

CAMPER INFORMATION FORM

Child's Full Name: _____

Child's Address: _____

Gender: _____ Date of Birth: _____ / _____ / _____ Age: _____

Parent/Guardian Information

Parent/Guardian #1 Name: _____

Phone (H): _____ (W) _____ (C): _____

Email: _____

Parent/Guardian #2 Name: _____

Phone (H): _____ (W) _____ (C): _____

Email: _____

SPECIFY AUTHORIZED PERSONS TO PICK UP YOUR CHILD: Authorization for Release I hereby authorize the Avon Lake Recreation Department to release my child to the following individuals, in addition to the parents/guardians listed above. I understand that for safety purposes, photo identification will be requested for verification purposes. Children will not be released to anyone not listed below.

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Please list any individuals that are NOT authorized to pick up your child

Names: _____

SWIMMING PERMISSION: Please check all of the following that applies to your child:

Child is a deep water safe swimmer

Child is a non-swimmer (shallow water swimming only)

Diving board approval

Child is not permitted to swim

Additional Swimming Information: _____

SUNSCREEN:

Apply sunscreen to your child daily prior to camp and send labelled sunscreen with your child each day. Counselors will remind the campers to apply sunscreen periodically. **Campers should be able to apply their own sunscreen.**

MEDICAL INFORMATION & EMERGENCY MEDICAL AUTHORIZATION

Child's Primary Care Physician: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

Preferred Hospital: _____

Does your child have any disabilities, physical conditions, or behavioral concerns the staff should be aware of?

_____ Yes _____ No

If yes, please explain: _____

If no, then no special accommodations will be made.

Does your child require any accommodations, special assistance or auxiliary aids?

_____ Yes _____ No

If yes, please explain: _____

If no, then no special accommodations will be made.

Please list any and all non-prescription and prescription medications currently being taken:* _____

*If any medication will be sent to camp, for regular use or emergency use, the Physician Form on the next page must be filled out in entirety. This form must be signed by a physician.

Bee sting reaction: _____

Non-food allergies: _____

Food allergies: _____

Dietary restrictions: _____

Any additional important medical information: _____

PART I OR II MUST BE COMPLETED

PART I — TO GRANT CONSENT

I hereby GIVE MY PERMISSION and consent and authorize emergency first aid/or medical and/or hospital care or treatment for my minor child, if deemed necessary by qualified medical or emergency personnel, or by said employees, agents or representatives of the City of Avon Lake, and further agree to assume all expenses for said treatment, and release and hold harmless the City of Avon Lake, and all their officials, employees, agents and representatives, from any and all claims, costs, damages and liabilities for emergency first aid/or medical and/or hospital care or treatment administered to my minor child.

Date: _____ Signature of Parent or Guardian: _____

PART II — REFUSAL TO CONSENT

I DO NOT GIVE CONSENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish authorities to take no action or to (specify):

Date: _____ Signature of Parent or Guardian: _____

PHYSICIAN & PARENT AUTHORIZATION FORM FOR ASSISTANCE IN THE ADMINISTRATION OF MEDICINE

To administer any medication, physician prescribed or over the counter medications, a physician's signature is required.

The following information is necessary for any participant to possess or use prescribed medications or treatments or non-prescription medication during Avon Lake Summer Camp. I hereby request and give permission to designated personnel to help in the self-administration of medication to my child. In the event of an emergency, staff will be authorized to administer medication unless otherwise noted on this form.

Camper's Full Name: _____ Date of Birth: ____ / ____ / ____

I am sending medication in the original contained from our physician or pharmacist (Please send only the medicine that your child currently needs and place medication container in a Ziploc bag, labeled with your child's name.

I understand and acknowledge that such assistance may be rendered by an employee of the program who is not medically trained. There will not be any designated personnel available for procedures for which specific medical training is necessary. I hereby release and hold harmless Avon Lake, its officials, employees, agents and representatives from any and all claims, costs, damages and liabilities directly or indirectly resulting from this assistance. I agree to submit a revised signed statement if this information should change at any time before or during summer camp.

Please list the name of medication to be administered, the dosage and the time of day or intervals at which the drug is to be administered. If generic drug is sent, both drug names are necessary.

1. Prescription or Non-pre.	Name of Drug	Generic Name	Dosage Time/Intervals
P <input type="checkbox"/> NP <input type="checkbox"/>	_____	_____	_____

Reason medication is needed: _____

Possible adverse reactions that, if they occur, should be reported to the parent and/or physician: _____

Date administration begins ____ / ____ / ____ Date administration ends ____ / ____ / ____

Special instructions for administration or storage of medication. Please note, refrigeration is not available.

1. Prescription or Non-pre.	Name of Drug	Generic Name	Dosage Time/Intervals
P <input type="checkbox"/> NP <input type="checkbox"/>	_____	_____	_____

Reason medication is needed: _____

Possible adverse reactions that, if they occur, should be reported to the parent and/or physician: _____

Date administration begins ____ / ____ / ____ Date administration ends ____ / ____ / ____

Special instructions for administration or storage of medication. Please note, refrigeration is not available.

Both physician and parent signatures are required to administer medication

Physician's Name _____ Phone # I.C.E. _____

Physicians Signature _____ Date ____ / ____ / ____

Physicians Address _____

Parent/Guardian Signature _____ Date ____ / ____ / ____

Parent/Guardian Phone # I.C.E. _____

ZERO TOLERANCE POLICY: At the City of Avon Lake, we expect all of our staff, volunteers, campers and visitors to conduct themselves in an appropriate manner. In order, to help facilitate a safe and positive environment for all individuals, Avon Lake Recreation Department has adopted a zero tolerance policy. Any summer camper caught physically fighting, bullying, sexually harassing another individual, disrespecting authority figures; or with alcohol, drugs, tobacco products, pornography, or anything that can be construed as a weapon, parents will be contacted and asked to pick up their child immediately and keep them home for the day. On the second offense, the child will be sent home for the rest of the week. On the third offense, the child will be excluded from all future camps, including future years. If an act is deemed extreme after reviewed by camp teachers and the Director of Recreation, a child can be excluded from all current and future camps at any time. If it is discovered after summer camp ends someone violated the zero tolerance policy, they will be prohibited from attending summer camp the remaining sessions and/or years. We ask parents and guardians to help the summer camp staff and volunteers remain faithful to this commitment, by reporting to the Director of Recreation, any violations of the zero tolerance policy they hear happening at summer camp.

SPECIAL ACCOMMODATION: I acknowledge that my child has no physical limitations or disabilities of any kind which would restrict him/her from participating, unless listed on this form. Any special accommodations needed are noted on this form and should be discussed with a camp teacher in advance.

DROP OFF & PICK UP: All drop off and pick up will occur at Erieview Elementary School, 32630 Electric Blvd. All camp staff will be available to receive campers registered for the regular camp day beginning at 8:45AM on the North side of Erieview off of Lake Road. Those registered for Early Drop Off are permitted to enter at 7:30AM at the earliest. If you arrive earlier than 7:30AM on any day, please be prepared to wait for access to the building. At 9:15AM, the staff will begin a Team Meeting for all campers so we ask that you ensure your child is at camp by this time. Campers will not be permitted to be dropped off once camp leaves the building for the day (typically occurs around 10am). If you require special arrangements, please speak with a counselor in advance. Campers and staff will begin pick up at 3:30PM on the South side of Erieview in the circle drive. All campers must be picked up by 4:00PM sharp, unless you are registered for Stay & Play (Pickup by 5:30PM). If you drop off your child prior to 8:45AM or pick up your child after 4:00PM on any day, and you are not registered for the respective Before Care or Stay & Play, you will be charged the weekly rate of \$25 per child. Please see the Late Pick Up Policy regarding any pickups that may occur after 5:30PM. Campers will only be permitted to be picked up by parents, guardians and those individuals listed on this form. For safety purposes, photo identification will be requested for verification purposes.

LATE POLICY: Late drop off, after 9:15AM, is strongly discouraged due to our schedule. Additionally, tardiness impacts the flow of camp and any can upset other campers. Campers that are perpetually late may not be allowed back to camp. Once camp has left Erieview for the day, campers will not be allowed to join camp.

The Avon Lake Recreation Department's late pick-up fees are as follows:

- A \$5 late pick-up charge plus \$1 for The Avon Lake Recreation Department's late pick-up fees are as follows: each additional minute late will apply after 4:00PM (5:30PM for those who select Stay & Play). That is, if a parent arrives at 4:01PM, a \$6 late fee will be applied. Fees must be paid prior to the start of the next camp day for your child to return to camp.
- A no-exceptions policy allows us to apply the late policy to everyone consistently and fairly. We do not want any parent/guardian to perceive that others are receiving special treatment, nor to put instructors in the position of determining what constitutes a "reasonable" excuse for lateness, so we must apply the fee across the board.

ABSENCES: Tuition for Summer Camps cannot be refunded or pro-rated if your child is absent. Make-up classes are not offered. We have reserved space for each child exclusively during the designated weeks and maintain a waiting list of those who register after the space is full. If a camper will not be attending camp, please call the camp phone to inform our counselors. If the absence involves a communicable disease, camp staff must be notified so proper notification can be given to camp parents.

CANCELLATION POLICY: Full refunds will be granted if a class or program is cancelled due to insufficient registration requirements, set by the City of Avon Lake Parks and Recreation Department. 100% refunds, minus any non-

refundable deposits, will be issued if the registrant cancels their registration four or more weeks before the start of a class or program. 50% refunds, minus any non-refundable deposits, will be issued if the registration is cancelled less than four weeks before the start of a class or program.

LIABILITY WAIVER: I/We, the parents/legal guardian(s), of the above named registrant and in consideration for the participation of the registrant in any and all of the activities involved in, Avon Lake recreation programs including, but not limited to participating in activities, playing games, practicing sports and activities, transportation to and from Avon Lake sanctioned activities, which activities we know and understand to involve inherent risks of personal injury, I/We hereby release, absolve, indemnify and hold harmless the City of Avon Lake and its administrators, the Avon Lake School Board, team sponsors, team coaches and their assistants, and referees, and any other persons or entities involved with the administration of league activities from any and all liability for personal injuries, damages, or losses which we or the registrant may sustain in the above referenced activities. I authorize the City of Avon Lake to take and use without payment, photographs/video of me and/or my child during recreation programs/activities as needed for public relations and marketing purposes.

LUNCH & SNACKS: Each day please send your child with a non-perishable healthy lunch and water bottle (no soda/candy permitted). Refrigeration is not available for lunches. Campers are encouraged to bring a snack for the afternoon as well. If your child has any food sensitivities they must be listed in this packet. Camp is not a nut-free environment, however, counselors do their best to ensure there is a "nut-free" table/eating-area for any children with nut-allergies.

PERSONAL ITEMS: The City of Avon Lake is not responsible for lost or stolen property, including money. Please make sure all necessary items are labeled with your child's name. The following items are prohibited during camp: Cell phones, Smart watches, Ipods/MP3 players, video games, money, knives or weapons or any kind (including toy guns) toys or stuffed animals or any other distracting items that the teachers request that the child leave at home. The camp counselors will have a cell phone and the number will be provided to parents. The camper can have a teacher make a call to parents if needed. If a child brings any prohibited items to camp, the item will be confiscated and returned to his/her parent/guardian at the end of the day. These items are banned in order to eliminate any disruptions and safety concerns that may arise from their use.

LOST & FOUND: Lost & Found items will be kept in at Erieview. If items are not claimed by the end of the camp, they will be donated or discarded.

FIELD TRIP PERMISSION: Field trips will take place each Wednesday and Friday during camp and are included in the price of camp. Transportation is by Avon Lake school bus. Orange or Green Camp t-shirts must be worn for each field trip. If the t-shirt is not worn, a new one will be provided and your account will be charged accordingly (\$7 each). Should your child not attend a field trip for any reason, we cannot issue you a refund. Final camper counts are sent out to the organizations we visit well in advance. Additionally, if you opt out of a field trip you will not be permitted to attend camp that day as all staff attend every field trip.

*All field trips are subject to change. If changes occur, you will be notified.

Please list any field trips your child will NOT be permitted to attend. IF LEFT BLANK, permission is given for all field trips:

I acknowledge that I have read and reviewed the camper packet and am aware of all policies.

Date: _____ **Signature of Parent or Guardian:** _____

Please return this entire packet to the address below.

Avon Lake Parks & Recreation Department • 150 Avon Belden Road • Avon Lake, OH 44012