

# Farmville Parks & Recreation Summer Adventure Camp

## *Guidelines/General Information*

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### WHAT A CAMPER NEEDS:

- Name written on all items
- Wear old play clothes — you may get dirty and wet!!
- Closed toed shoes — **NO FLIP FLOPS!**
- Possibly second pair of shoes for swim days
- Sunscreen and bug spray are recommended
- Swim wear and towel for swim days
- Refillable water bottle
- Issued camp shirt for field trips

### WHAT A CAMPER **DOES NOT** NEED:

- Open toed shoes—**NO SANDALS/FLIP FLOPS**
- Valuable items that may be lost or broken
- Game Systems, MP3 Players, Cell Phones, Toys
- Weapons of ANY kind including Fireworks
- Drugs/Alcohol/Unapproved Medication
- Anything else determined harmful, dangerous or distracting by camp administration.

**No refunds shall be given for any reason other than (1) A doctor-validated medical reason on part of the participant, (2) The program has been cancelled by the Parks and Recreation Program Coordinator, (3) Documented change in residence of more than 20 miles from Farmville Town Hall.**

### DISCIPLINE GUIDELINES

- Campers are expected to display appropriate behavior while at camp.
- For most behavior issues, the first occurrence will result in a warning. All other occurrences will result in time-out from activities.
- The following behaviors will result in a write up: profanity, kicking, hitting, or any other physical aggression, repeatedly refusing to following directions, yelling at a counselor, breaking or vandalizing property, stealing, threatening another person, or any other behavior deemed inappropriate by Program Coordinator.
- These behaviors result in a write up and camper will be immediately sent home: physical or verbal aggression towards a counselor, self injuring, biting, refusing to cooperate with counselors, possession of weapons, or any other behavior deemed inappropriate by Program Coordinator.
- For severe offenses, such as but not limited to: fighting/hitting/biting, theft, vandalism, bullying in program or through social media, possession of weapons or drugs, severe verbal threats, sexual misconduct, leaving the program/building without proper dismissal, or any other safety related behavior, the participant may be suspended or dismissed from the program immediately.
- **Write Up Policy**
  1. Warning
  2. 1-3 days suspension
  3. 3-5 days suspension
  4. Expulsion from camp

**No Refunds will be given for any reason resulting from a child's lack of attendance due to disciplinary action.**

### SIGN IN AND SIGN OUT

- Each camper must be signed in and out daily.
- **ID's will be checked by camp staff!**
- Campers will only be released to a person designated by the parent/guardian to pick them up. **Parents—please include your name(s) on the list!**
- Requests for an addition to the **Pick-up Authorization Form** to pick up a child, must be submitted in writing by the parent/guardian. For the security of the campers and staff, pick-ups will only be allowed at off-school sites with prior notification.

### PICK UP/ DROP OFF

- All participants are responsible for transportation to and from camp.
  - Drop off is from 7:00 am - 8:30 am
  - Pick up is from 4:30 pm - 6:00 pm
- Campers must be picked-up **by 6:00 pm.**
- A **\$10 LATE FEE** will be charged for each 20 minutes, or portion thereof, that the parent is late.
  - Camper(s) will not be allowed to return to camp until all late fees are paid.
  - A parent who is repeatedly late will not be allowed to register for future weeks of camp.
- Authorities will be notified if children are not picked-up from camp by 7pm

## **SICK CHILD**

- Please do not send your child to camp with a fever or an illness.
- If your child exhibits symptoms of illness or fever, you will be called to pick up your child.
- We ask that you make every effort to pick up your child as quickly as possible.

## **MOVIES**

- During camp we will be watching G and PG rated movies.

## **CAMP SHIRT**

This shirt shall be worn for **all** field trips. Additional shirts may be purchased for \$10. Farmville Parks & Recreation is not responsible for lost, stolen, or damaged shirts.

## **MEDICAL AUTHORIZATION**

- If your child needs to be given medication (prescription or over-the-counter) while at camp, you must have a completed **Medical Authorization** form on file.
- *\*No medication will be given without this form on file.*
- All medications must be in the original, properly labeled container when sent to camp.

## **INSURANCE**

- Farmville Parks and Recreation does not provide any accident or hospitalization insurance for camp participants. We recommend that you review your own family policies for coverage information.

## **INCLUSIVE RECREATION**

- If your child requires accommodations for participation, please notify us at least two-weeks prior to the week they will attend. If you have a child with special needs, we encourage accompaniment of a paraprofessional upon vetting to attend at no charge.

## **EMERGENCY SITUATIONS**

- If you have an emergency and need to contact your child during camp hours, please call the **Farmville Parks and Recreation Office @ 252-753-6722 or Isaiah Lubben @ (910)-515-4774.**
- Phones will be answered from 7:00 am — 7:00 pm during camp.
- The Camp Director or Program Coordinator will be paged to return your call.

## **PARTICIPATION**

- Day camp programs are designed with youth in mind.
- We encourage all children to participate in, or at least try, all activities.

## **Lunches, Snacks, & Concessions**

- Lunches will be provided through Pitt County Schools.
- Lunches may also be brought from home but there is no access to refrigeration or microwave.
- We will provide campers with one (1) snack break throughout the day. Campers are welcome to bring additional snacks.

## **MONEY**

- May be brought for gift shops, concessions, arcade games, etc. on field trip day only.

## **TRIPS**

- Fees for most field trips are included in tuition, however some might require an additional fee.
- We will let you know about these fees the week prior to the event if applicable.
- Please have your camper wear the appropriate camp-issued shirt on field trip days.

## **CAMP AGE REQUIREMENTS**

- Our camp is for children from 5-12 years old.

## **PAYMENTS**

- Payments for camp must be made before enrollment is complete. No 'credits' will be forwarded for missed days.

### **Bathroom Policy**

Despite the type of facility, male staff should monitor male restrooms and female staff should monitor female restrooms.

- Camp staff will monitor and supervise restroom, using sight and sound, during all scheduled restroom breaks.
- If participants should have to use the restroom at any other time a staff member may escort them to the restroom or a buddy system will be used.
- A buddy system shall include at least three participants or 2 participants and 1 staff member. Staff will remain at restroom doorway and use the sight and sound method to monitor the restrooms.
- A staff member may enter the restroom to monitor behavior if needed.

### **Field Trip Restroom Procedures**

- During field trips, camp staff members are required to monitor the restroom if possible.
- If 2 staff members are available for restrooms, they first enter the restroom with the children and place themselves at the entrance of the restroom to monitor.
- In places that have multiple stalls and are open to the public, staff members must be inside the restroom to monitor at all times.
- If a restroom has just one stall or toilet, staff members should remain outside of restroom.
- Male staff should monitor male restrooms and females should do the same for female restrooms.

### **Illness/Injury Policy**

Any participant should remain home from all programs if they have had any of the following in the past twenty-four (24) hours:

- Fever (99.5 degrees or higher without fever reducing medication), diarrhea, vomiting, sore throat, undiagnosed rash, chicken pox, pink eye, ring worm, head lice, or any other potentially contagious condition.
- Physical injury that does not allow the participant to safely participate in program activities.
- If a participant demonstrates any of the above while at the program, the parent/guardian will have one hour to pick up the participant from the program location.
- If the participant becomes sick while at the program, he/she will be separated from the other participants while the parent/guardian is called to come and pick them up. After 24 hours, if the participant is symptom free or written documentation has been received from a doctor stating the participant is not contagious or can safely participate, they may return to the program.

# Farmville Summer Adventure Camp Enrollment Form

\* PLEASE PRINT CLEARLY \*

<b>Circle Week(s) Attending</b>			
Week 1	Week 2	Week 3	Week 4
	Week 5	Week 6	

## PARTICIPANT INFORMATION

Camper #1 Name: Age:	Birth Date:	Shirt size: YS YM YL AS AM AL
Camper #2 Name: Age:	Birth Date:	Shirt Size: YS YM YL AS AM AL
Camper #3 Name: Age:	Birth Date:	Shirt Size: YS YM YL AS AM AL

## PARENT/GUARDIAN INFORMATION

<b>Residential Address:</b>		<b>City/Zip:</b>
<b>Mother's Name:</b>	Home Phone:	Cell Phone:
Employer:	Work Phone: Extension:	Email:
<b>Father's Name:</b>	Home Phone:	Cell Phone:
Employer:	Work Phone: Extension:	Email:

## EMERGENCY INFORMATION:

In case of an emergency, which hospital do you prefer?

Doctor:	Phone:
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Allergies/Reaction (include food, drug, other allergies) :  
Specify which child:

This participant is free of infectious disease. Yes \_\_\_\_\_ No \_\_\_\_\_

This participant is up to date on all immunizations. Yes \_\_\_\_\_ No \_\_\_\_\_

This participant is able to participate in recreation activities  
*Participation limitations and/or restrictions* \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**Will the participant take medication during the summer?** Yes \_\_\_\_\_ No \_\_\_\_\_  
*If Yes, a Medication Authorization Form must be completed! (Page 8)*

## SPECIAL ACCOMMODATIONS

If necessary, please describe any accommodations (medical, physical, or behavioral needs) and/or other information that will assist camp staff in helping your child get the most out of our camp. (SPECIFY CHILD'S NAME)

\_\_\_\_\_

\_\_\_\_\_

## FOR OFFICE USE ONLY:

First week/day: \_\_\_\_\_ Staff initials: \_\_\_\_\_

# Farmville Summer Adventure Camp Releases & Policies

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Initial	<b>SWIMMING</b>
	Swimming involves transportation/and or walking to and from public/private pools. All Campers must have <b>written</b> permission before being allowed to swim in the deep end. A swim test may be conducted.
Initial	<b>FIELD TRIPS</b>
	Day Camp activities involve transportation to and from destinations. Some field trips may require a separate nominal fee. By signing below, I grant permission for my child(ren) to be transported to field trips during the day camp programs. My signature also acknowledges that I may be required to provide additional fees for specific field trips.
Initial	<b>EMERGENCY CLAUSE</b>
	In the event I cannot be reached in an emergency, I hereby give my permission to employees of this Summer Camp to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.
Initial	<b>RELEASE CLAUSE</b>
	The undersigned hereby releases and holds harmless this Summer Camp and any officers, employees or agents thereof, including without limitation the Farmville Parks and Recreation, Town of Farmville, from any and all claims liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.
Initial	<b>LATE DROP OFF POLICY</b>
	All campers must be dropped off not later than 8:30am. This is especially important on field trip day. The bus <b>WILL NOT</b> wait for any camper not dropped off by the specified time, no exceptions
Initial	<b>LATE PICK-UP POLICY</b>
	All Campers must be picked up from camp no later than 6:00 pm. Any parent arriving late will be charged \$10.00 for each 20 minutes he or she is late. <i>Campers will not be allowed to return to Camp until this fee is paid.</i> If a parent is late more than three times, the child will not be allowed to return to Camp.
Initial	<b>BEHAVIOR POLICY</b>
	For most behavior issues, the first occurrence will result in a warning. All other occurrences will result in a time out of activities. Write ups result in: (1) Warning; (2) 1-3 days suspension; (3) 3-5 days suspension; and (4) Expulsion from camp. I have read and agree to the more detailed list on the camp guidelines page.

I agree to all the releases and policies stated above:

Signature of Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_

# Farmville Summer Adventure Camp

## PARTICIPANT INFORMATION

<b>CAMPER #1 NAME:</b>		<b>MEDICATIONS</b> <i>YES NO</i>	<b>MEDICATION NAME:</b>
CAN YOUR CHILD BE PHOTO-GRAPHED: <i>YES NO</i>	Only in shallow area Y/N	Deep End Y / N	Diving boards and Slides Y/ N (Height Restrictions)
<b>CAMPER #2 NAME:</b>		<b>MEDICATIONS</b> <i>YES NO</i>	<b>MEDICATION NAME:</b>
CAN YOUR CHILD BE PHOTO-GRAPHED: <i>YES NO</i>	Only in shallow area Y/N	Deep End Y / N	Diving boards and Slides Y/ N (Height Restrictions)
<b>CAMPER #3 NAME:</b>		<b>MEDICATIONS</b> <i>YES NO</i>	<b>MEDICATION NAME:</b>
CAN YOUR CHILD BE PHOTO-GRAPHED: <i>YES NO</i>	Only in shallow area Y/N	Deep End Y / N	Diving boards and Slides Y/ N (Height Restrictions)

### Pick-Up Authorization

*Parents & Guardians: Please include yourselves on this form!*

**Parent/Guardian #1** \_\_\_\_\_

**Parent/Guardian #2** \_\_\_\_\_

**Emergency Contact #1** \_\_\_\_\_

*\*Person to be reached if parent/guardian is not available in the event of an emergency.*

Home Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_

*\*Person to be reached if parent/guardian is not available in the event of an emergency.*

Home Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Authorized Person #1** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Authorized Person #2** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**\*Name of person(s) NOT allowed to pick up my child:** \_\_\_\_\_

*\*Appropriate custody paperwork must be attached if a **parent** is not allowed to pick up a child.*

Office use only:

### **Sunscreen/Insect Repellant**

If needed, parents should apply sunscreen and insect repellant before the participant comes to camp. Parents are also encouraged to pack extra sunscreen and insect repellant that your camper may need throughout the day. There will be plenty of breaks to apply these items. Campers should not share these items, and they should be kept in their belongings. Spray sunscreen and repellant are good options for camp. Siblings and counselors can assist campers in applying these items only to exposed skin in areas that the camper cannot reach (back/shoulders/neck).

### **Dress Code**

#### **(Participants & Staff)**

Participants should come to camp dressed in cool, comfortable clothing. Shorts and a short sleeve shirt. For swim days, campers should wear a suit with full coverage. For females, this means a one-piece bathing suit, and for males this means regular length board shorts. Participants with long hair may wish to bring a tie for their hair.

- No revealing clothes.
- No bikini or speedo bathing suits.
- No flip flops or sandals.
- No vulgar or profane advertisements on clothing.

### **Sunscreen Application Waiver**

Camper Name: \_\_\_\_\_

I give permission for a staff member of Farmville Parks and Recreation Department to apply sunscreen to my child. I understand that I must supply the sunscreen with their name clearly written on the bottle.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

# 2021 NON-INJECTABLE MEDICATION AUTHORIZATION

*This information is confidential and for staff use only.*

Medication Forms *must be completed in full* and on file before your child can receive medication.

***All medication will be given by a trained Staff Member***

*Please list Ibuprofen, Tylenol, etc., if your child would ever require it!*

**Child Name:** \_\_\_\_\_ **Camp Attending:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Prescribed Medicine #1:** \_\_\_\_\_ For treatment of: \_\_\_\_\_

Exact Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Date to begin: \_\_\_\_\_ Date to end: \_\_\_\_\_ Pharmacy: \_\_\_\_\_ RX#: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Physician(s) Phone: \_\_\_\_\_

**Name of Prescribed Medicine #2:** \_\_\_\_\_ For treatment of: \_\_\_\_\_

Exact Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Date to begin: \_\_\_\_\_ Date to end: \_\_\_\_\_ Pharmacy: \_\_\_\_\_ RX#: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Physician(s) Phone: \_\_\_\_\_

**Name of Prescribed Medicine #3:** \_\_\_\_\_ For treatment of: \_\_\_\_\_

Exact Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Date to begin: \_\_\_\_\_ Date to end: \_\_\_\_\_ Pharmacy: \_\_\_\_\_ RX#: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Physician(s) Phone: \_\_\_\_\_

***Please do not send more than a one-week supply of medication at a time.***

***Please note:*** If the prescription for the specified medication should change during the year, a *new form* will need to be completed with the new prescription information.

Medication ***MUST*** be sent in a properly labeled container (most pharmacies will give you duplicate bottles). If the prescription changes, please send a *new* properly labeled container.

Children with **Inhalers** will need a completed Medication Form on file. The child will not be allowed to personally carry the Inhalers, although it will be accessible to be used as required. This is for the safety of all children.

**Over-the-counter medications** must be sent in the original containers and require a completed Medication Form on file. Per policy these can only be given for three days. Beyond three days, a written order from an authorized prescriber will be required.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*The above-signed recognizes that the Farmville Parks and Recreation staff member, who will be responsible for administering the above medication, is not a pharmacist, and accepts full responsibility for requesting that a staff member oversee such medication; and further acknowledges that neither such person, the Town of Farmville, shall have any responsibility or liability arising out of my child taking medication in accordance with the instructions on the label. The undersigned also authorizes a staff member of Farmville Parks and Recreation to administer the medications listed above.



