



2020 Summer Camp Information Form

This form must be completely filled out in order for your child to attend camp

CHILDREN MUST BE SIGNED IN EACH MORNING AND SIGNED OUT EACH EVENING BY AN AUTHORIZED ADULT

PARTICIPANT INFORMATION

Participant's Name:	Birth Date:	Age:	Grade:	Shirt Size: A Y S M L XL
Residential Address:	City:	State:	Zip:	Home Phone:

Children must be between the ages of 5 and 12 at time of attendance

PARENT/GUARDIAN INFORMATION

Mother's Name:	Birth Date:	Cell Phone:
Employer:		Work Phone:
***BEST PHONE # TO CALL DURING CAMP HOURS:		
Father's Name:	Birth Date:	Cell Phone:
Employer:		Work Phone:
***BEST PHONE # TO CALL DURING CAMP HOURS:		

EMERGENCY INFORMATION (Other than Parent/Guardian)

Name of person to notify in case of emergency:

	Relationship to participant:
Home Phone: Cell Phone:	

Name of person to notify in case of emergency:

	Relationship to participant:
Home Phone: Cell Phone:	

AUTHORIZED ADULTS FOR CHILD PICK-UP (Other than Parent/Guardian)

1	2
3	4

Child's Name:

SPECIAL ACCOMMODATIONS:

So that we may better understand your child, please describe any accommodations (medical, physical, or behavioral needs) and/or other information that will assist camp staff to help your child get the most out of our camp.

Does your child take daily medication? If so, please give reason, name of medication, dosage, and time of distribution.

Medication	Dose	Reason	Time to be administered	PRN?

If your child will be given medication during camp hours, you must fill out a medical release form

Does your child have any allergies? (i.e. food, bee stings, seasonal nasal)

If so, what are they allergic to?

What type of reaction(s) should our staff look for?

Does your child have any other health problems our staff should be aware of?

Does your child have asthma? YES NO (circle one)

Participant's general health: Excellent Good Fair Poor

Family Doctor:

Phone:

In case of serious medical emergency when a responsible party is not available, the Belton Park Department reserves the right to call an ambulance. Your child will be taken to Belton Regional Hospital for treatment unless deemed otherwise by paramedic staff. Parents will be financially responsible for the ambulance fees.

I give my permission to the staff of the Park Department to transport my child for emergency medical/dental treatment.

Parent Signature:

Date:

Print Name:

As provision by 45 CFR 164.522 of the Health Insurance Portability & Accountability Act of 1996 you have the right to request restriction and confidential communications of your health, safety, or well-being of the child. By signing above you are giving the Belton Park Department permission to share this information as directed about in a confidential manner.

The Belton Park Department provides the best possible services to our participants. Parents are encouraged to contact the Summer Camp Director to report changes in your child's health status or information.

Belton Parks and Recreation

Permission for Stock Medications



Child's Name: _____

Dear Parent/Guardian,

The following medications will be dispensed by the Belton Park Department's Summer Camp staff. This form must be signed and on file in the summer Camp health office for a participant to receive the medication. Label recommendations for appropriate indications for usage and dosage will be followed.

Please mark an "X" on the line of any medication that you DO NOT want your child to have.

- | | |
|---------|---|
| _____ 1 | Sting Relief (lidocaine/alcohol)- applied locally for minor bee or wasp stings |
| _____ 2 | Triple Antibiotic Ointment -applied locally to minor cuts and abrasions |
| _____ 3 | Bactine - applied locally to minor cuts and abrasions |
| _____ 4 | Calamine Lotion - applied locally for itching |
| _____ 5 | Aloe Lotion - applied locally for sunburn or dry skin |
| _____ 6 | Eye Irrigation Solution - rinse for minor eye discomfort |

Note: If a child demonstrates habitual usage of over the counter medications, a doctor's order may be requested to verify that ongoing symptoms have been evaluated.

Does your child have any known drug allergies? _____

Please mark one of the lines below:

- _____ YES, my child may receive the medications listed above.
- _____ YES, my child may receive the medications listed above except for the ones I have marked with an "X".
- _____ **No**, I do not want my child to receive any of the above listed medications.

Signature

Date:

Print Name

For your child's safety, please send a refillable, closeable water bottle with your child's name on it. We also ask that you apply sunscreen to your child, then send them to summer camp with more sunscreen for reapplication as they will be outdoors the majority of each day. Please write your child's name on the above items in permanent marker and include in child's backpack DAILY.

Initials:

Belton Parks and Recreation



Policies, Permissions & Releases



Child's Name: _____

AQUATICS

Level of swimming ability: (circle one)	Beginner	Intermediate	Advanced
My child is allowed in the indoor lap pool facility:	YES	NO	
Signature of responsible party:		Date:	

FIELD TRIPS

I hereby grant Belton Parks and Recreation Summer Camp permission to transport my child to various field trips, both on-foot and by bus. I understand that if my child's behavior warrants expulsion from the field trip, I will be required to pick up my child at my expense.

Signature of responsible party:	Date:
--	--------------

MEDIA RELEASE

I hereby grant Belton Parks and Recreation Summer Camp permission to photograph/video my child's likeness and/or voice for use by the department for publicity purposes only. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalog, flyers and on the department's website.

Signature of responsible party:	Date:
--	--------------

RELEASE CLAUSE

The undersigned releases and holds harmless the Day Camp and any officers, employees, or agents thereof, including without limitation the Belton Park Board, City of Belton, from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.

Signature of responsible party:	Date:
--	--------------

LATE FEE POLICY: All payments must be made by close of business on the Thursday prior to the week your child is to attend camp. We will accept registration up to noon on Friday, but a \$15 late fee will be assessed per child. The cost of a full week is \$115. The cost for a partial week, three days or less is \$105.

CANCELLATION AND TRANSFER POLICY: Registration fees offset the cost to plan and schedule the camp. **NO CREDITS ARE GIVEN FOR DAYS OF CAMP THAT ARE MISSED**. If you must cancel or transfer your registration it must be done at least three days prior to the Monday that your child is registered to begin camp. No refunds due to expulsion will be given for the current week, but a refund will be given for future weeks of registration.

LATE PICK-UP POLICY: All participants must be picked up from camp no later than 6:00pm. Any parent/guardian arriving late will be charged \$5.00 for each 15 minutes he or she is late. **PARTICIPANTS WILL NOT BE ALLOWED TO RETURN TO CAMP UNTIL THE FEE IS PAID**. If no contact is made with a responsible party after 30 minutes, the Belton Police Department will be contacted.

I have read and understand the above **Late Fee Policy, Cancellation and Transfer Policy, & Late Pick-up Policy**.

Signature of Responsible Party:	Date:
--	--------------

Belton Parks and Recreation

Summer Camp Rules and Discipline Policy



Camp administrators will have the final say in any violation of the discipline code and will determine any consequence based on the context and degree of violation. All participants are expected to comply with the regulation of the camp and to respect the authority of the counselors and staff. Participants are advised of the rules at the beginning of camp.

Rules:

1. No fighting, hitting, kicking, etc with peers or staff. Fighting, intimidation, or threats of physical harm will not be tolerated.
2. No weapons of any kind. This includes pocketknives or non-operable weapons.
3. Disrespect any authority figure or participants' peers is unacceptable.
4. No electronic devices, cell phones, or trading cards, or personal toys are allowed at camp. The Summer Camp will not be responsible for any lost or stolen items.
5. Skateboards, in-line skates, or shoe skates (like Heely's) are not allowed on Park property without permission.
6. Inappropriate language, profanity, or verbal abuse by participants on Park grounds will result in disciplinary actions to be determined by camp administration based on the context and degree of violation.

Discipline Policy:

* **First Offense:**

Depending on the severity of incident, actions can result in the loss of privileges, removal from activity, a phone call to parent, or possible expulsion from the program.

* **Second Offense:**

Immediate removal from camp by parent for a time determined by camp administration.

Each case will be dealt with individually according to the severity of the offense and at the discretion of the summer camp administration.

I have read, understand and agree to the Belton Parks and Recreation Summer Camp Rules and Discipline Policy.

Signature of Responsible Party:

Date:

Print Name

Belton Parks and Recreation

Summer Camp 2020 Attendance Schedule



Participant's Name: _____ Shirt Size: _____ Age: _____

Participant's Name: _____ Shirt Size: _____ Age: _____

Participant's Name: _____ Shirt Size: _____ Age: _____

Please select which of the following weeks of camp you plan to attend:

<input type="checkbox"/>	Week 1	*June 1st - June 5th
<input type="checkbox"/>	Week 2	June 8th - June 12th
<input type="checkbox"/>	Week 3	June 15th - June 19th
<input type="checkbox"/>	Week 4	June 22nd - June 26th
<input type="checkbox"/>	Week 5	**June 29th - July 2nd
<input type="checkbox"/>	Week 6	July 6th - July 10th
<input type="checkbox"/>	Week 7	July 13th - July 17th
<input type="checkbox"/>	Week 8	July 20th - July 24th
<input type="checkbox"/>	Week 9	July 27th - July 31st
<input type="checkbox"/>	Week 10	***August 3rd - August 7th
<input type="checkbox"/>	Week 11	August 10th - August 14th
<input type="checkbox"/>	Week 12	August 17th - August 21st

**(Tuesday, June 2nd camp is at HBWC)*
*** (No camp on Friday, July 3rd for holiday)*
**** (Tuesday, August 4th camp is at HBWC)*

Please specify which days of the week you plan to attend:

- ☐ Mondays
- ☐ Tuesdays
- ☐ Wednesdays
- ☐ Thursdays
- ☐ Fridays

**Monday through Thursday camp will be held at Memorial Station,
602 Maurer Parkway.**

Friday camp will be held at High Blue Wellness Center, 16400 N Mullen.

*****Please remember to send lunch with your child on HBWC days!*****