



Big Foot Summer Day Camp 2022 Waivers

This form must be submitted before your camper attends camp.

Camper's Name: _____ Age: _____ T-Shirt Size: _____

Parent/Guardian Name: _____

Swim Level/Ability (See parent manual for description):

SHALLOW WATER, **SWIM LINE**, **SWIM PIER** (Please Circle One)

Family Physician: _____ Phone: _____

List specific medical and food allergies, chronic illness, medication requirements, medical diagnosis, special ed. classifications or other conditions the staff should be aware of:

Insurance Provider: _____ Policy#: _____

In accordance with the Americans with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program? [] No [] Yes

If yes, please describe: _____



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Drop Off and Dismissal

Arrival

Campers are to arrive at Fontana Elementary School (South Entrance facing the playground/fields) between 8:00 AM and 8:15 AM. Campers are not to be dropped off prior to 8:00 AM. If you want to check your child in daily, you must walk in with your child. If you are dropping your child off, you are leaving them on their own to sign in. Campers are to report directly to their camp room.

- I give permission for my child to check themselves in daily.** I am dropping them off and leaving them on their own to check in.
- I, or a designated adult, will sign my child in daily.** I will come in with my camper and check in at the door to their camp room.

Departure

All Campers must be checked out from Fontana Elementary School at 4:00 PM. If you wish for your camper to check themselves out they will be dismissed promptly at 4:00 PM at the South Entrance. If you wish to check your camper out, we will keep them in our custody until they are signed out. Pickups begin at 4:00 PM after the other campers have been dismissed. No campers should be picked up later than 4:10 PM.

- I give permission for my child to be dismissed on their own at 4:00 PM.**
- I, or a designated adult, will come in to check my child out daily at 4:00 PM.**

Extended Care

Extended care is daily from 4:00 PM - 5:00 PM. All extended care participants can be picked up anytime between 4:00 PM and 5:00 PM. All extended care campers must be signed out by an authorized adult. To register for extended care, you must purchase a discounted 5 pack punch card for \$40. Every day that your child is there at 4:10 PM we will punch their card and mark the date. The punch cards do not expire and can be used through summer. All unused punches will be refunded in full at the end of August. If you think you will be using extended care, please register for the punch card. Please note that if you are not registered for an extended care punch card and are not picked up by 4:10PM, there will be a \$15 late pickup fee. All extended care campers will be provided a snack.

Late Fees

Campers must be checked out no later than 4:10 PM. At 4:10 PM, they will be sent to extended care and a **\$15** fee will be applied (unless a punch card was pre-purchased).

I understand the Extended Care and Late Fee Policy

Signature_____ Date_____

Emergency Contacts

I do hereby authorize the Big Foot Summer Day Camp staff to contact and release my child due to illness, unsafe behavior, or an emergency to any of the individuals stated below. We will contact in the order listed below.

- 1. _____
Parent/Guardian Name Phone
- 2. _____
Parent/Guardian Name Phone
- 3. _____
Emergency Contact Name Relationship to child Phone
- 4. _____
Emergency Contact Name Relationship to child Phone



Big Foot Summer Day Camp Camper Code of Conduct

As a camper, I promise to:

- Show respect to other participants and treat them as well as I would like to be treated.
- Not bully or make any campers or camp staff feel unsafe at camp.
- Show respect to staff, and cooperate with their instructions.
- Not hit any campers or members of the camp staff.
- Not yell or scream inappropriate language at any campers or members of the camp staff.
- Know and follow all the rules of camp.
- Communicate any problems or issues at camp with my camp counselor or camp director.
- Respect the rights and beliefs of others, and treat others with courtesy and consideration.
- Communicate in an appropriate manner, which means I must not use foul language or gestures, harsh words or tone of voice.
- Conduct myself responsibly. I understand that horseplay, unwelcome teasing or other unkind behaviors are not allowed.
- Not deliberately cause bodily harm to other participants or staff. I understand that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated.
- Use program equipment, supplies, and facilities properly.
- Respect the property of others.
- Be responsible for my actions and understand that irresponsible behavior will result in disciplinary actions.

Disciplinary Actions for Violations of the Code of Conduct

1. Verbal Warning/Talk with Counselor and Camp Director (3 Times/3 Strikes)
2. Written apology to camp staff, and any campers that are involved with the code violation
3. Call to parents and put on a behavior contract
4. Suspension from the program
5. Termination from the program

I _____ have read and understand the camper code of conduct and agree to abide by its rules. I understand that breaking or violating any rules in this code will result in any of the penalties listed above.

Camper Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Big Foot Recreation District Medication Release Form

Request and waiver to administer a prescription medication to a child participating in a Recreation District Program

Child's Name: _____ Program Location: _____

Parent's Name: _____ Phone Number: _____

Doctor's Name: _____ Phone Number: _____

Condition requiring medication: _____

Medication Name and Dosage: _____

Instructions: _____

Additional Comments: _____

WAIVER

I _____ (Parent or Guardian), give permission to the staff of the Big Foot Recreation District to administer the above prescription medication to my child.

I understand that it is my responsibility to give the prescription medication directly to the Big Foot Recreation District Staff in the original container, showing the prescribing physician name and telephone number, with complete dosage requirements.

I agree to waive and relinquish all claims and do hereby fully and forever release and discharge the Big Foot Recreation District and its officers, agents, servants, and employees from any claims that I may have as a result of administering a prescription medication for my child that I have specified in this request.

Signature: _____ Date: _____



Transport in Privately Owned Vehicle Permission Slip

The following form is to be completed by parent/guardian who wish to give their daughter or son permission, in advance, to be transported to/from Big Foot Recreation District authorized activities in a vehicle owned and driven by a Big Foot Employee in their private individual.

PARENT PERMISSION TO TRANSPORT DAUGHTER/SON

I hereby GIVE my daughter/son _____
(Student's Name)
permission to be transported to and from Big Foot Recreation District authorized activities in a vehicle owned and driven by an authorized Big Foot Employee.

I hereby DO NOT GIVE my daughter/son _____
(Student's Name)
permission to be transported to and from Big Foot Recreation District authorized activities in a vehicle owned and driven by an authorized Big Foot Employee.

Signature of Parent/Guardian: _____ Date: _____

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Reviewed and accepted by Big Foot Recreation District Staff:

Signature: _____ Print Name: _____

Title/Position: _____ Date: _____

Water Safety Patrol Swimming Lesson Registration Form

We are excited to announce that we will have Water Safety Patrol teaching swim lessons on days our camp is going to the beach. We are near water often in camp and feel this program is very important to help teach not only how to swim but the safety of swimming in the lake. It is an **optional program** but highly recommended at any swim level. There is no additional fee to you. It is one of the Summer Big Foot Day Camp Perks!

Participant's Name: _____ Age: _____

Address: _____

Phone: _____ Email Address (Please Print): _____

Program: Twice Per Week (Tuesday/Thursday)
Camp Weeks 3 – 8 / June 28 – Aug. 4

Must be registered for at least 4 of the following weeks to participate in swim lessons no later than June 20th:

- Week 3 M-F OR Week 3 Tuesday/Thursday
- Week 4 M-F OR Week 4 Tuesday/Thursday
- Week 5 M-F OR Week 5 Tuesday/Thursday
- Week 6 M-F OR Week 6 Tuesday/Thursday
- Week 7 M-F OR Week 7 Tuesday/Thursday
- Week 8 M-F OR Week 8 Tuesday/Thursday

Level of Lesson Desired: Description can be found in the Parent Manual

CHECK ONE:

- I WILL NOT be participating in swim lessons
- Beginner 1
- Beginner 2
- Beginner 3
- Intermediate
- Advanced Swimmer
- Water Masters

Signature Required:

I (the undersigned) authorize the above named individual (the participant) to participate in the Geneva Lake Water Safety Patrol Swimming Lesson Program. I assume all risks and hold harmless the Geneva Lake Water Safety Patrol and Big Foot Recreation District and all of its instructors and employees in the event of an accident or injury.

Signature of parent or authorized adult: _____

Print Name: _____ Date: _____