

CAMPER INFORMATION (New Returning NAME OF CHILD _____ NICKNAME _____ Male Female _____ / _____ / _____ DATE OF BIRTH GRADE COMPLETED ADDRESS _____ CITY _____ STATE _____ ZIP _____ Can your child swim? Yes No Camper's t-shirt size: Youth S Youth M Youth L Youth XL Anything you'd like us to know about the child's life/current situation? _____ _____ Any advice you can give us to ensure the child has a successful summer? _____ _____

WEEKLY SCHEDULE & FEES

REGISTRATION FEES:

Multiple campers within the same family will receive a \$10 discount off of the weekly rate.

All campers will be charged a \$60 registration fee (non-refundable)

- 1 day: \$30
- 2 days: \$60
- 3 days: \$80
- 5 days: \$110

Please place an X on the days that the child will be attending Camp.

WEEK	START DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	COST	PAID	CK #	STAFF
1	MAY 30	MEMORIAL DAY	FIRST DAY	31	1	2				
2	JUNE 5	5	6	7	8	9				
3 - VBS	JUNE 12	12	13	14	15	16				
4	JUNE 19	19	20	21	22	23				
5	JUNE 26	26	27	28	29	30				
6	JULY 3	3	INDEPENDENCE DAY	5	6	7				
7	JULY 10	10	11	12	13	14				
8	JULY 17	17	18	19	20	21				
9	JULY 24	24	25	26	27	28				
10	JULY 31	31	AUG1	2	3	LAST DAY				
REGISTRATION FEE							\$60			

FAMILY INFORMATION

Parent/Guardian #1 Primary Contact

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ WORK PHONE _____

OCCUPATION _____ EMPLOYER _____

EMAIL _____

Parent/Guardian #2 Primary Contact

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ WORK PHONE _____

OCCUPATION _____ EMPLOYER _____

EMAIL _____

Who is the child currently living with? _____

Who is responsible for the child's tuition? _____

Please list any other person(s) to whom the child may be released. Anyone picking up a child will need to present a photo ID (i.e. drivers license) to camp staff for release of campers. We will not release your child unless proper identification is given.

CUSTODY ALERT

List person(s) to whom the child may NOT be released. _____

ALLERGY ALERT

ALLERGIES AND DIETARY RESTRICTIONS (including food, medication, insects, etc):

Please fill out the complete Medical Information form attached at the end of this packet as well, this section is for immediate accessibility.

MEDICAL INFORMATION

NAME OF CHILD _____

ALLERGIES AND DIETARY RESTRICTIONS (including food, medication, insects, etc):

MEDICATIONS: Children are expected to bring whatever medical supplies or medications they will need each day, along with written instructions. The medication must be in the original prescription bottle or in a clearly marked container which includes the camper's name, medication, dosage and time of day medication is to be given. Staff will remind them to take medication. Please list below all medications, including epi-pen, asthma inhaler, over-the-counter or nonprescription drugs, taken regularly, or if they are abstaining from a drug during camp season that is typically taken on a daily basis.

MEDICATION	DOSAGE	SPECIFIC TIME TAKEN
REASON FOR TAKING		

MEDICATION	DOSAGE	SPECIFIC TIME TAKEN
REASON FOR TAKING		

My child has permission to carry his/her own inhaler epi-pen and has been instructed not to show it to or share it with others.

INITIAL

HEALTH INSURANCE / PHYSICIAN

INSURANCE COMPANY _____

POLICY GROUP NO. _____

PARTICIPANT ID NO. _____

PHYSICIANS NAME _____

OFFICE PHONE NO. _____

IMMUNIZATIONS: Are the child's immunizations current? YES NO

Date of last Tetanus shot: ____ / ____ / ____

PAST MEDICAL TREATMENT: Please list any major medical treatment, type and date: _____

NOTIFICATION: Would you like to be notified immediately during the camp session for minor injuries (e.g., scrape, non-allergic bee sting, bloody nose, sliver) that do not limit participation in the program?

YES NO

SPECIAL NEEDS: Are there any physical, mental, psychological or behavioral conditions requiring medication, treatment, or special restrictions or considerations while at camp of which we should be aware to ensure your child's fullest enjoyment of their camp experience? Please describe, including any special accommodations necessary. Please note that it is your responsibility to supply any necessary medical equipment, which relates to a specific medical condition. Are there any camp activities from which the camper should be exempted for health reasons? YES

NO

If yes, please explain: _____

REC CAMP GUIDELINES

Thank you for choosing Bartlett Hills Baptist Church Summer Rec Camp. Below are some guidelines to help ensure a safe and rewarding experience for everyone. We look forward to sharing an enriching and rewarding camp experience with your child.

CAMP ORIENTATION FOR PARENTS

Meet one on one with the camp counselors and staff to discover more about your child's camp. New policies will be highlighted. Parents of new and returning registrants are strongly encouraged to attend on **Wednesday, May 24, 2017 at 7:00pm.**

CAMPER DROP-OFF

- Drop-off for all campers should be at the FRONT DOORS of the church, at the East entrance on Ellendale Rd.
- Park your car and escort your child or children to a staff person at the front desk or Guest Services Counter to confirm arrival on our attendance sheet.
- Children may be dropped off no sooner than 10 minutes prior to the start of camp.

CAMPER PICK-UP

- Anyone picking up a child will need to present a photo ID (i.e. driver's license) for release. We will not release your child unless proper identification is given.
- Anyone authorized to pick up your child from camp, including yourself, should be listed on the *Family and Emergency Contact Form*.
- Please do not pick up a child without notifying staff.
- Tardy pick-up will be charged \$5 per 10 minutes, after a one-time warning. The *Department of Children and Family Services* will be contacted if we are not able to reach any of the emergency contacts after 60 minutes.

CODE OF CONDUCT

Children are expected to display appropriate behavior at all times. To assure the maximum enjoyment of the program by all participants please review the following guidelines with your child. Your child is expected to:

- Show respect to all participants, staff, and facilities.
- Be pleasant to others and refrain from using foul language.
- Refrain from causing harm to self, other participants, and staff.
- Use equipment, supplies, and facilities properly.
- Stay with the group.

DISCIPLINE

If behavior problems arise, you will be contacted that day to discuss the nature of the problem. The following disciplinary techniques will be used for uncooperative children:

- Verbal warning
- Time out: the child is removed from the activity (but not from the vicinity) for duration of up to one minute for each year of age.
- Parent involvement: if the child has difficulty controlling themselves, the parent will be contacted to handle the situation.
- Removal from program: if problems persist or the behavior is severe such as causing intentional harm to others or consistent disruptions of camp activities, the child will be removed from the program for the day or the rest of the week and a pro-rated refund will be issued.

MEDICAL ISSUES

- You or your emergency contact needs to be available to pick up your child from camp. In the event of a medical emergency you will be notified immediately.
- These include camper illness and severe injury.
- You will be notified in the event of any injury IF you checked Yes on the NOTIFICATION box on the Medical Information Form.
- All camp staff are First Aid and CPR-trained and will take whatever emergency medical measures are deemed necessary for the protection and safety of the camper. This may include transportation by ambulance to the nearest medical treatment facility.

MEDICATIONS

- If your child has special needs for medication during the day or is on a drug holiday, please make those needs clear on the *Medical Information Form*.
- Children are expected to bring whatever medical supplies or medications, including epi-pen and asthma inhaler, they will need each day, along with written instructions. Staff will remind them to take medication if we are notified in writing about their schedule.

PERSONAL ITEMS

- All personal items brought to the program are your child's responsibility and must be labeled. Sunscreen and insect repellent will not be provided or applied by camp staff. Staff will encourage safe and proper application.
- Leave all electronics, valuables, and pocketknives at home. This includes cell phones.

ATTIRE AND BELONGINGS

- Please send your child in appropriate clothing and footwear. For your child's protection from sun exposure, poison ivy, insect bites, etc, the following attire is recommended:
 - Shirts with sleeves (exposed shoulders are easily sunburned)
 - Wear socks and bring extra
 - Sturdy footwear
 - A backpack to hold belongings is also recommended
- All items must be marked with the child's name.
- Bartlett Hills Baptist Church is not responsible for lost or stolen items.
- Found items will be held until the end of August, and then donated to a local thrift store or ministry.

I have read, understand, and will abide by the Rec Camp Guidelines

SIGNATURE

DATE

PRINTED NAME

WAIVER AND RELEASE

Bartlett Hills Summer Rec Camp is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. Bartlett Hills Baptist Church strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety. Please recognize that Bartlett Hills Baptist Church does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make Bartlett Hills Baptist Church automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

PHOTOGRAPHY RELEASE: I give permission for my child's picture to be used in advertisements for Bartlett Hills Baptist Church.

YES NO

PERMISSION TO SECURE TREATMENT: In the event of any emergency, I authorize the staff of Bartlett Hills Summer Rec Camp to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

RELEASE OF LIABILITY: I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims my minor child or I may have against Bartlett Hills Baptist Church and its officers, agents, volunteers and employees as a result of participation in the program.

I do hereby fully release and discharge Bartlett Hills Baptist Church and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s).

I further agree to indemnify and hold harmless and defend Bartlett Hills Baptist Church and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s). In the event of any emergency, I authorize Bartlett Hills Baptist Church to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above *Permission to Secure Treatment*, *Release of Liability*, and *Photography Release*.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PRINTED NAME