



2022 Summer Camp Registration

Rates	City/Non
Registration Fee	\$100
Weekly Rate	\$110/\$120
Drop-In Rate	\$35/\$40
Multi-Child Discount (\$10/per)	

Participant Information:

Child's Name: _____ DOB: ____/____/____ Grade: ____ Gender: ____ Shirt Size: _____

Child's Name: _____ DOB: ____/____/____ Grade: ____ Gender: ____ Shirt Size: _____

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Child's Name: _____ DOB: ____/____/____ Grade: ____ Gender: ____ Shirt Size: _____

Child's Name: _____ DOB: ____/____/____ Grade: ____ Gender: ____ Shirt Size: _____

Parent/Guardian Information:

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

Mother/Guardian's Phone: _____ Father/Guardian's Phone: _____

Mother/Guardian's Address: _____ Father/Guardian's Address: _____

Mother/Guardian's E-mail: _____ Father/Guardian's E-mail: _____

Emergency Contact List:

Please provide the names of individuals who may be contacted in the event of an emergency or illness when a parent/guardian cannot be reached. **NOTE:** Proper identification must be shown before child will be released for pick-up. There are no exceptions to this policy.

Name: _____ Relationship: _____ Contact Number: _____

Name: _____ Relationship: _____ Contact Number: _____

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Name: _____ Relationship: _____ Contact Number: _____

Name: _____ Relationship: _____ Contact Number: _____

Statement of Liability

I, the undersigned, indemnify, save and hold harmless the Town of Hilliard/Town of Hilliard Parks & Recreation Department, Council members, Directors, employees and agents (the "Releasees") from any liability or medical expense resulting from any sickness, accident, or injury of or experienced by my child* while he/she is participating in any activity on or off Town premises.

*As used in this form, the term "my child" means, but is not limited to, a child born into my immediate family, an adopted child, grandchild, stepchild, or a child who is my ward and over whom I have legal guardianship. By signing below, I affirm and warrant that I have permission or authority to execute this waiver and release on behalf of my child and to bind all other persons who might seek to make a claim against the Releasees for any injury, loss, damage or expense contemplated in this waiver and release.

When my child uses any of the Town of Hilliard's facilities or participates in any activity, he/she does so at his/her own risk. I understand and agree that the Releasees are not responsible for my child's medical expenses and that the Town of Hilliard does not provide any medical insurance to cover my child's medical expenses should he/she become sick or injured. I am responsible for my own child's medical expenses and will file any medical claim with my own insurance company or pay the cost myself.

I hereby covenant not to sue and I release, waive, and discharge the Releasees from all liability to my child, myself, any personal representative, assigns, heirs, and next of kin for any loss or damage and for any claim or demand therefore on account of injury to my child's or my person or property, even if the injury results in the death of my child or me, whether caused by the Releasees' negligence or otherwise while my child is or I am in, upon, or about the premises, using any facilities or equipment, or participating in any off-site programs.

I assume full responsibility for and of bodily injury, death, or property damage due to the Releasees' negligence or otherwise when in, about, or upon the premises of the Town of Hilliard Parks & Recreation facilities or participating in any off-site programs.

I give permission to the Town of Hilliard Parks and Recreation Department to use, without limitation or obligation, photographs, film footage, or tape recordings that may include my and my family members' image(s) or voice(s) for purposes of promoting the Town of Hilliard Parks and Recreation programs. I also further agree that this entire waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and that if any part of it is held invalid, it is agreed that the balance will continue in full legal force and effect.

Acceptance: I have read and voluntarily sign this waiver and release of liability and indemnification agreement and further agree that no oral representation, statements, or inducement apart from the foregoing written have been made. I further agree that while every reasonable precaution will be taken to insure the safety and well-being of my child, I will in no way hold The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees responsible for any accidents affecting my child. In no way will The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees be held liable for damage.

Signature of Authorizing Parent/Guardian

Printed Name

Date



2022 Summer Camp Voluntary Health Information

Health History

Name any **medical** conditions, **past or present**, which would restrict physical activities to safeguard your child (ex. allergies, diabetes, seizures, asthma, etc.): _____

(If additional space is needed please attach a separate sheet of paper)

Medication

Is your child taking any prescription medications? ____ Yes ____ No

If yes, please specify _____

(If additional space is needed please attach a separate sheet of paper)

Illness

Children will be sent home if they have a contagious disease, earache, vomiting, diarrhea, or a temperature of 100° or higher. Children may return to camp after 24 hours of being symptom free.

If a child has lice he/she may not return to camp until the lice and nits (eggs) have completely cleared. HP&R staff will be required to do a lice check before the parent drops off his/her child.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the Town of Hilliard Parks and Recreation Dept. or agent to make emergency medical decisions on behalf of my child, if required by law or a health care provider. I understand that the Town of Hilliard will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify the Town of Hilliard Parks and Recreation Dept. in the event of any health changes which would restrict my child's participation in any normal physical activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Child's Doctor _____ Phone No. _____

Health Insurance Company: _____ Policy #: _____

Signature: _____ Date: _____

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____.

BY _____

PERSONALLY KNOWN: _____ PRODUCED IDENTIFICATION: _____ TYPE: _____

NOTARY PUBLIC, STATE OF FLORIDA
NOTARY PUBLIC STATE OF FLORIDA AT LARGE

Notary's Name (printed)

MY COMMISSION EXPIRES: _____ NOTARY SEAL

2022 Summer Camp Parent Packet

HP&R Summer Camp Payment Guidelines

Residency verification requirement: HP&R will need to obtain a copy of your driver's license/state ID (and in some cases utility bill) for proof of residency within Hilliard's city limits. The copy also serves as identification for any check or debit/credit card payments to the Town.

Registration fee and first week payment is due upon enrollment. Payments thereafter are due on the first day of the week that your child attends. *In most cases, this will be Monday at 6:00PM.* A \$15 late fee will be added to the balance of your account if not paid by 6:00PM of your child's first day of attendance for the week. If the required payment and late fee have not been paid by the end of the week, the child will not be allowed to return until the total balance is paid.

There will be a \$15 late pick-up fee assessed for every quarter hour after 6:00 pm that your child remains in our watch. Special payment arrangements can be made by contacting our offices. Even though payment arrangements are made, if the payment is late there will still be a late fee added. "Drop-in" is considered as no more than 1 day per week. Anything over 1 day will be considered at the weekly rate.

Attendance

This is a ten (10) week program. Each child may take up to two (2) weeks scheduled vacation from attendance. If your child starts camp two (2) or more weeks late, there will be no vacation weeks permitted and the remaining weeks up until attendance stops or camp ends will be charged.

HP&R Summer Camp Rules & Guidelines

Campers MUST respect counselors, lifeguards, office personnel, & their peers **at all times** by...

- *following* counselor's instructions and all verbal/posted rules enforced by the lifeguards
- *participating* in all scheduled on & off-site activities HP&R staff has planned (this will allow a smooth, organized program!) including walking to & from designated rooms/activities
- *using* "Kind Hands" (no hitting, pushing, or play fighting) and "Kind Words" (no name calling/vulgar language).
- **Not bringing** electronics (cell phones, video games, tablets)
- Socks & tennis shoes. (Flip Flops or slides welcome for pool time.)

HP&R Summer Camp Discipline Policy

We maintain a positive discipline policy, which focuses on prevention, redirection, love, consistency, and firmness. We stress two main patterns of behavior:

RESPECT for others and RESPECT for property.

The children are explained the rules of the HP&R Summer Camp program frequently, so they are all familiar with the guidelines. Please keep in mind that there WILL be disagreements between children. Young children have a hard time expressing their feelings. Sometimes they hit, throw toys, bite, name call, etc. We will try to prevent problems, redirect when appropriate, discuss inappropriate behavior, encourage making amends when offenses involve another person, and sometimes withdraw privileges based on the principle of "natural consequences". An example might be where a child is misusing a toy then he/she will not be allowed to play with the toy for a period of time. The use of time outs will be rare except when a brief cooling off period is needed, but in the event we need to implement time out, the time out period will be as follows:

1st Offense: 2 minutes

2nd Offense: 5 minutes

3rd Offense: 10 minutes & parent contact

Sometimes when children are fighting or throwing toys, we will put the toy in a short time out and then bring it back into circulation a little later. This seems to work better than giving the child a time out.

Under NO CIRCUMSTANCES will there be any spanking, physical abuse, verbal abuse, name calling, or isolation used. Food will never be withheld from children as a means of punishment.

If a discipline problem arises that does not respond to the above-mentioned techniques, we will hold a conference with the parents. Together, we will try to find a solution. You may be called to remove your child if his/her behavior prevents us from being able to properly attend to the other children. If the problem continues, other arrangements for the supervision of the child will have to be made for the safety and well-being of all.

2022 Summer Camp Parent Packet (Continued)

Field Trip Policy

A "field trip" involves leaving the main property by foot or other means of transportation (ex. a bus). Lunch is provided by HMSHS in most cases but the children have to be present to receive it.

For the safety of your child, it is extremely important that he/she follows these simple rules:

- No standing on the bus.
- No shouting or loud talking on the bus.
- No eating or drinking on the bus unless permission is granted by driver.
- Do not leave trash on the bus.
- Do not, FOR ANY REASON, leave your assigned counselor & group.
- Do not stick arms, hands, feet, head or any objects out of a bus window.
- Do not throw any objects out of a bus window.
- Do not sit in or block the aisle.
- Listen to your counselors at ALL times.
- You MUST wear your HP&R shirt on every field trip.

All camp counselors are equipped with their cell phones & camper contact information for making emergency calls.

If your camper cannot follow these simple guidelines, he/she will not be allowed to participate in field trips.

By signing below, I attest that I have discussed the above rules/guidelines with my child:

Signature of Authorizing Parent/Guardian

Printed Name

Date

Summer Camp Weekly Themes

	Learning Opportunities - Themed Weeks, subject to change.
May 31st	<i>Ice Breaker</i> – We will be getting to know each other through fun engaging games & activities.
June 6th	<i>*Team Building</i> – Continue building off last week's theme, growing strong, healthy connections.
June 13th	<i>Sports Mania</i> – It's time to learn all things sports!
June 20th	<i>*Down on the Farm</i> – All things agriculture.
June 27th	<i>Patriotic</i> – Let's learn some history about our great country!
July 5th	<i>*Reptiles</i> – Wild about nature & it's creatures.
July 11th	<i>Mad Science</i> – Kids will become junior scientists, embarking on adventures like no other!
July 18th	<i>*Hawaiian Luau</i> – Get your grass skirts ready for a week of sun, fun, & all things tropical!
July 25th	<i>Character</i> – <i>Create your own or dig into your favorite book/movie to get into character this week.</i>
August 1 st	<i>Campout Theme</i> – Campers will enjoy a cookout to celebrate the end of summer.

* Field Trips Planned, subject to change.