



Camp Copa 2019 /2020(Copper Sky Multigenerational Center)

The City of Maricopa Camp Copa will host activities daily for registered participants starting at 7:00 a.m. until 7:00 p.m. The City of Maricopa will strive to facilitate personal growth, safety and recreational activities that foster personal character development for all participants. Please take the time to fill out the information below for the safety of your child.

PARTICIPANT INFORMATION

Please legibly print ALL information

CAMPERS NAME: _____
AGE: _____ **GENDER:** _____
ADDRESS: _____
City: _____ **Zip:** _____

FATHER/GUARDIAN: _____
Cell Phone: _____
Home Phone: _____
Email: _____

MOTHER/GUARDIAN: _____
Cell Phone: _____
Home Phone: _____
Email: _____

***I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:**

AUTHORIZATION TO PICK UP:

_____	_____
Name:	Contact Telephone Number:
_____	_____
Name:	Contact Telephone Number:
_____	_____

The following individual(s) may NOT remove my child from the facility:

Name(s): _____

HEALTH CARE PROVIDER

***A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

Name:

Contact Telephone Number:

MEDICAL INFORMATION

Is child allergic to food or other substances? No Yes

If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes

If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs? No Yes

If yes, specify procedure:

Should we be aware of any physical condition you would like to share to make your child's experience more enjoyable? No Yes

If yes, list:

Additional comments or other special instructions:

STUDENT CODE OF CONDUCT

Camp Copa students are expected to abide by Code of Conduct. If my son/daughter does not abide by the Camp Copa Code of Conduct he/she will be dismissed from the program at the discretion of the site administrator. By signing this document, you and your child acknowledge reading and abiding by these rules.

REFUND, PAYMENT, AND CANCELLATION POLICIES

- Withdrawal/refund requests must be made no less than one full week prior to the start of camp.
- Payment refunds will not be honored for students who do not show up for class or who have withdrawn due to lack of attendance or code of conduct violations.
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CAMP COPA LATE POLICY

Camp Copa program meets daily from 7:00 am until 7:00pm. All participants must be picked up no later than 7:10pm after being properly signed out. Unfortunately, we have had issues with children staying at the camp well beyond our program’s end time. Due to the cost associated with paying our staff overtime to stay and ensure that all children are properly supervised. We enforce a late pick-up policy.

If your child is not picked up from camp by 7:10pm you will be charged a fee of \$1 per minute past the check-out time specified. Additionally, your child will not be allowed to return to camp until the late fee has been paid at the program site. We will try to be as understanding as possible when these issues happen, but this policy will be enforced.

MEDIA RELEASE

____ - Yes, I authorize the City of Maricopa to release my child’s first name and photograph to the media for positive recognition

____ - No, I do not authorize the City of Maricopa to release my child’s first name and photograph to the media for positive recognition.

TRANSPORTATION

There will be no transportation provided by the City of Maricopa Camp Copa staff for registered participants under any circumstances.

FIELD TRIPS

Children will be transported to and from field trip destination by MUSD drivers and busses.

Bicycling or Walking Home.

___ - Yes, I authorize my child to ride their bike or walk home from camp without adult supervision.

___ - No, I do not authorize my child to ride their bike or walk home from camp without adult supervision.

I have read and understand the procedures regarding attendance, conduct, payments, refunds, media and transportation. I have also filled out all pertinent medical information needed for my child to safely participate in this program.

Camp staff will make a phone call or text the parent/guardian when child leaves program.

Parent/Guardian Signature: _____ **Date:** _____