

United Way of Richland County Summer Day Camp- Permission and Release



of Richland
County

Children must be 5-12 years of age and potty trained in order to attend

CHOOSE ONE LOCATION:

- South Park (100 Brinkerhoff Ave Mansfield 44906): 9am-3pm, MWF, **Start 7/22/20**, end 8/19/20
- Longview Center (1495 W. Longview Ave. Mansfield 44906): 10am-2pm, MWF, **Start 7/27/20**, end 8/19/20
- Hedges (205 W. Cook Rd. Mansfield 44907): 10am-2pm, MWF, **Start 7/27/20**, end 8/19/20

***Will be cancelled for inclement weather**

PLEASE PRINT THE FOLLOWING INFORMATION FOR EACH CHILD ATTENDING:

CHILD 1 NAME: _____	NAME PREFERRED ON NAME TAG: _____				
ADDRESS: _____	EMAIL ADDRESS: _____				
CITY: _____	STATE: _____	ZIP: _____	AGE: _____	BIRTHDATE: _____	
MEDICAL, PHYSICAL AND/OR LEARNING DISABILITIES, ALLERGIES, PREFERENCES: _____					
PARENT(S)/ GUARDIAN NAME(S) NAME: _____					
PHONE NUMBER: HOME/ CELL: _____					WORK: _____
T-SHIRT SIZE (CIRCLE ONE): YOUTH- S M L XL ADULT- S M L XL XXL					

CHILD 2 NAME: _____	NAME PREFERRED ON NAME TAG: _____				
ADDRESS: _____	EMAIL ADDRESS: _____				
CITY: _____	STATE: _____	ZIP: _____	AGE: _____	BIRTHDATE: _____	
MEDICAL, PHYSICAL AND/OR LEARNING DISABILITIES, ALLERGIES, PREFERENCES: _____					
PARENT(S)/ GUARDIAN NAME(S) NAME: _____					
PHONE NUMBER: HOME/ CELL: _____					WORK: _____
T-SHIRT SIZE (CIRCLE ONE): YOUTH- S M L XL ADULT- S M L XL XXL					

CHILD 3 NAME: _____	NAME PREFERRED ON NAME TAG: _____				
ADDRESS: _____	EMAIL ADDRESS: _____				
CITY: _____	STATE: _____	ZIP: _____	AGE: _____	BIRTHDATE: _____	
MEDICAL, PHYSICAL AND/OR LEARNING DISABILITIES, ALLERGIES, PREFERENCES: _____					
PARENT(S)/ GUARDIAN NAME(S) NAME: _____					
PHONE NUMBER: HOME/ CELL: _____					WORK: _____
T-SHIRT SIZE (CIRCLE ONE): YOUTH- S M L XL ADULT- S M L XL XXL					

CHILD 4 NAME: _____	NAME PREFERRED ON NAME TAG: _____				
ADDRESS: _____	EMAIL ADDRESS: _____				
CITY: _____	STATE: _____	ZIP: _____	AGE: _____	BIRTHDATE: _____	
MEDICAL, PHYSICAL AND/OR LEARNING DISABILITIES, ALLERGIES, PREFERENCES: _____					
PARENT(S)/ GUARDIAN NAME(S) NAME: _____					
PHONE NUMBER: HOME/ CELL: _____					WORK: _____
T-SHIRT SIZE (CIRCLE ONE): YOUTH- S M L XL ADULT- S M L XL XXL					

PHOTO RELEASE

I hereby grant permission for video recordings and digital photographs to be taken of my child or my child's work as a part of her/ his participating in the United Way of Richland County Day Camp. I understand that the recordings and images collected will be used for non-profit educational purposes.

I authorize the United Way of Richland County to use my child's image on its websites and/or in printed promotional materials without further consideration and I acknowledge the United Way of Richland County right to treat the media (such as cropping) at its discretion.

NOTE: No names of students will be identified.

I understand that once my child's image is posted on the United Way of Richland County's website, the image could possibly be downloaded by a third party. I agree that I will not hold the United Way of Richland County responsible for any harm that may arise from such unauthorized reproduction.

Parent/ Guardian Name (Please print): _____

Signature: _____ Date: _____

I/ We the parents or legal guardians of _____, would like to register our child for the United Way of Richland County Summer Day Camp and hereby permit our child to attend.

We understand that while all possible precautions will be taken to allow our child to have a rewarding, educational experience, the United Way of Richland County and partnering agencies will not be held responsible for injuries or losses, either personal or property, while our child visits this facility and we release the United Way of Richland County and partnering agencies from such liability.

We give the staff of the United Way of Richland County and partnering agencies permission in an emergency situation to seek medical attention for our child.

We also understand that we are responsible for our child's actions while at the day camp. We agree to be responsible and pay for any property damage caused by our child.

We know that our child must attend all day camp dates and missing 2 unexcused days will result in removal from the program.

We understand that if our child is experiencing any COVID-19 symptoms (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle/ body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) that we will not send them to the summer day camp. We give permission for our child to have their temperature taken by contactless thermometer and symptom check upon arrival of each day camp and understand if our child has a temperature above 100.4 they will not be permitted to participate until they are fever free for 3 consecutive days.

Please see attached Student Behavior Contract and complete and return.

Parent/ Guardian's Signature: _____ Date: _____

STUDENT BEHAVIOR CONTRACT

I (youth attending) agree to make the United Way Summer Day Camp a safe place for the benefit of other students, staff and myself. I agree to conduct myself in the following respectful manner.

- I will respect myself and others
- I will listen to others including staff and other campers
- I will use self-control and use appropriate language
- I will stay in areas that are supervised and deemed safe by staff
- I will fully participate in the program activities scheduled by the staff
- I will respect the environment, park equipment, property and other students' belongings
- I will wear appropriate clothing and footwear for all activities
- I will not bully, threaten or cause physical or emotional harm to other students or staff
- I will not possess a weapon of any kind
- I will not engage in or threaten abuse of any kind

By checking the box beside each rule, I acknowledge that I have reviewed this behavior contract with my parent/ guardian and agree to abide by these rules. I understand that if I fail to follow any of these rules I may be disciplined as outlined by program discipline guidelines (see reverse side of this contract) which includes being sent home or withdrawn from the program. Following these rules will make the program safer and more fun for everyone.

Camper's Name (Please print): _____

Camper's Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

United Way of Richland County Summer Day Camp Discipline Policy

LEVEL 1: Student will receive a verbal warning by staff indicating that he/ she are not following the behavior contract.

LEVEL 2: Student will receive 15 minutes at the redirection table. A note will be sent home with student outlining behavior issue.

LEVEL 3: Students parents/ guardians will be contacted to pick up student as soon as possible and student will not be admitted back into the program for 2 full days. A note will be sent home with child outlining behavior issues with date that student can return to the program.

LEVEL 4: Student will be expelled from the program. Staff reserves the right to expel a student from the program for physical harm to another student, possession of weapon or drugs on the first offense.