



# CAMP RULES/BEHAVIOR AGREEMENT

Lake Metroparks camps use assertive discipline techniques that are used to strengthen good behavior by the use of positive reinforcement such as verbal praise, smiles, awards, etc. Subsequently, inappropriate behaviors are subject to the below listed consequences. This helps to ensure that all campers and camp counselors have a positive, rewarding summer! Please read the rules below with your child. By signing the Camp Rules/Behavior Agreement section on the Lake Metroparks Day Camp Authorization Form, you and your child are agreeing to follow the rules and understand the consequences if you don't.

## CAMP RULES

1. Treat counselors, volunteers and other campers with respect.  
No name-calling or foul language.
2. Follow counselors' instructions.
3. Any electronic device brought to camp is the *campers'* responsibility.  
Electronic devices may be used only during extended hours.
4. Pop may not be purchased from the vending machine unless purchased by the parent/guardian at drop off or pick up.
5. Do not bring candy to camp, unless it is part of your lunch.
6. Stay with the group.
7. Respect nature and animals.
8. If you're not sure (about anything), ask first.
9. Have fun! (no whining, moaning or groaning)

## CONSEQUENCES

1. Verbal warning
2. Supervised time-out away from the group
3. Parents/guardian notified of inappropriate behavior
4. Dismissal from camp

## COMMUNICATION

As necessary, communication between Lake Metroparks and parent/guardian will be via email. Please check your email daily. If you have any questions about these rules, please ask a counselor. We will do our best to fairly enforce them.



LAKE METROPARKS

# DAY CAMP AUTHORIZATION FORM

Camper's name Birth date Male/Female

Address Phone Date of last physical

Name of parent/guardian 1 Daytime phone Other phone Email

Name of parent/guardian 2 Daytime phone Other phone Email

Name of relative or childcare provider Phone

Address Relationship

Medical Insurance: Company Contract number

### Health Information

Current medication (please explain how often and for what reason):

Has your child been stung by a bee, wasp, etc? YES NO More than once? YES NO What was your child's reaction? \_\_\_\_\_

Are there any recent operations, physical handicaps or any other conditions the programmer should be aware of? YES NO

Explain: \_\_\_\_\_

List all known allergies: \_\_\_\_\_

Last tetanus toxoid immunization: \_\_\_\_\_

Are there any special needs or learning disabilities? YES NO

Explain: \_\_\_\_\_

Do you grant permission to apply additional sunscreen throughout the day as needed? YES NO

Your child should arrive at camp with sunscreen already applied. It is not the liability of Lake Metroparks if your child receives sunburn while participating in camp.

### Authorization for Pick-up

In the event that I cannot drop off or pick up my child for camp, I authorize the following person to do so (please advise these individuals that a photo ID will be required before Lake Metroparks staff will release your child):

Name Relationship Phone

Name Relationship Phone

X  
Signature of parent/guardian Date

### Media Release

I give my permission for Lake Metroparks to use photographs or similar media of my child for purposes of publicity and/or publications solely to promote Lake Metroparks and its programs.

X  
Signature of parent/guardian Date

### Field Trip Permission

I give my permission for my child to participate in all the offsite activities associated with the camp for which I have registered my child.

X  
Signature of parent/guardian Date

### Camp Rules/Behavior Agreement

I, on behalf of myself and my minor child, agree to follow the rules of Lake Metroparks and its staff during my minor child's participation in Lake Metroparks camps. I understand that any child exhibiting behavior that may cause harm to themselves, other campers or camp staff will be asked to leave the program without a refund. These behaviors include, but are not limited to, hitting, kicking, biting, sexual harassment and/or possessing weapons or illegal substances.

X  
Signature of parent/guardian Date

**Camp Waiver**

The undersigned, our administrators, executors, successors and assigns do hereby forever release and discharge the Lake Metroparks, its agents, employees, board of directors, officers and administrators from any and all liability which may arise from the participation in a camp at Lake Metroparks. It is further understood and agreed that the Lake Metroparks, its agents, employees, board of directors, officers and administrators have made no representations other than the definition of Lake Metroparks camp activities. It is further understood that the undersigned, our administrators, executors, successors and assigns shall save harmless the Lake Metroparks from any claims, demands, causes of actions, suits at law or in equity which may be brought against the Lake Metroparks as a result of Lake Metroparks camp activities by the undersigned. It is further agreed that, the undersigned, on behalf of the minor child and/or children, shall hold harmless the Lake Metroparks, its agents, employees, board of directors, officers and administrators from any claims, demands, causes of actions, suits at law or in equity which may be brought against the Lake Metroparks, its agents, employees, board of directors, officers and administrators as a result of participating in said Lake Metroparks camp by the undersigned or their minor children.

X  
\_\_\_\_\_  
**Signature of parent/guardian** **Date**

**Part one OR Part two must be completed:**

**Part one (to grant consent)**

I hereby give consent for the following medical care providers and local hospital to be called:

\_\_\_\_\_  
Doctor Phone

\_\_\_\_\_  
Dentist Phone

\_\_\_\_\_  
Medical specialist Phone

\_\_\_\_\_  
Local hospital Phone

In the event reasonable attempts to contact me at above phone number or the other guardians at the above phone number have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctors or above named preferred dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the above preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

X  
\_\_\_\_\_  
**Signature of parent/guardian** **Date**

**Part two (refusal of consent)** *DO NOT complete Part two if you have completed Part one*

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Lake Metroparks authorities to take no action or to:

\_\_\_\_\_  
\_\_\_\_\_

X  
\_\_\_\_\_  
**Signature of parent/guardian** **Date**