



Big Foot Summer Day Camp 2018 Site Form

Camper's Name: _____ Age: _____

Swim Level/Ability (**shallow water**, **swim line**, **swim pier**) _____

Family Physician _____ Phone _____

List specific medial 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 _____

Pick Up Authorization and Emergency Contacts

Parents and legal guardians are allowed to pick up the child unless legal documentation shows otherwise.

I do hereby authorize the Big Foot Summer Day Camp staff to release my child to any of the individuals stated below in the event that a Parent or Legal Guardian is unable to pick him/her up. I understand the Big Foot Summer Day Camp staff will not release my child to any unauthorized individual without first having received a written notice with my signature, or in the event of an emergency, my verbal approval. The first two names are also considered the emergency contacts. **In order to enroll in the program these must be filled in.**

1. _____
 Name/**Emergency contact other than the parent** Relationship to child
 (____) _____
 Phone

2. _____
 Name/**Emergency contact other than the parent** Relationship to child
 (____) _____
 Phone



Big Foot Summer Day Camp 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

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

Date



Big Foot Recreation District Medication Release Form

Supervisor's Approval: _____ Date: _____

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: _____

Instructions: _____

Any special storage requirements: _____

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 wail and relinquish all claims and do herby 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.

Signed: _____
Name Date