



2017

Adventure Camp

Pick up & Drop off

Cleveland Park

141 N. Cleveland Park Dr.

Spartanburg, SC 29303

(864) 472-3634



Policies and

DATES

July 10-14

AGES

10-15 years

TIMES

Monday-Friday 8:30 a.m. to 5:30 p.m.

COST

Deposit: \$45.00 per child per week (non-refundable)

Fee: \$125.00 per child per week (includes all field trips and activities)

Fees will not be pro-rated for absences or holidays. Please make checks payable to Spartanburg County.

REGISTRATION

Full payment for each week is due upon registration. A \$45.00 non-refundable deposit is required to complete registration and ensure that your child has a spot in the summer program.

SIGN IN/OUT

Parents/guardians are required to come into the facility to sign in and sign out your child. Only those listed on the registration form will be permitted to pick up. If someone other than the parents or person listed on the registration form will be picking up your child, you must notify us in advance. This person will need to show photo identification and know your child's "code word".

SNACKS

We will provide a morning and afternoon snack. Drink machines are available at some sites. If your child prefers to buy a drink out of the machine, please send correct change. We do not keep change in the office. Children may only purchase drinks at designated snack and lunch times.

LUNCH

Parents are responsible for sending a lunch. Packed lunches will not be refrigerated so please keep this in mind when preparing them. Be sure to send the appropriate utensils.

TRANSPORTATION

Campers will be transported to field trips by Spartanburg County school district buses, Spartanburg County Parks Department bus, and private charter buses. We use CDL certified drivers.

ACTIVITIES

All children will be encouraged to participate in all group activities. However, due to the nature of activities for this camp it will be a "challenge by choice", in other words campers will not be made to do any activity they are not comfortable doing. Due to the size of the program, one-on-one supervision is not available, but we will have a minimum of 1:5 ratio of staff during outdoor adventure activities. Please send a written note if your child may not view PG-13 rated movies.

STAFF

We will have CPR & First Aid certified staff on site at all times. Counselors and Site Supervisors have passed sex offender database searches, a national criminal background check, and drug screen, In addition, they have received all Spartanburg County required safety, program implementation, and youth development training.

MEDICATION

If your child needs to take any medication while at camp, you must fill out a permission form giving authorization for camp staff to administer the medicine. The center does not provide any medication to any child.

ILLNESS

If your child becomes ill or has a fever, they cannot be present at camp. If your child becomes ill during the program, a parent or guardian will be notified and will be asked to pick up the child. Your child must be fever-free for 24 hours before returning to camp.

Procedures

MEDICAL EMERGENCY PROCEDURE

If your child is injured and requires more than basic first aid, the following steps will be taken:

- Staff will notify parent/guardian and, depending on severity of injury, may call 911 first.
- If parent/guardian is not available, the emergency contact listed on the registration form will be contacted.
- If no one on the registration form can be contacted and it is imperative that the child be immediately transported for care, Parks Department staff will accompany the child.
- Paramedics will take the injured child to the nearest hospital.
- The Parks Department staff will continuously call the parent/guardian/emergency contact until someone is reached.

DISCIPLINE

Should a disciplinary problem arise, staff will respond immediately to the situation. You may be contacted to pick up your child if the problem affects the safety and well-being of another participant and/or staff member, or if the problem cannot be resolved by staff.

Suspension is possible if a child deliberately harms another child and/or staff member, participates in the deliberate or willful destruction of facility property, or if staff cannot control your child's behavior. For the safety of all children and staff members, the following behaviors will not be tolerated and disciplinary action will be taken immediately:

- Foul or sexually suggestive language
- Sexually suggestive behavior
- Hitting or striking other children and/or staff
- Insubordinate or disrespectful behavior
- Damage and/or theft to other's property
- Bringing weapons and/or illegal items to camp

Discipline may include a verbal warning, "time out", being sent to the office, exclusion from certain activities, and suspension. We will ask for a parent conference if discipline problems continue. If the behavior continues, you may be asked to make other arrangements for your child. No refunds and/or credits will be issued if your child is removed from the program for disciplinary reasons.

FIELD TRIPS

Field trips are included in your session fees. Schedules with the times and destinations will be distributed. Please check the calendar as your child may be scheduled for a field trip on a Monday and will need to bring specific items/clothing with them to camp.

Due to a limited number of staff, field trips are not optional. Please have your child here by the time specified on the schedule. If your child does not attend the field trip, you must make alternate arrangements for child care that day. Fees will not be prorated if your child does not attend a field trip.

Your child will be given a camp t-shirt, which must be worn on all field trips. If the shirt is lost or you want to purchase an additional shirt, they are available for \$10.00 each.

We reserve the right to change, add, or delete any field trips from the schedule. We also reserve the right to excuse a child from a field trip due to discipline or health related issues. If this action becomes necessary, it shall be the parent's responsibility to find alternate day care for the child.

ATTIRE

Please dress your child with proper attire for physical activity. Tennis shoes are required. Prior to drop off, please apply sunscreen to your child and provide camp staff with approved sunscreen for your child to apply as needed (form required).

POSSESSIONS

We are not responsible for any items or devices that are damaged, destroyed, or misplaced and do not recommend that your child bring any personal items or devices of significant value. In the situation where your child is asked to bring additional clothing, towels, shoes, etc. for participation in an activity, it is the responsibility of the parents/guardians to retrieve these items at the end of each day (please label all items). We are not responsible for any items/materials left after camp hours. If any items are lost, please check the lost and found.



Was your child a participant in the ACE Program during the 2016/2017 school year? Yes No

Child's Name: _____ Child's Gender: Male Female

Age: _____ Birth date: ____/____/____ Grade **2017 - 2018** School Year: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ School: _____

Email Address: _____

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

DO BOTH PARENTS HAVE PERMISSION TO PICK CHILD(REN) UP? Yes No

If no, please list which parent CANNOT pick up: _____ (Proof of custody required.)

DRIVER'S LICENSE NUMBER OF PERSON RESPONSIBLE FOR PAYMENT: _____

Who has permission to pick up your child from camp? (Other than parents listed above)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

***If someone other than the parents or person listed on the registration form will be picking up your child, please notify us in advance, in writing, or by phone in case of emergency.**

*Anyone not listed on this form must have a "code word" to pick up your child. "Code word" _____

Emergency Information

List two people we can call in case of emergency if we cannot reach you:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Preferred Doctor: _____ Phone: _____

My child has health issues food allergies limitations behavioral issues

If any boxes above are checked, please explain: _____

*A Medication form must be on file if your child has medicine that must be taken during Adventure camp hours.

Does your child swim? _____

T-Shirts

All children will receive a Adventure Camp T-shirt, which they will be required to wear on all field trips.

Please indicate below your child's t-shirt size:

Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large Adult XL

Program Location

Cleveland Park Playground Barn (drop off and pick up)

Field trip locations vary daily.

Cost

Weekly fee is \$125.00 per child. Please make checks payable to Spartanburg County.

Session Dates

July 10-14th, 2017

Medical Release

If the parent(s)/guardian and authorized physician named above cannot be reached and immediate treatment is urgent, in the judgment of camp staff, I authorize the treatment of my child by the physician or hospital most easily accessible. Notations: _____

Permission for Participation in Field Trips and Photographs

I hereby give approval for my child to participate in field trips as part of the Summer Adventure Camp between the dates of June 12-16th, 2017 & July 10-14th, 2017, releasing the Spartanburg Parks Department, all staff, volunteers, and participating/sponsoring agencies of any responsibility in case of injury that may occur under proper supervision.

Participant Photographed and Interviewed: Spartanburg County Parks Department retains the right to use photos taken by or of visitors while at SCPD facilities or at events sponsored by the Department for publicity purposes.

Rules & Policies

I have received and reviewed the 2017 Summer Adventure Camp Policies and Procedures and understand I am expected to pay in full for each week I have checked.

Parent/Guardian Signature: _____ Date: _____

1. Contact Information.

- a. Name of Child: _____
- b. Medicine(s): _____
- c. Dates Medicine(s) to Be Given: _____
- d. Time(s) Medicine(s) to be Given: _____
- e. Amount to Be Given: _____

2. Special Instructions to Program Supervisors: _____

3. Parent's/Guardian's Permission To Apply Sunscreen To Child

As the parent or guardian of the above child, I give permission for Spartanburg County Parks Department personnel to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside. I understand that sunscreen may be applied to exposed skin, including the face, tops of ears, nose and bare shoulders, arms, legs, and back and chest (when in swimsuits). I have checked all applicable information regarding the type and use of sunscreen for my child.

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:

- My child is allergic to some sunscreens. Please use only the following brands(s) and type(s) of sunscreen:

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

4. Approval for Parks Department to Dispense Certain Medicines.

I, _____ the parent/guardian of _____
_____ give permission to the staff of the Spartanburg County Parks Department to administer to my child the medication(s) listed above. I understand it is my responsibility to give medication (including inhalers) directly to the program staff in individual dosage container, original prescription containers, or envelopes clearly labeled with participants name and dosage. I also understand that over the counter medicine such as cough medicine, Tylenol, etc., will not be administered. In all cases the recommended dosage of any medication will not be exceeded.

Parental Release for Dispensing Medication



5. Emergencies. If after administering medication there is an adverse reaction, I give my permission to the Spartanburg County Parks Department to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my minor child.

6. Waiver of Claims. In consideration of the Spartanburg County Parks Department administering medication to my minor child, I do hereby fully release or discharge the Spartanburg County Parks Department and Spartanburg County, its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Spartanburg County Parks Department and Spartanburg County, its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

7. Statement of Accuracy; Responsibility for Notification of Changes. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication changes. I will do so by completing another "Permission to Dispense Medication" Form.

My signature below indicates that I have read and agree to abide by the policies listed above.

Signature of Parent or Legal Guardian if Participant is Under 18 Years of Age

Print Name

Date



9039 Fairforest Road, Spartanburg, SC 29301 • 864-596-5356

www.spartanburgparks.org

In order for everyone to have a safe and enjoyable summer, all campers must demonstrate good behavior and respect for others by following these basic rules:

Campers Will:

- Keep hands, feet, and objects to yourself.
- Treat other campers, staff, and visitors with respect.
- Follow the instructions of your counselor.
- Always stay with your group.
- Be kind to the environment, camp facilities, and field trip facilities.

Camp Staff Will:

- Praise, reward, encourage, and listen to the children.
- Reason with and set limits for the children.
- Provide explanations related to the child's understanding.
- Model appropriate behavior.
- Provide natural and logical consequences for misbehaviors.
- Use short, supervised periods of timeouts.

Campers Will Avoid:

- Hurting others or self.
- Leaving designated areas without permission.
- Running away from staff.
- Disrespecting staff, other campers, and visitors.
- Destruction of property.
- Cursing or profane language.
- Threatening violence.
- Jeopardizing the health or safety of others.

For safety reasons, certain behaviors cannot be tolerated. These behaviors may result in a child's suspension or dismissed from the program. If such behaviors occur, parents will be notified and will be expected to support and work with the camp staff.

----- **Please Cut And Return To Camp Staff** -----

Camper Code Of Conduct

I recognize that if I do not obey the above listed rules, my parents/guardian will be notified. I further recognize that serious misbehavior or repeated misbehavior may result in my being asked to leave camp. I also recognize that good conduct on my part will contribute to a great time for all and will be a positive reflection on my family and me.

Parent/Legal Guardian Signature: _____

Date: _____

Camper Signature: _____

Date: _____