

Summer Day Camp

Emergency Contact Information

(may use one sheet per family)

Child #1:					
	(Last Name)	(First Name)	(Age)		
Child #2:					
	(Last Name)	(First Name)	(Age)		
Child #3:	(Last Name)	(First Nama)			
	(Last Name)	(First Name)	(Age)		
Home ad	dress	Home phone #			
Mother's Name		Mother's Employer			
Work Phone #		Mother's Cell Phone #			
Father's Name		Father's Employer			
Work Phone #		Father's Cell Phone #			
In case of	emergency, when neither pare	ent can be reached, please conta			
Name Address		Phone #			
Name	Address	Phone	e #		
	uthorized to pick up your child f : authorized individuals should be prepare				
Name		Name			
Name		Name			

Park City Recreation

Summer Day Camp Program

Policies and Procedures

I understand that:

- 1. My child will be attending Park City Recreation's Summer Day Camp Program during the 2018 summer season.
- 2. I agree to pay **in advance** for my child's camp registration, unless otherwise arranged with the camp director. Program options, hours and prices:
 - a) Scheduled camp activities are between 10am 4pm Monday thru Friday (except holidays), early drop-off begins at 8am, late pick-up available until 6pm.
 - b) Cost is \$50/day, \$205/week, or \$1850/full summer.
 - c) Refunds for daily and weekly registrations are given with 5 business days prior notice. No refunds will be given with less than 5 business days notice. Refunds must be authorized by the camp director.
 - d) Full summer registrations are non-refundable.
 - e) Fees for tennis, swim, skateboard, tennis, golf and archery are per session and in addition to camp registration fees: Skateboard \$80, Tennis \$45, Swim- \$65, Golf \$80, Archery \$75
 - f) Field Trips require an additional fee above camp registration fees, and are approximately \$25 per field trip.
- 3. For the safety of my child, I agree to **sign in and out upon arrival and departure each day** with a full signature. Only individuals that I have specified on the registration form will be allowed to remove my child from camp, after they have provided positive identification.
- 4. In the event my child becomes ill, I will pick him/her up from camp immediately, though I will not be eligible for a refund.
- 5. I will **notify camp by 9am if my child will not be attending** a scheduled day due to illness.
- 6. **Latest daily pick-up is 6:00pm**. Please be aware that Day Camp Staff have other commitments and we ask that you be prompt in picking up your child. The fee for picking up your child after camp hours is \$1.00 per minute past 6:00pm.
- 7. I will keep the Day Camp staff informed of any changes in my family status or contact information, such as new phone number, address or circumstances that might affect my child's behavior.
- 8. I agree that this release of liability will be valid for each visit to Park City Recreation's Summer Day Camp.
- 9. I understand that I have the right to inspect and/or drop-in to the camp headquarters at any time.
- 10. I understand the following disciplinary policy:
 - a) Any child who is physically, verbally or otherwise abusive to another child or staff member shall be immediately removed from all activities and sent home for the remainder of the day.
 Parents will be notified by a counselor and the incident will be recorded.
 - b) Any child displaying blatant disrespect to counselors and/or other adults involved with the program shall be immediately removed from all activities. Parents will be notified by a counselor and the incident will be recorded.
 - c) A second incident by a child will be handled the same way with the addition that the child will be expelled from camp for one day. No credits or refunds will be issued for this day.
 - d) Any child with a third incident shall be expelled from camp immediately and not allowed to return to camp. There will be no refunds.
- 11. I understand the following bus behavior policy:
 - a) It is very important for the driver of the camp vehicle to be able to concentrate completely on driving and not be distracted by loud or otherwise disruptive behavior. In the case that a child is disruptive while riding in the camp vehicle, it would constitute a first strike.

- b) Subsequent misbehavior would be treated accordingly. A third incident reported by a driver will result in a one day suspension in transportation. Parents will be notified when their child has been reprimanded for unacceptable behavior.
- 12. I understand that Day Camp staff may provide emergency first aid treatment and/or refer treatment to a duly licensed physician, dentist or other medical provider for my child.
- 13. I understand that Park City Recreation staff is not responsible for lost or stolen items.
- 14. Camp rules are written yearly, in cooperation with the children, and are posted at camp. All the children are made aware of these rules, which are consistently reinforced. I understand that my child will be expected to follow these rules, and I agree to cover these basics with my child:
 - a) Be safe
 - -follow directions: listen to counselors
 - -ask permission if you need to leave activity (i.e. bathroom break)
 - -stay within camp boundaries
 - b) Be positive & kind
 - -help others
 - -clean up after yourself
 - c) Have Fun!
- 15. Transportation Permission: I give permission for Park City Summer Day Camp Staff to transport my child away from the camp building for activities. I understand that transportation may be by foot, via camp vehicle, public or chartered transportation.

Child(ren)'s Name:		Date:		
Parent's Name (print):	Signature:			

Summer Day Camp Medical Release and Waiver (one per child)

Child's Full Name			D.O.B	Age
Parent Name(s)		_ Mailing Address		
Child's Medical Information:				
Physical limitations:	yes	no	If yes, please list	
Allergies or sensitivities to medicine:	yes	no		
Allergies or sensitivities to food:	yes	no		
Allergies or sensitivities to insect bites:	yes	no		t
Taking any medications:*	yes	no	If yes, please list	
*Day Camp Staff will not administer any med	ications			
Current tetanus Immunization:	yes	no	Date:	
List any acute or chronic medical condition care:		-		outine daily health
Primary Physician			Phone #	
Primary Dentist		Phone #		
"As parent of the above named child, I agree to wofficers, agents, and employees, from and against judgment, penalties, interest and court costs arisi to property and all other claims or demands, occur from my child's participation in a Park City Recreathereby agree to indemnify and hold harmless Part caused by negligence or otherwise. I understand officers or agents from any liability resulting from program, activity, event or trip can be dangerous be used against me and anyone else claiming damemployee or agent is authorized to modify this wat activities in which my child will participate in this not have physical or emotional conditions, past or participate in said program, activity, event or trip, my child. This form shall be considered valid until Agency. My signature acknowledges that I understand	any and a ng in favo irring or ir ition progi k City Mur and agree my child's and accep nage becar aiver. I he recreation r present, In case of	all claims or of any on any wa ram, act nicipal C ot that by s partici ot those use of me ereby rep of which of emerg or chan	s, cost liabilities, expenses, or party on account of claims, per y incident to, in connection with ivity, event or trip, or any illnes or poration from and against a signing this waiver I am freein pation in this sponsored event dangers. I understand that if you child's injury in any legal actoresent that I understand and m, that my child is in good phyon I am aware, which would in a gency, I give my permission for ged, in writing, by the understand.	judgments, including legal fees, ersonal injuries, death, or damages ith, or arising directly or indirectly ss/injury resulting there from, and ny and all such claims, whether ag the Agency, its employees, or activity. I recognize that the my child is injured, this waiver will ion. I also understand that no am familiar with the nature of the vsical health and that my child doe any way affect my child's ability to emergency medical treatment of
Parent Name (print)		ature		 Date