

Camden Gymnastics
Day Camp Program

Campers Rules and Regulations

1. Campers must be five (5) years of age on or before the first day of their camp session, unless they are currently enrolled in a gymnastics class. No camper will turn fourteen (14) years of age during his or her assigned camp session.
2. No campers will be checked in before 7:30 a.m. All campers must check out before 5:30 p.m. Campers left past 5:30 p.m. will be charged \$10.00 every 15 minutes the camper is left for extra time. Repeated disregard for this rule, may result in suspension from the camp.
3. All campers must be signed in and signed out by a parent, legal guardian or approved person.
4. A list of approved persons for sign in and sign out must be on file before the first day of camp.
5. Any out of line behavior, such as fighting, profanity, or vandalism, will result in disciplinary action and may result in suspension from the program.
6. All campers should bring a sack lunch with a drink everyday. Campers are encouraged to bring extra snacks and drinks for the day. All lunches and drinks must be identified with the campers first and last name.
7. Camden Gymnastics, Camden County Leisure Services and CCRC are not responsible for any lost or stolen items.
8. Gum is not allowed at camp.
9. All fees are non-refundable. A registration fee of \$10.00 is required for each camper at time of registration.
10. Any camper needing personal *safety flotation devices for the pool will be responsible for providing their own equipment. Only those passing the swim test will be allowed past the shallow area of the pool that is roped off. All campers are required to bring a towel and sunscreen every day.
11. If you choose to let your camper bring an iPod, handheld game systems or other electronic toys, please recognize that they bring them at their own risk. There is always a chance that these can be damaged, broken, or stolen. Camden Gymnastics, Camden County Leisure Services and CCRC are NOT responsible for these items.

I have read and acknowledge the Camper Rules and Regulations.

Signature of Parent or Legal Guardian

Date Signed

* Safety flotation devices are limited to water wings and pool noodles

INFORMATION SHEET

PLEASE COMPLETE ALL SECTIONS

FATHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ WORK: _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ WORK: _____

NAME OF CHILDREN ENROLLED IN SUMMER DAY CAMP:

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MEDICAL INFORMATION:

NAME OF INSURANCE CARRIER: _____

ADDRESS: _____

POLICY #: _____

**CAMDEN GYMNASTICS
DAY CAMP PROGRAM**

APPROVAL FOR CAMPER SIGN IN/OUT

CAMPER'S NAME: _____

PERSON'S APPROVED TO SIGN-IN/OUT

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PERSON'S NOT APPROVED TO SIGN-IN/OUT

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME (PLEASE PRINT): _____

**CAMDEN GYMNASTICS
DAY CAMP PROGRAM
LIABILITY AND EMERGENCY TREATMENT RELEASE**

In consideration of the benefits flowing to the participants as a result of the Program named above, the undersigned hereby waives, releases, and forever discharges its officials, employees, and agents, from any and all claims, demands, damages, actions, causes of action or suits of whatsoever kind of nature, including, without limitation, property damage or bodily injury suffered by the undersigned as a result of or in connection with the Program named above, including, without limitations, any travel associated therewith.

Being fully aware of the risk of bodily injury, the undersigned does further agree that the Participant assumes the risk of any danger involved in the Program.

Being desirous of arranging for the medical care and treatment of our minor child during his/her participation in the above mentioned program, do hereby authorize the **Camden County Leisure Services Department and Camden Gymnastics**, to act in the following matters in behalf, place and stead:

(a) To obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any health or medical facility; by any medical doctor, osteopath, nurse, surgeon, or any other practitioner of a healing art.

(b) To do any other thing to perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized.

This Medical Authorization shall remain effective until such time as the program has been completed.

Signature of Parent or other Legal Guardian

Date

Name (please print)

Relationship to Participant

Name of Participant

CAMDEN COUNTY LEISURE SERVICES
DAY CAMP PROGRAM

AUTHORIZATION TO ADMINISTER PRESCRIBED OR NON-PRESCRIBED MEDICATION TO
PARTICIPANT WHILE IN DAY CAMP
HEALTH HISTORY QUESTIONNAIRE

DATE: _____

I HEREBY AUTHORIZE THE RECREATION DEPARTMENT, THROUGH ITS DESIGNATED AUTHORITY TO ADMINISTER THE MEDICATION HEREWITH PROVIDED ACCORDING TO THE INSTRUCTION CONTAINED ON THE ATTACHED STATEMENT TO MY CHILD.

CHILD'S NAME: _____

CHILD'S DOB: _____

PARENT OR GUARDIAN NAME: _____

DAYTIME CONTACT NUMBER: _____

NAME OF PHYSICIAN, ADDRESS AND PHONE # : _____

NAME OF MEDICATION: _____

PRESCRIBED: _____ YES _____ NO. PLEASE NOTE: If prescribed, original prescription bottle with name of the child and drug must be brought in.

DOSAGE: _____ TIME TO BE GIVEN: _____

POSSIBLE SIDE EFFECTS: _____

BRIEF HEALTH HISTORY:

ILLNESSES: _____

ALLERGIES: _____

PHYSICAL DISABILITIES: _____

ANY MEDICAL CONDITION/S THAT THE DAY CAMP COUSELORS MAY NEED TO KNOW ABOUT: _____

THIS FORM MUST BE FILLED OUT AT THE TIME OF REGISTRATION AND A SIGNED COPY WILL BE GIVEN TO THE PARENT OR GUARDIAN REGISTERING THE CHILD. UNLESS OTHERWISE INDICATED, ADMINISTRATION OF MEDICATION WILL TERMINATE TWO (2) MONTHS FROM THE ORIGINAL DATE OF THIS FORM. IN ORDER TO CONTINUE MEDICATION, A NEW FORM MUST BE SUBMITTED NO LATER THAN (DATE OF TERMINATION) _____

I HEREBY ACKNOWLEDGE RECEIPT OF THIS DOCUMENT.

SIGNATURE OR PARENT OR GUARDIAN

DATE SIGNED