

Summer Day Camp Emergency Contact Information (may use one sheet per family)

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Child #1:			
	(Last Name)	(First Name)	(Age)
Child #2:			
	(Last Name)	(First Name)	(Age)
Child #3:		(First News)	(1)
	(Last Name)	(First Name)	(Age)
Home ad	dress	Home phone #	
Mother's	/Guardian #1 Name	Employer	
Work Pho	one #	Cell Phone #	
Father's/	Guardian #2 Name	Employer	
Work Pho	one #	Cell Phone #	
In case of of area):	emergency, when neither p	arent/guardian can be reached, pl	ease contact (at least one out
Name Address		Phon	e #
Name Address		Phon	e #
	Ithorized to pick up your chil authorized individuals should be pre	d from camp? pared to present a current photo I.D.)	
Name		Name	
Name		Name	

Park City Recreation 2024 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 2024 summer season.
- 2. I agree to pay **in advance** for my child's camp registration, unless otherwise arranged with the camp director or program coordinator. Program options, hours and prices:
 - a) Organized camp activities are between 10:00am 4pm Monday through Friday (except holidays), early drop-off begins at 8am, late pick-up available until **5:45pm**.
 - b) Cost is \$65/day or \$2500/full summer.
 - c) Refunds for daily registrations are given with 5 or more 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, pickleball and golf are per session and in addition to camp registration fees: Skateboard \$50, Tennis \$64, Swim- \$70, Pickleball- \$64, Golf \$90. Park City Recreation reserves the right to cancel and refund add-ons due to inclement weather. *Add-on fees subject to change.
 - f) Field Trips will be in-house and off-site this year; presentations will be age appropriate and may require an additional fee above the camp registration fees, and are approximately \$5 - \$35 per activity. Offsite field trips are limited in size as we utilize a charter bus company. Each child will have their own seat during transportation to offsite venues. Park City Recreation reserves the right to cancel or change field-trips.
- 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. Campers above the age of 10 may sign themselves out of camp at the end of the day with written permission from a parent or guardian (See Medical Release & Waiver below).
- 4. My child will be attending camp in a facility with shared restrooms and equipment. Attendance at camp is at your own risk.
- 5. I will alert the Summer Camp Director if my child or any other household member tests positive for COVID-19.
- 6. 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.
- 7. Camp will comply with COVID-19 Health Order policies and procedures for the safety of my child.
 - a) I will symptom check my child prior to departing for camp each morning. I understand that if my child is feeling ill, I will keep them home from camp that day.
 - b) Campers will wash hands before and after activities and be encouraged to hand-sanitize as frequently as possible.
 - c) Face masks <u>are not</u> required for campers while participating in indoor or outdoor activities. Park City Recreation reserves the right to modify the face mask requirement to adhere to the local health department restrictions. Face masks are optional and parents/guardians are allowed to have their own child wear them.
 - d) I will notify camp directors if I will be dropping off / picking up outside of the designated times.
 - e) Additional policies and procedures if deemed necessary by CDC guidelines, Local Health Orders, Day Camp staff or Park City Recreation.

- 7. I will notify camp by 9am if my child will not be attending a scheduled day due to illness.
- 8. Latest daily pick-up is 5:45pm. Please be aware that Day Camp Staff requires this time to sanitize and disinfect before the following day. The fee for picking up your child after camp hours is \$1.00 per minute past 5:45pm, charged to card on file.
- I will keep the Day Camp staff informed of any changes in my family status or contact information, such as 9. new phone number, address or circumstances that might affect my child's behavior.
- 10. I agree that this release of liability will be valid for each visit to Park City Recreation's Summer Day Camp.
- 11. I understand that I have the right to inspect and/or drop-in to camp headquarters at any time, but must notify the camp director prior to entering the building.
- 12. I understand the following disciplinary policy, which is in place for the safety of my child and all other campers and staff:
 - Any child who is physically, verbally or otherwise abusive to another child or staff member shall a) be immediately removed from all activities and sent home for the remainder of the day. Parents/guardians will be notified by a counselor and the incident will be recorded.
 - Any child displaying blatant disrespect to counselors and/or other adults involved with the b) program shall be immediately removed from all activities. Parents/guardians 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.
 - Any child with a third incident shall be expelled from camp immediately and not allowed to d) return to camp. There will be no refunds.
- 13. I understand the following transportation behavior policy:
 - It is very important for the driver of the camp vehicle to be able to concentrate completely on a) 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 from camp. Parents/guardians will be notified when their child has been reprimanded for unacceptable behavior.
- 14. 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.
- I understand that Park City Recreation staff is not responsible for lost or stolen items. 15.
- Camp rules are written yearly, in cooperation with the children, and are posted at camp. All the 16. 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:
 - Be safe a)
 - -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!
- 17. 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/Guardian Name (print): ______ Signature: ______ Signature: ______

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

Child's Full Name	D.O.B.	Age						
Parent/Guardian 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	- · ·					
*Please alert Camp Directors of any serious food allergies that affect provided afternoon snack.								
Allergies or sensitivities to insect bites:	yes	no	If yes, please list insect					
Taking any medications:*	yes	no	If yes, please list					
*Day Camp Staff will not administer any medications								
Current tetanus Immunization:	yes	no	Date:					
List any acute or chronic medical conditions and/or special instructions for non-routine daily health care:								
Primary Physician			Phone #					
Primary Dentist								
(Initials) I will be responsible for dra Please inform us of anything that would h	-	-						

to sign themselves out of camp should be requested here):

"As parent/guardian of the above named child, I agree to waive and release Park City Municipal Corporation, hereinafter called "Agency" its officers, agents, and employees, from and against any and all claims, cost liabilities, expenses, or judgments, including legal fees, judgment, penalties, interest and court costs arising in favor of any party on account of claims, personal injuries, death, or damages to property and all other claims or demands, occurring or in any way incident to, in connection with, or arising directly or indirectly from my child's participation in a Park City Recreation program, activity, event or trip, or any illness/injury resulting there from, and hereby agree to indemnify and hold harmless Park City Municipal Corporation from and against any and all such claims, whether caused by negligence or otherwise. I understand and agree that by signing this waiver I am freeing the Agency, its employees, officers or agents from any liability resulting from my child's participation in this sponsored event or activity. I recognize that the program, activity, event or trip can be dangerous and accept those dangers. I understand that if my child is injured, this waiver will be used against me and anyone else claiming damage because of my child's injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver. I hereby represent that I understand and am familiar with the nature of the activities in which my child will participate in this recreation program, that my child is in good physical health and that my child does not have physical or emotional conditions, past or present, of which I am aware, which would in any way affect my child's ability to participate in said program, activity, event or trip. In case of emergency, I give my permission for emergency medical treatment of my child. This form shall be considered valid until canceled or changed, in writing, by the undersigned parent/guardian and received by the Agency. My signature acknowledges that I understand and agree to the above conditions."