

## Summer Day Camp Emergency Contact Information

(may use one sheet per family)

Child #1:					
(Last Nam	ne)	(First Name)	(Age)		
Child #2:					
(Last Nan	ne)	(First Name)	(Age)		
Child #3:		<del></del>			
(Last Nan	ne)	(First Name)	(Age)		
Home address		Home phone #			
Mother's/Guardian	#1 Name	Employer			
Work Phone #		Cell Phone #			
Father's/Guardian ‡	‡2 Name	Employer			
Work Phone #		Cell Phone #			
In case of emergend area):  Name	cy, when neither parent,	guardian can be reached, plea	ase contact (at least one out		
Name	Address	Pho	ne #		
	o pick up your child fron rized individuals should	n camp? be prepared to present a curre	ent photo I.D.)		
Name		Name			
Name		Name	Name		

### Park City Recreation

#### 2025 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 2025 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 \$67/day or \$2575/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 by April 1, 2025.
  - f. Field Trips will be in-house and off-site; field trips will be age appropriate and require an additional fee (on top of registration fees), and are approximately \$5 \$35 per activity. Off-site field trips are limited in size as we utilize a school bus company. 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 a signed release. (*Please contact the Camp Director to receive a release*).
- **4.** I understand that I am responsible for the pick-up/drop-off of my child each day.
- 5. My child will be attending camp in a facility with shared restrooms and equipment. **Attendance at camp** is at your own risk.
- 6. I will alert the Summer Camp Director if my child or any other household member tests positive for COVID-19.
- 7. 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.
- 8. Camp will comply with COVID-19 Health Order policies and procedures for the safety of my child.
- 9. I will **notify camp by 9am if my child will not be attending** a scheduled day due to illness.
- 10. Latest daily pick-up is 5:45pm. A fee will be applied for pick-ups later than 5:45pm. Post-hours fee is \$1 per minute charged to the card on file.
- 11. I will keep the Day Camp staff informed of any changes in my family status or contact information, such as new phone number, address, or circumstances that might affect my child's behavior.

- 12. I agree that this release of liability will be valid for each visit to Park City Recreation's Summer Day Camp.
- 13. 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.
- 14. I understand the following disciplinary policy, which is in place for the safety of my child and all other campers and staff:
  - a. Any child who is physically, verbally or otherwise abusive to another child or staff member shall 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.
  - b. Any child displaying blatant disrespect to counselors and/or other adults involved with the 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.
  - d. Any child with a third incident shall be expelled from camp immediately and not allowed to return to camp. There will be no refunds.
- 15. I understand the following transportation behavior policy:
  - a. It is important for the driver of the camp vehicle to be able to concentrate completely on 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 single day suspension from camp. Parents/guardians will be notified when their child has been reprimanded for unacceptable behavior.
- 16. 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.
- 17. I understand that Park City Recreation staff is NOT responsible for lost or stolen items.
- 18. Camp rules are written yearly and are posted at camp. All campers 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:
  - a. Respect
  - b. Responsibility
  - c. Integrity
- 19. Films are shown at Day Camp on a weekly basis. No film shall be rated beyond PG. I agree to allow my child to watch whatever films the camp director deems appropriate.
- 20. 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:		

# 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 lis	st
Allergies or sensitivities to medicine:	yes	no	If yes, please lis	st
Allergies or sensitivities to food: yes	no	If yes	s, please list	
*Please alert Camp Directors of any	serious	food all	lergies that affect	provided afternoon snack.
Allergies or sensitivities to insect bites:	yes	no	If yes, please lis	st insect
Taking any medications:*		no	If yes, please lis	st
*Day Camp Staff will not administer any me	edication	าร		
Current tetanus Immunization:	yes	no	Date:	
List any acute or chronic medical conditions care:		· 		·
Primary Physician				
Primary Dentist			Phone #:	
If your child attends school with an IEP or s your discretion, so that				· · · · · · · · · · · · · · · · · · ·
"As parent/guardian of the above named child, I agree "Agency" its officers, agents, and employees, from a legal fees, judgment, penalties, interest and court of damages to property and all other claims or demand indirectly from my child's participation in a Park City from, and hereby agree to indemnify and hold harmly whether caused by negligence or otherwise. I under officers or agents from any liability resulting from my program, activity, event or trip can be dangerous and used against me and anyone else claiming damage b or agent is authorized to modify this waiver. I hereby which my child will participate in this recreation program, activity, event or trip. In case of emform shall be considered valid until canceled or chank My signature acknowledges that I understand and agent is acknowledges that I understand acknowledges that I understand acknowledges that I understand acknowledges	nd against osts arisin Is, occurring Recreation less Park ( estand and y child's perdid accept to the ecause of y represent gram, that which I amergency, in	t any and g in favor ng or in a on program City Munidarticipation hose danged that I ut that I ut that I ut my child m aware, I give my riting, by	all claims, cost liability of any party on accounty way incident to, in m, activity, event or trecipal Corporation from this sponsored egers. I understand the inderstand and am fair lis in good physical he which would in any we permission for emergethe undersigned pare	ies, expenses, or judgments, including unt of claims, personal injuries, death, or connection with, or arising directly or rip, or any illness/injury resulting there in and against any and all such claims, wer I am freeing the Agency, its employees, event or activity. I recognize that the lat if my child is injured, this waiver will be cotion. I also understand that no employee miliar with the nature of the activities in ealth and that my child does not have way affect my child's ability to participate ency medical treatment of my child. This
Parent/Guardian Name (print)	Signati	ure		Date