officials that may or may not be posted to the camp website (no names will be used). The camper named above may participate actively in the total program, except as follows:

Parent/Guardian Signature: _____ **Date:** _____