

IT'S THAT TIME AGAIN!

Blowing Rock Parks and Recreation Summer Day Camp 2017

Blowing Rock Parks and Recreation Summer Day Camp believes that the day camp programming should emphasize learning to appreciate the outdoors and our environment, and that campers should be out in and a part of the environment as much as possible. We will, for the most part, plan our special on-camp events and field trips according to this theme. There will, of course, be field trips and events that are purely for fun!

Blowing Rock Parks & Recreation Day Camp is for rising Kindergarten through rising 6th grade. Our day to day schedule is a semi-structured environment. The counselors will plan the daily activities beyond the field trips, one week in advance. This schedule will be posted at the entrance of the Blowing Rock School Gym on the Friday before the following week. Please keep in mind, however, that weather can cause changes in those plans. Camp T-shirts are included with registration, please check size on the registration form. Camp hours are from **7:30am to 5:30pm**. (Parents/Guardians will be charged \$1 for every minute after 5:30pm) Pick-up and drop-off will be in the Blowing Rock School Gym. Parents must provide lunch for campers. There is no refrigeration available for lunches, so please pack accordingly. Blowing Rock Parks & Recreation will provide snacks/drinks twice a day.

Registration

Blowing Rock Resident Taxpayers	March 1st, 2017
Non-Taxpayers	March 20th, 2017

*The following is required for registration: Completed registration form (parents/guardian signature required), proof of day care experience (rising Kindergarten only) and payment (one weeks' fee). **If you would like to receive the taxpayer rate then you must present a copy of your Blowing Rock Tax Bill upon registration.**

Camp Sessions

Week 1 June 12 -16	Week 6 July 17-21
Week 2 June 19-23	Week 7 July 24-28
Week 3 June 26-30	Week 8 July 31- August 4
Week 4 July 3-7 (off July 4)	Week 9 August 7-11
Week 5 July 10-14	

Camp Fees per week

Blowing Rock Resident Taxpayers \$70
Non-Taxpayers \$120

**(Proof of Recent Day Care experience is required with rising Kindergarten registration!
The child must be 5 to attend camp!)**

Please come by our office to get registered for Summer Day Camp. If you have any questions or you would like us to send you a registration form, feel free to call us at **295-5222**. You can also print a registration form from our webpage at www.townofblowingrock.com. We hope to see you this summer!

2017 Summer Day Camp Registration

Day Camp Registration Beginning Dates:

☀ Blowing Rock Taxpayers - March 1st, 2017 – **To receive the Taxpayer Rate you MUST present a copy of your current Tax Bill upon registration.**

☀ Non-Taxpayer registration – March 20th, 2017

☀ Fees – Taxpayer: \$70

- Non-Taxpayer: \$120

☀ Camp T-shirts **are** included in fee, please mark a size.

☀ Upon registration the first week's fee is due as a deposit. The remaining balance for each week is due prior to the beginning of that week.

☀ **Child must be at least 5 years old to attend camp!**

☀ **Proof of Recent Day Care experience is required with rising Kindergarten registration!**

Child's name _____		Age _____	Birthdate _____	Grade entering Fall '17 _____					
Gender _____	T-Shirt Size	YS _____	YM _____	YL _____	YXL _____	AS _____	AM _____	AL _____	AXL _____
Mailing									
Address _____			City _____			State _____		Zip _____	
Home									
Address _____			City _____			State _____		Zip _____	
Email Address _____									
Parent/Guardian Name _____					Home phone _____				
Day Phone _____					All additional day time contact numbers _____				
Parent/Guardian Name _____					Home phone _____				
Day Phone _____					All additional day time contact numbers _____				

* By state law email addresses may be subject to disclosure under the Public Records Law

Emergency Information: If Parent/Guardian cannot be reached, who should be contacted in case of an emergency?

Name _____ Relationship _____ Phone # _____

Alternate Phone # _____

Name _____ Relationship _____ Phone # _____

Alternate Phone # _____

Day Camp Refund Policy is as follows:

If we are notified by **May 31st, 2017**, we will refund 80% of your registration fee (20 % is kept for processing fee). **After May 31st, 2017 THERE WILL BE NO REFUNDS.**

*Requests must be made **in writing** to the Director of Parks and Recreation.

I have read and understand the refund policy.

Parent/Guardian Signature **Date**

AUTHORIZATION AND RELEASE

I/We the parents of the above named child who is registered in the Blowing Rock Parks and Recreation Department Summer Day Camp hereby give my/our approval for his/her participation in any and all camp activities during the current session. By authorization, I/We hereby approve of the program and accept the facilities, equipment, supervision, and acknowledge that I/We have had the opportunity to inspect the premises and equipment and have spoken with the supervisor or waive the right to do so. Further, I/We understand there are certain risks inherent in participation in certain recreation activities which are beyond the control of the participant or the Town's Parks and Recreation Department, and that immediately prior to any participation I/We have the opportunity to inspect the facility or equipment and to notify the supervisor or the Town of any objection to the facility, equipment, instructor or supervision and have the choice whether or not to participate in said program or activity. I/We hereby release the Town of Blowing Rock and its employees from any and all damages, claims, injuries, actions, causes of action, or suits of any nature or description, including reasonable attorneys fees, on behalf of the names above, which would or could be based on the qualification of the instructor or the adequacy of the supervision, facilities or equipment used in the program names above.

Parent Signature _____ **Date** _____

ACCIDENT INSURANCE

The Town of Blowing Rock Parks and Recreation does not provide sports accident coverage as a component of its youth or day camp programs. The Parks and Recreation Department does recommend some type of accident coverage on all participants and will assist in acquiring information on such a plan should you desire this information. The authorization and release of liability printed above this statement must be completed as a condition of participation in this program.

Media Waiver

I hereby grant my permission to allow my child's name, photo, video recording and/or other items to be used at the discretion of the Town of Blowing Rock's Parks and Recreation Department for promoting programs operated or sponsored by the department.

Parent Signature _____ **Date** _____

Please check the week(s) that your child wishes to attend. Please note, after **May 31st** you will be responsible for payment of all weeks you check below, unless the opening can be filled from our waiting list. If spaces are available you may switch weeks.

- Week 1 (June 12 -16) _____
- Week 2 (June 19-23) _____
- Week 3 (June 26-30) _____
- Week 4 (July 3-7) (off July 4) _____
- Week 5 (July 10-14) _____
- Week 6 (July 17-21) _____
- Week 7 (July 24-28) _____
- Week 8 (July 31- August 4) _____
- Week 9 (August 7-11) _____

Consent and Waiver of Liability – Field Trips/Travel

Blowing Rock Parks and Recreation periodically offers campers the opportunity to participate in field trips to a variety of locations. Participation in field trips is completely voluntary. If you have questions about a field trip, please do not hesitate to contact the Blowing Rock Parks and Recreation Office at 828.295.5222.

It is possible that your child could get injured or become sick while on a field trip. By signing this form, you acknowledge and accept such risks and agree that your child has your permission to participate in field trips during the course of summer camp.

In the event of illness, accident, or injury to your child during a field trip, Blowing Rock Parks and Recreation will take reasonable steps to contact you. If you cannot be contacted, you hereby grant Blowing Rock Parks and Recreation permission to seek medical care for your child. You shall bear the financial responsibility for such medical care.

Travel

Furthermore, you provide consent and authorization for your child to travel with Blowing Rock Parks and Recreation during field trips and any other activities that require travel.

By granting permission for your child to attend travel outings you agree that the Blowing Rock Parks and Recreation Summer Day Camp Staff are in charge of these field trips and shall have full right to regulate the behavior of your child and to terminate his/her participation in any trip by causing him or her to return home prematurely, at your expense, should your child fail to abide by the reasonable direction of the Blowing Rock Parks and Recreation Summer Day Camp Staff.

By signing this form you understand that there are certain risks inherent in participation in certain activities that are beyond the control of the participant or the Town's Parks and Recreation Department, and that immediately prior to any participation you have the opportunity to inspect the vehicles and talk to the drivers and staff and have the choice whether or not to participate in said activity which requires travel.

Waiver of Liability

By signing this form, you voluntarily release and forever discharge Blowing Rock Parks and Recreation, and it's officers, directors, employees, and agents, generally from all claims, causes of action, damages, and liabilities arising out of, or in any way related to, your child's experience while on a Blowing Rock Parks and Recreation Summer Day Camp field trip or in the course of travel.

Name of Camper

Name of Parent or Guardian

Parent or Guardian Signature

Date

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

Camper Information and Medical Release Form

Child's Name _____ Grade entering in '17 _____

Parent/Guardian Name _____ Day Phone _____

Parent/Guardian Name _____ Day Phone _____

Child's home phone during camp _____

Which should we contact in the event of an emergency? _____

Emergency contact if parents/Guardian not available: _____

Relationship to child: _____ Phone: _____

Please list any persons **and their phone numbers** who are authorized to pick up your child from day camp.

1. _____ 2. _____

3. _____ 4. _____

Medical Conditions (Please check all that apply) *This information is confidential, for use by Camp*

Director and your child's counselor only

Allergy Requiring EPI-Pen

Allergy not Requiring EPI-Pen

Asthma

Head Aches

Diabetes

Cerebral Palsy

Physical Handicaps

Recent or Recovering Fractures

Down Syndrome

Seizures

Autism

ADD/ADHD

High/Low Blood Pressure

Other _____

If you checked any of the boxes to the left, please give a brief description:

***Please note: Blowing Rock Parks and Recreation staff are not permitted to administer medicine to campers. Please contact the Parks and Recreation Director if your child requires medication during the day.

ALSO: Many parents of children who take medication to control hyperactivity/attention deficit disorders decide to give their children a break from it in the summer. While we recognize this is a decision to be made by parents, we strongly advise against this for children attending camp. Camp requires children be able to follow instructions and pay attention to their surroundings.

Blowing Rock Parks and Recreation Summer Day Camp

Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this camp will practice the following discipline and behavior management policy.

In order to create a safe and fun atmosphere at Blowing Rock Parks and Recreation, campers are asked to follow the behavioral guidelines during camp. Parents/Guardians and Campers must read and Parents must sign this agreement prior to camp attendance

1. I will treat everyone at the camp community with respect at all times, including showing respect for another's personal belongings, privacy, and feelings.
2. I understand that harassment or bullying based upon race, color, religion, creed, sex, national origins, age, or disability is a form of discrimination that is **NOT TOLERATED** at Camp
3. I will respect Camp and the Parks and Recreation facilities and equipment and I will not take or destroy camp property
4. I **WILL NOT** use obscene or foul language, gestures, or engage in any activity which may put me, other campers, or staff at risk.
5. I agree to abide by the rules and regulations of the camp and understand that I am expected to follow directions and guidance provided by the camp staff.

The Blowing Rock Parks and Recreation Summer Day Camp Staff uses the disciplinary practice of "time out", and or a logical or natural consequence. "Time out" is the removal of a child for a short period of time 3 to 5 minutes from a situation in which the child is misbehaving. The "time out" space, usually a chair, is located away from group activity but within a counselor's sight. During "time out" the child has time to think about the misbehavior, which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the counselor discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown to the other children. At times it will be appropriate for staff to utilize a natural or logical consequence instead of "time out" depending on the offense.

The Blowing Rock Summer Day Camp Staff will not use:

1. Any means of corporal punishment for disciplinary measures (i.e. spank, hit, slap, etc.)
2. Any type of verbal abuse (i.e. makes fun of, yells at, threatens, etc.)
3. Related discipline to eating, sleeping, or resting
4. Leave the children alone, unattended, or without supervision.
5. Place the children in locked rooms, closets, or otherwise restrain a child as punishment.

Parents will be notified of any recurring behavior problems that the child/children may have. A staff/parent meeting may be necessary if a child's misbehavior persists. If this meeting does not solve the problem, camper suspension may be necessary.

Child's Name _____

Parent/Guardian Signature _____ **Date** _____