

“FUN IN THE SUN” SUMMER DAY CAMP

BEHAVIORAL CONTRACT



This contract is to be signed by both the participant (child) and his or her parent/guardian. This ensures that both the child and the adult understand the rules that will be enforced, and the discipline that will ensue where rules are not followed.

Rules:

*Children will follow the instructions of FRRPD Staff Members at all times.

*There will be no physical contact between any members of our Day Camp.

This includes hitting, kicking, slapping, sitting on laps, carrying on back or shoulders, etc. There will also be no threats of physical contact or bodily harm.

*Possessions will only be handled by their owners. There will be no stealing or going through other people’s belongings. All personal belongings will remain at home with the exception of lunches, changes of clothes, swimming attire, towels, sun block, and any medicine. Lunches and sun block will not be shared.

*There will be no name-calling or teasing. Only positive dialogue will be allowed.

*All participants will be expected to participate in planned activities. There will be no sitting out unless given permission by the parent or guardian. If being sick is the reason for not participating, please consider not bringing your child to day camp that day. This will prevent others from getting sick and staff having to call the parent or guardian to pick up the ill child. We will send home any child who is vomiting or has a fever.

*All clothing must be appropriate. No skirts, see-through shirts, short-shorts, or clothing with inappropriate logos or writing. All clothing, including shoes must be worn at all times. Bathing suits must be worn in order to swim at Nelson Pool.

*Additional rules may be enforced during the duration of Day Camp.

After reading the above material, both adult and child must sign below to ensure that all parties understand the rules and discipline that will be enforced at FRRPD’s “Fun in The Sun” Summer Day Camp. Please refer to the required disciplinary action form for the consequences of misbehavior. Thank you.

CHILD’S NAME: _____

CHILD’S SIGNATURE: _____

PARENT’S SIGNATURE: _____

FEATHER RIVER RECREATION & PARK DISTRICT

DAY CAMP DISCIPLINARY ACTIONS



Staff members will practice positive reinforcement and remain professional when executing disciplinary actions. A calm, collected, and cool demeanor is expected. Anything less is unacceptable.

Level One: Verbal Warning

Level Two: Time Out

Level Three: Loss of Privileges such as Wii, swimming, and field trips

Level Four: Sent Home

Depending on the gravity of the offense, the parents will be informed of poor behavior.

* Note sent home

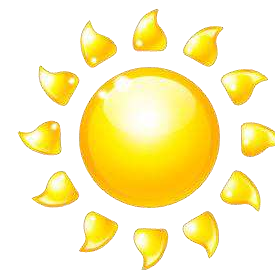
* Verbal report of actions that took place

If the problems continue and the child remains defiant day after day, expulsion will be the ultimate and final action. Refunds will not be issued in the event of expulsion.

By signing this form, you, as the parent or guardian, agree to and understand the disciplinary actions that will be enforced at all times during our 8-week Summer Camp Program.

Parent/Guardian Signature

Date



Feather River Recreation & Park District
Fun in the Sun Emergency Contact and Pick-up Info.

Child's Name: _____ Age: _____

Parent's Name: _____ Phone #: _____

Emergency Contacts: _____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

I, _____, grant permission to the emergency contacts listed above to pick up my child.

Parent's Signature: _____ Date: _____

**FEATHER RIVER RECREATION & PARK DISTRICT PERMISSION FORM
FIELD TRIP, TRANSPORTION, AND MEDICAL AUTHORIZATION - MINORS**



_____ has my permission to participate in the activities listed below.

I fully understand the following:

1. Participation in these activities is voluntary.
2. I may revoke this permission at any time by notifying the Day Camp staff in writing.
3. The Fun in the Sun Summer Day Camp staff may revoke permission.
4. Revocation is not effective until receipt is acknowledged by the Day Camp staff.

All persons making the field trip or excursion shall be deemed to have waived all claims against the Feather River Recreation and Park District for any injury, accident, illness, or death, occurring during or by reason of the field trip or excursion.

The field trip/excursion may include but may not be limited to:

1. Tyme to Bowl
2. Feather River Cinemas
3. Oroville Gymnastics Academy
4. Riverbend Park

CONSENT TO TRANSPORT

My signature gives permission to transport. All transportation will be provided by The Work Training Center.

CONSENT TO TREAT

In the event of illness or injury, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care is considered necessary in the best judgment of the attending physicians or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

- 1) Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.
- 2) All medications must be registered on this form with a physician's written instructions on dispensing.

- 3) All prescriptions, except those that must be kept on the child's person for emergency use, must be kept and distributed by staff.
- 4) If your son or daughter has a special medical problem, please attach a description of that problem to this sheet.
- 5) Check here if no blood transfusions or blood products are to be given.

SIGNATURE:

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules may result in Day Camp staff contacting parents/guardians and arranging transportation home for that child at his/her and parents' expense.

Signature of Parent or Legal Guardian

Date

Street City Zip

Phone

Parent/Guardian's Health Insurance Company/Medi-Cal

Policy number

FEATHER RIVER RECREATION & PARK DISTRICT

PHOTO RELEASE/WAIVER



I, _____ grant permission to Feather River Recreation & Park District to use photos of my child from Feather River Recreation's 2009 Fun in the Sun Summer Day Camp. The photos will be used for thank-you cards, journals, flyers, and FRRPD's website to help promote upcoming events.

Name of Child

Parent/Guardian Signature

Name of Child

FEATHER RIVER RECREATION AND PARK DISTRICT · 1200 Myers Street, Oroville CA 95965

(530) 533-2011 · Fax (530) 533-2724 · www.frrpd.com

NO REFUNDS

Adult	Name: (Last) _____ (First) _____	Office Use Only: Check No.
	Address: _____ City: _____ Zip: _____	Visa/MC
Phone	Work: _____ Home: _____ Emergency: _____	Amount
		Date

Participant's Name	Sex M/F	DOB	Program Name/No./Date	Location	Fee
Total Amount:					

AGREEMENT, WAIVER, AND RELEASE:

I have carefully read the description of the program(s) for which I/we are registering and in consideration for being permitted by the Feather River Recreation & Park District to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge, in advance, the Feather River Recreation & Park District (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or for any injury or property damage that I may sustain while participating in said activity.

Parental Consent: (to be completed and signed by parent/guardian if applicant is under 18 years of age). I hereby consent that my son/daughter may participate in the above activity. I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned herein harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. **I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FEATHER RIVER RECREATION AND PARK DISTRICT AND I SIGN IT OF MY OWN FREE WILL.**

SIGNATURE _____ **NAME (PRINTED)** _____ **DATE** _____

**FRRPD'S "FUN IN THE SUN" SUMMER DAY CAMP
SUN BLOCK RELEASE**



Feather River Recreation & Park District's Summer Day Camp program is designed to be a fun, safe, and affordable day camp program throughout the summer. We are dedicated to making a memorable and safe summer for your child.

In our best efforts in making you and your child feel safe and comfortable at our camp, we are seeking the parent/guardian's approval to apply sunscreen to your child. Please circle below whether or not you want sunscreen applied to your child. Please keep in mind we will not allow sunscreen to be shared with other children or staff.

YES, I grant my permission for sunscreen to be applied to my child.

NO, I do not want sunscreen applied to my child and I will not hold Feather River Recreation and Park District responsible for any sun burns received.

If you circled yes and have a designated staff member in mind of who you would want to help assist your child in putting their sun block on, please list their name(s) below. Please think of at least two staff members, taking into consideration that certain staff members may not be working every day of Day Camp.

Parent/Guardian Signature: _____

Date: _____