

ROBERT SANDAK, MAYOR
SHEILA KNAPP, DEPUTY MAYOR
JACQUELYN GERNAEY, TRUSTEE
RICHARD V. MUSTO, MD, TRUSTEE
CAROLINE ENGELHARDT, MD, TRUSTEE



**INCORPORATED VILLAGE
OF BELLE TERRE**
1 CLIFF ROAD
BELLE TERRE, NEW YORK 11777

JOANNE RASO
CLERK-TREASURER
LOUISE SMIT
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(631) 928-0020
FAX (631) 928-7971
BTVILLAGEOFFICE@GMAIL.COM
WWW.BELLETERRE.US

Dear Parents/Guardians

The Village of Belle Terre is pleased to announce that we will, once again, offer our “Summer Youth Program”, after a one-year hiatus due to the COVID Pandemic.

As with so many other facets of our lives, the Pandemic has necessitated several changes to our program: some minor and some more significant.

It is our intention to protect both “staff” and “campers” to the best of our ability, through strict adherence to all CDC and New York State guidelines. Since these guidelines are changing at an accelerating pace, changes in our procedures may be necessary and should be expected throughout the season.

We hope that these precautions become just minor inconveniences in what otherwise should be a very enjoyable summer.

1. All campers must have proof of a negative COVID test within 72 hours of their first day in attendance at camp.
2. All campers will have their temperature taken upon arrival at camp each day.
3. Campers must wear masks when not in the water. (Pack extras each day.)
4. In addition to the normal registration forms, a waiver of liability must be signed by the parent or guardian.
5. There will be no “guest” registrations (children visiting for the day).
6. Camp may be cancelled when extremely bad weather is predicted and activities are usually held in the Bove Community Center.
7. There will be no camp fee “refunds” due to illness or COVID quarantine.
8. You will receive additional details regarding daily precautions from our very experienced and dedicated staff. (Please remember, procedures may be changed at any time.)

Thank you for your cooperation and have a great summer.

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April 29, 2021

Dear Parents,

Summer is almost here! The Village of Belle Terre has been providing a Beach Program for over 50 years at our beautiful John W. Knapp Beach. The camp provides a wonderful opportunity for children to be with their friends, make new friends, learn new swimming skills and activities, gain a wealth of personal development all while enjoying our beach. Our highly skilled staff, is certified by the American Red Cross, in Waterfront Lifeguarding, First Aid, and in CPR/AED for the Professional Rescuer. Water Safety Instructors and Responding to Emergencies staff members are present at all times to insure your child has the safest and most rewarding summer. To get started on making this “**The Best Summer Ever**” please note:

- The 2021 Beach Program will **begin on Monday, June 28th and end on Friday, August 6th**. Camp will be **closed Monday, July 5th**.
- Mornings, 9:00 -12:00 are for Campers entering 6th – 10th grade in the fall.
Afternoons, 1:00 - 4:00 are for Campers entering Pre K – 5th grade in the fall.
- Lifeguard Training available for ages 15 & up.
- **Campers entering 5th, 6th, 7th or 8th grade in the fall can register for a full day camp session, which includes a supervised session from 12:00 – 1:00 p.m. (9:00 a.m. – 4:00 p.m. see registration form for fee)**
- **Campers are not permitted** to stay at the beach between 12:00 p.m. – 1:00 p.m. without parental supervision, unless enrolled in the full day program above.
- Please **register** your camper by **Friday, May 21st**. This will give us adequate time to plan staffing needs based on enrollment. Payments will be processed after June 1st.
- To be in compliance with New York State Department of Health regulations, a copy of your child’s up to date **immunization record** must be submitted. This along with **your completed forms and check** will allow your camper to be registered for camp.
- Community Service hours can be granted to High School Students, in the program, who want to volunteer their time.
- The Belle Terre Village Office (**btvillageoffice@gmail.com**) can direct your questions. Along with our General Director, Samantha Abelson, Aquatics Director, Anique Schachner and our camp staff, I look forward to another great summer at the Belle Terre Beach Program!

Sincerely,

Françoise Schachner

Belle Terre Youth Program Commissioner

The Village of Belle Terre Beach Program is in compliance with the regulations of The Suffolk County Department of Health Services.

BELLE TERRE SUMMER YOUTH PROGRAM 2021 REGISTRATION INFORMATION

Session	Age & Upcoming School Year 2021-2022	Time
LGT (Lifeguard Training)	15 Years and up (at start of camp)	9AM – 12PM
AM	Grades 6 and up	9AM – 12PM
PM	Pre-K through 5 th grade	1PM – 4PM
Full Day Program	Campers entering 5 th , 6 th , 7 th or 8 th Grade ONLY (Including Lunch Supervision 12-1PM)	9AM - 4PM

Camp will run Monday thru Friday for six weeks, June 28th through August 6th **NO CAMP 7/5/21**
No day guests in 2021 due to Covid-19 precautions.

A calendar of events will be distributed at the beginning of camp.

Campers should wear a bathing suit, proper footwear and bring a towel, peanut free snack, sunscreen and a hat on days we are at the beach.

No camp on rainy days.

Incomplete applications will be returned to the parents by mail and the camper fees will be determined by submission date of the complete application package. Timely applications are appreciated for staffing purposes.

Please note that your children's immunization records (for all campers) must be included in submitted registration packet for the registrations to be complete.

NO FEES WILL BE PRORATED

***There will be an administrative fee of \$100.00 per application. No Exceptions!!
The \$100.00 will be waived for each application that is received prior to June 15th.
No Refunds for non-attendance.**

SINGLE SESSION FEES

\$475* Belle Terre Resident (First registered child), 2nd child/\$450, 3rd child/\$425, 4th + child/\$400 each
\$700* Port Jefferson Resident (First child), 2nd child/\$675, 3rd child/\$650, 4th + child/\$625 each
\$815* Residents outside PJSD (First child), 2nd child/\$790, 3rd child/\$765, 4th + child/\$740 each
Each additional child per family is discounted.

FULL DAY FEES

(5th, 6th, 7th and 8th grade campers only)

\$720* Belle Terre Resident (First registered child), 2nd child/\$680, 3rd child/\$640, 4th + child/\$600
\$1050* Port Jefferson Resident (First child), 2nd child \$1010, 3rd child/\$970, 4th + child/\$930
\$1225* Residents outside PJSD (First child), 2nd child \$1185, 3rd child \$1145, 4th + child/\$1105
Each additional child per family is discounted.

All Forms are available at the Village Office and on the Village website at www.belleterre.us

Fill out full application packet and return completed & signed forms, Immunization Records and Check Payable to:

The Incorporated Village of Belle Terre
1 Cliff Road
Belle Terre, NY 11777

631-928-0020

btvillageoffice@gmail.com

www.belleterre.us

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to BE ON PREMISES and participate in the BELLE TERRE YOUTH PROGRAM ("BTYP"), I, on behalf of myself and my family, including any minor child/children for whom I have the capacity to contract, hereby acknowledge the following:

1. I understand the hazards of the novel coronavirus (COVID-19) and am familiar with the Centers for Disease Control and Prevention (CDC) guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.
2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate (and/or have my children participate) in the BTYP activities. I acknowledge that my children, family and I derive personal satisfaction and other benefits by virtue of our participation in the BTYP, and we willingly engage in BTYP activities.
3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the BTYP activities and hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE (on behalf of myself or any minor children for whom I have the capacity to contract) the BTYP, the Village of Belle Terre, its Trustees, officer, agents, employees and assigns ("the RELEASEES") from any liability related to COVID-19 which might occur as a result of being on the premises and participating in the BTYP.
4. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses, or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements whether or not an action is brought, on appeal or otherwise) arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other injury or illness.
5. It is my express intent that this waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the RELEASEES. This agreement and provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of New York. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT TO GRANT PERMISSION TO BE ON THE PREMISES AND PARTICIPATE IN THE BTYP AND ITS ACTIVITIES.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily of my own free will, act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have signed the Waiver and Agreement on this ___ day of _____, 2021.

NAME: _____

SIGNATURE: _____

NAMES OF MINOR CHILDREN: _____

PARTICIPATION AGREEMENT

While participating in events held or sponsored by the BELLE TERRE YOUTH PROGRAM (BTYP) “social distancing” must be practiced and face coverings worn at all times to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, BTYP has put in place preventative measures to reduce the spread of COVID-19. However, BTYP cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in BTYP activities. By attending BTYP, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath;
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

SUBMIT COVID-19 TEST RESULT AS DEMANDED

Participants and staff members agree to submit proof of a negative PCR COVID-19 test performed within 72 hours of the start of camp and/or said individual’s participation in camp. In addition, if at any time during the camp season, BTYP deems a further negative test necessary before allowing a camper to return to camp, proof of such a negative PCR COVID-19 test performed within the required time frame must be submitted. BTYP shall have the sole discretion in determining when or if a COVID-19 test is required before return to camp. There shall be no refunds issued based upon the inability to participate in camp.

DUTY TO SELF-MONITOR:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact BTYP immediately if he/she experiences symptoms of COVID-19 within 14 days after participating with BTYP.

ASSUMPTION OF THE RISK.

I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with BTYP, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

IN WITNESS WHEREOF, I have signed the Waiver and Agreement on this ___ day of _____, 2021.

NAME: _____

SIGNATURE: _____

NAMES OF MINOR CHILDREN: _____

Belle Terre Summer Youth Program Registration Form 2021

Parent/Guardian _____ Home Phone # _____
Address _____ Cell Phone # _____
_____ E-Mail Address _____

Camper(s) Must meet grade eligibility for am or pm session

1. Name _____ DOB _____ Grade in Fall 2021 _____
Session (AM or PM) _____ Shirt Size: (circle one) Child S Child M Child L AS AM AL AXL
_____ 5th, 6th, 7th or 8th grade all day camper (Please check if applicable) (office use only - Receipt # _____)

2. Name _____ DOB _____ Grade in Fall 2021 _____
Session (AM or PM) _____ Shirt Size: (circle one) Child S Child M Child L AS AM AL AXL
_____ 5th, 6th, 7th or 8th grade all day camper (Please check if applicable) (office use only - Receipt # _____)

Forms for additional campers are available at www.belleterre.us

Evacuation

During the course of the summer, there is occasional inclement weather. Severe weather, such as lightning, necessitates the beach to be closed. We are then **required** to evacuate the beach. Unfortunately, severe weather may begin after a session starts. In these cases, we **must** remove the campers from the beach and transport them to the Community Center as quickly as possible for immediate pickup. Campers will be transported in an orderly fashion by our staff and, if necessary, by available parents. You are welcome to come to the beach to pick up your child.

Photographs

The Youth Program will be taking pictures of your child, both in a posed group shot and in candid photographs during camp activities so that we may provide you with lasting memories of the summer.

I understand that both of the above procedures are part of the Belle Terre Youth Program and agree to allow my child(ren) to be evacuated from the beach in the case of an emergency and to be photographed during camp events.

Parent/Guardian Signature

Date

All forms, including immunization records and payment must be submitted in order for your registration to be processed.

SUPPLEMENTAL REGISTRATION FORM (FOR ADDITIONAL CAMPERS) 2021

Camper(s) must meet grade eligibility for am or pm session

Please attach this completed form to your 2021 Youth Program Application (for additional campers).

Parent/Guardian _____ Home Phone # _____
Address _____ Cell Phone # _____
_____ E-Mail Address _____

Camper(s) Must meet grade eligibility for am or pm session

3. **Name** _____ **DOB** _____ **Grade in Fall 2021** _____
Session (AM or PM) _____ Shirt Size: (circle one) Child S Child M Child L A S AM AL AXL
_____ 5th, 6th, 7th or 8th grade all day camper (Please check if applicable) (office use only - Receipt # _____)

4. **Name** _____ **DOB** _____ **Grade in Fall 2021** _____
Session (AM or PM) _____ Shirt Size: (circle one) Child S Child M Child L A S AM AL AXL
_____ 5th, 6th, 7th or 8th grade all day camper (Please check if applicable) (office use only - Receipt # _____)

5. **Name** _____ **DOB** _____ **Grade in Fall 2021** _____
Session (AM or PM) _____ Shirt Size: (circle one) Child S Child M Child L A S AM AL AXL
_____ 5th, 6th, 7th or 8th grade all day camper (Please check if applicable) (office use only - Receipt # _____)

Evacuation

During the course of the summer, there is occasional inclement weather. Severe weather, such as lightning, necessitates the beach to be closed. We are then **required** to evacuate the beach. Unfortunately, severe weather may begin after a session starts. In these cases, we **must** remove the campers from the beach and transport them to the Community Center as quickly as possible for immediate pickup. Campers will be transported in an orderly fashion by our staff and, if necessary, by available parents. You are welcome to come to the beach to pick up your child.

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Parent/Guardian Signature

Date

**BELLE TERRE YOUTH PROGRAM 2021
MEDICAL & EMERGENCY CONTACT FORM**
(Fill out one sheet for *each* child)

Camper's Name _____ Date of Birth _____
Last First MM/DD/YYYY

Name(s) of Parent/Guardian _____

Address _____
Street Town, State & Zip

Home Phone# _____ Cell Phone # _____

Emergency Contact Information Give *two* contact numbers. Cell phones may be included.

Name	Phone #	Relationship
1.		
2.		

Immunization Record

You must submit a copy of your child's immunization record with this form.

Please Read: In order to insure that we are in compliance with the New York State Dept. of Health Regulations, we require you to submit a copy of the immunization record for each child with this form. Your child should be immunized for the following: Measles/Mumps/Rubella (MMR), Diphtheria, Tetanus, & Poliomyelitis.

Name of Physician _____ Phone # _____

Health Concerns: Does your child have (please circle yes or no and, if yes, explain)

Allergies	NO	YES	_____
Hearing & vision issues	NO	YES	_____
Major organ concerns	NO	YES	_____
Other medical concerns	NO	YES	_____

Signature of Parent/Guardian _____ Date _____

Use of insect repellent

Written permission of a parent or guardian shall allow a camper to carry and use insect repellent. A child unable to physically apply insect repellent may be assisted by unlicensed personnel when directed to do so by the camper, if permitted by a parent or guardian and authorized by the camp. (New York State Public Health Law)
 Signature of Parent/Guardian grants permission for their camper to carry, use and be assisted with insect repellent.

Signature of Parent/Guardian _____ Date _____

New York State requires that Parents or Guardians be notified that:

1. The Camp must have a permit to operate from the Suffolk County Dept. of Health Services.
2. The Camp is required to be inspected twice yearly.
3. The inspection reports & required plans are filed & available for review at the Suffolk County Dept. of Health Services, 360 Yaphank Ave., Suite 2A, Yaphank, NY 11980.