

BINGHAMTON
POLICE ATHLETIC
LEAGUE

JULY
8TH
THRU
AUGUST
9TH

P.A.L. SUMMER CAMP

BOYS & GIRLS
5-13 YEARS OLD



ACTIVITIES

- Hiking and nature walks
- Scavenger hunts
- Kayaking
- Swimming
- Basketball
- S.T.E.A.M
- Crafts
- Fishing
- Pool
- Air Hockey

536 Stratmill Road, Binghamton, NY 13904
www.binghamtonpalcampny.com
Office: 607-723-2766
Camp: 607-775-4044 (camp weeks only)

DAILY SCHEDULE

Bus arrival and parent drop off.....	8:45 - 9:00 AM
Morning routine - Roll Call - Breakfast.....	9:05 - 9:20 AM
Activity 1.....	9:25 - 10:10 AM
Activity 2.....	10:15 - 10:50 AM
Activity 3.....	10:55 - 11:50 AM
Lunch.....	11:55 - 12:15 PM
Activity 4.....	12:20 - 1:05 PM
Activity 5.....	1:10 - 1:55 PM
Pack up and Clean up.....	2:00 - 2:20 PM
Afternoon meeting and behavior rewards.....	2:25 - 2:35 PM
Bus Departs and Parent Pick up.....	2:35 - 2:45 PM



2024
**BUS TRASPORATION
 PROVIDED BY
 BINGHAMTON
 UNIVERSITY
 O.C.C.T**

BUS STOPS/TIMES

Great Beginnings Lot (Conklin Ave.)...8:00	4:00	Woodrow Wilson School (Lot behind School)....8:30	3:20
Ben Franklin School Parking Lot.....8:03	3:55	Valley Street Playground.....8:40	3:17
St. John's Church (Vestal Ave.).....8:07	3:45	Theodore Roosevelt School (Ogden St).....8:45	3:10
Ross Park Zoo Upper Parking Lot.....8:10	3:40	St. Paul's Church (Robinson St. Side).....8:47	3:08
Susq. at Exchange (Woodburn Ct. 1)....8:15	3:35	Robinson at Griswold St.....8:50	3:07
Horace Mann School (Laurel Ave.).....8:20	3:27	Carlise Apts. (Admin. Building).....8:55	3:04
Thomas Jefferson School (Helen St.)...8:25	3:24	Calvin Coolidge School (Moody St.).....9:00	3:00
		I will personally drive my child to and from camp...8:45	2:30

APPLICATION



Camper Information:

Name _____ Age _____

Address _____ City _____

State _____ Zip Code _____

Parent/Guardian Information:

Name _____ Email _____

Phone Number _____ Employer _____

Income* _____ Household Size* _____

Ethnic Origin*

Hispanic _____ Non-Hispanic _____

Race*

White _____ Black _____ American Indian or Native Alaskan _____ Asian or Pacific Islander _____

*(Data used for government funding)

**PAL WILL FURNISH -- LUNCH -- MILK -- SNACKS
CHILDREN MUST BRING THEIR OWN TOWELS
AND BATHING SUITS (PLEASE LABEL ALL
BELONGINGS)**

Emergency Contact:

Name _____ Phone _____ Relationship _____

(In case of an emergency, and camp personnel are unable to locate designated person(s) to be notified - appropriate emergency measures may be taken by the camp personnel; hospital, physicians, or other emergency care facilities, and shall notify the parent(s)/guardian(s) as soon as possible.)

Signature: _____ (Must be signed



Minor (Child) Photo/Video Release:

I, _____, the parent/guardian of _____ (Child) grant the Police Athletic League/third parent they are working with (eg. Unite Way) my permission to use photographs and/or videos described as for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising and web content.

Furthermore, I understand that no royalty, fee or compensation shall become payable to me by reason of such use.

Parent/Guardian Signature _____

**VERY
IMPORTANT**

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS WITH ALL SHOTS AND BOOSTERS WITH DATES. THE STATE OF NEW YORK HEALTH DEPARTMENT PROHIBIS ANY CHILD TO ATTEND SUMMER CAMP WITHOUT COMPLETE IMMUNIZATIONS.

Name of Physican _____ Phone _____

Address _____ City _____

State _____ Zip Code _____

Any Allergies to Medications, Food, Insect Stings, etc.: _____

List all medications currently being taken (please attach Physican's note) _____

Do you give permission for sunscreen and/or bug/tick spray to be used? YES _____ NO _____

Applied by staff (if needed)? YES _____ NO _____

CIRCLE YOUR CHOICE OF ONE WEEK ONLY

MONDAY THROUGH FRIDAY, 8:45 AM - 2:30 PM

Monday, July 8

Monday, July 15

Monday, July 22

Monday, July 29

Monday, August 5

PLEASE INDICATE THE BUS STOP WHERE YOUR CHILD/REN WILL BE PICKED UP/DROPPED OFF - CHILD/REN SHOULD BE AT THE STOP 10 MINUTES PRIOR TO PICK-UP. ALL TIMES ARE APPROX. BASED ON NUMBER OF STOPS

(PLEASE MAKE SURE YOU ARE ON TIME FOR THE BUS AND HAVE A PLAN WHEN YOUR CHILD GETS ON AND OFF)

Please mail application to: Police Athletic League, P.O. Box 1472, Binghamton, NY 13902
Questions: Call the PAL office at 607-723-2766 or Email at palcamping@gmail.com



Liability Waiver

Please carefully review this Liability Waiver (“Waiver”) before engaging in any activities or utilizing any facilities provided by the Police Athletic League. Your sign on this waiver signifies your acceptance of the terms and conditions stated herein.

Assumption of Risk:

I understand and acknowledge that participating in the event/activity (including kayaking) involves certain risks, including, but not limited to physical injury, illness, property damage, and even death. I voluntarily assume all risks associated with my child’s participation.

Release of Liability:

I release and discharge the Police Athletic League, its officers, employees, agents, volunteers, and any other representatives (collectively referred to as “Release”) from any and all claims, demands, actions, or causes of action arising out of a related to any loss, damage, or injury, including death, that may be sustained by me as a result of my participation in the event/activity (including kayaking).

Indemnification:

I agree to indemnify and hold harmless the Releases from any and all liability, claims, demands, actions, or causes of action that may arise from my child’s actions or conduct during the event/activity (including kayaking).

Medical Treatment:

In the event of an injury or illness during the event/activity, I consent to authorize the provisions of necessary medical treatment and care, including, but not limited to, first aid and emergency medical services. I understand that I will be responsible for any associated medical costs.

Governing Law:

This Agreement shall be governed by and construed in accordance with the laws of the state of New York/Broome County, without regard to its conflict of laws principles. Any legal action or proceeding arising out of or related to the Agreement shall be filled in the state of federal courts located within New York/Broome County, and the Participant consents to the personal jurisdiction of such courts.

By signing below, I acknowledge that I have read and understood the liability waiver and I voluntarily sign it.

Name: _____

Signature: _____



FINANCIAL WELLNESS DAY

with **VISIONS**
FEDERAL CREDIT UNION

Presented by:

Samantha Lethbridge
*Certified Credit Union
Financial Counselor*

Ashley Layton
Financial Wellness Officer



**Parents and guardians, are you
interested in becoming a member?**

Scan our QR code to join!*

Every Tuesday the Visions team will be sharing tips and tricks
on how to save, spend, and share your money!
Plus, we'll have hands-on activities and games!

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Don't forget about our Youth Program!

We offer special prizes for saving, games,
a quarterly newsletter, and even a
Little Heroes program that recognizes children
making an impact in their communities!

Visit **visionsfcu.org/youth** to learn more!

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*Visions membership requires \$1 minimum deposit. Certain membership eligibility details apply; ask for details or visit visionsfcu.org/join. Some products and services are restricted by age and/or creditworthiness. All loan applications subject to standard credit criteria. Visions is federally insured by NCUA. Equal Housing Lender.