



Mecklenburg County Park and Recreation

Dear Parents/Guardians:

Welcome to Mecklenburg County Park and Recreation's 2020 Summer Camp. We are looking forward to an exciting summer and can't wait to start the adventure with your camper(s). Inside this parent manual you will find required paperwork we need to receive prior to the camp dates so we can provide a fun, safe environment. All required and applicable paperwork must be returned to your specific sites by **June 1st 2020**. If you have any questions about camp, staff is available to assist you. Please email the forms directly to the facility emails listed below:

Albemarle Rd Recreation Center - AlbemarleRoadRecreationCenter@MecklenburgCountyNC.gov

Arbor Glen Recreation Center - ArborGlenOutreachCenter@MecklenburgCountyNC.gov

Berewick Recreation Center - BerewickRecreationCenter@MecklenburgCountyNC.gov

Bette Rae Thomas Recreation Center - BetteRaeThomasRecreationCenter@MecklenburgCountyNC.gov

David B. Waymer Recreation Center – DavidBWaymerRecreationCenter@MecklenburgCountyNC.gov

Elon Recreation Center - ElonRecreationCenter@MecklenburgCountyNC.gov

Hickory Grove Recreation Center - HickoryGroveRecreationCenter@MecklenburgCountyNC.gov

Ivory Baker Recreation Center - IvoryBakerRecreationCenter@MecklenburgCountyNC.gov

Latta Nature Center - LattaNatureCenter@MecklenburgCountyNC.gov

Mallard Creek Recreation Center - MallardCreekRecreationCenter@MecklenburgCountyNC.gov

McDowell Nature Center - McDowellPrograms@MecklenburgCountyNC.gov

Mecklenburg County Aquatic Center - AquaticCentersFeedback@MecklenburgCountyNC.gov

Methodist Home Recreation Center - MethodistHomeRecreationCenter@MecklenburgCountyNC.gov

Naomi Drenan Recreation Center - NaomiDrenanRecreationCenter@MecklenburgCountyNC.gov

Rays Splash Planet - RaysSplashPlanet@MecklenburgCountyNC.gov

Reedy Creek Nature Center - Reedy.Creek@MecklenburgCountyNC.gov

Revolution Park Sports Academy - RevolutionParkSportsAcademy@MecklenburgCountyNC.gov

Stevens Creek Nature Center - StevensCreekNatureCenter@MeckNC.gov

Southview Recreation center - SouthviewRecreationCenter@MecklenburgCountyNC.gov

Sugaw Creek Recreation Center - SugawCreekRecreationCenter@MecklenburgCountyNC.gov

Tom Sykes Recreation Center - TomSykesRecreationCenter@MecklenburgCountyNC.gov

Tuckaseegee Recreation Center - TuckaseegeeRecreationCenter@MecklenburgCountyNC.gov

Wallace Pruitt Recreation Center - WallacePruittRecreationCenter@MecklenburgCountyNC.gov

West Charlotte Recreation Center - WestCharlotteRecreationCenter@MecklenburgCountyNC.gov

Winget Recreation Center - BerewickRecreationCenter@MecklenburgCountyNC.gov

Parent Authorization Form

Child's Name: _____ Nickname: _____

Birth Date: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Day/cell) _____ (Home): _____

Email Address (best for camp communication): _____

Emergency Contacts: (Must be completed. Should know the child well and/or be able to assist in reaching the parent/guardian.)

1. Name: _____ Cell: _____ Other: _____

2. Name: _____ Cell: _____ Other: _____

3. Name: _____ Cell: _____ Other: _____

We may provide snacks as part of this program (e.g. s'mores). Does your child have any special dietary requirements, other than food allergies (e.g., vegan, vegetarian, gluten free, etc.)? Yes No

If yes, please specify or request no food be provided: _____

Is there any information, such as phobias and fears, you would like our staff to know in order to provide the best experience of your child? _____

Authorization for Emergency Medical Treatment

I hereby grant permission for the participant to take part in the Summer Day Camp program, which is sponsored by the Mecklenburg County Park & Recreation Department.

I agree on behalf of myself and the participant not to make any claims or demands of any kind against Mecklenburg County or any of its employees or agents for any loss or injury that the participant might sustain while engaged in the Summer Day Camp program, including transportation to and from the program site.

I authorize such physician or medical staff as the Mecklenburg County Park and Recreation Department may designate to carry out any minor medical/surgical treatment and/or medication necessary, or to take the participant to the nearest emergency facility, and I/we further authorize its medical staff to provide any treatment deemed necessary for the well-being of participant.

Please Initial: _____

Child's Name: _____

Photo Release Permission

I grant permission to Mecklenburg County Park and Recreation Department and its agents or employees to use photographs and/or video and audio taken of my dependent. These images may be used in educational and documentary materials such as public service announcements, grant applications, video documentaries and both printed and online newsletters. Furthermore, I authorize the use of my dependents image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by Mecklenburg County Park and Recreation Department.

I hereby agree to release, defend, and hold harmless Mecklenburg County Park and Recreation Department and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

I understand that any photograph taken in a program or activity is for public relations purposes only and that all confidential and / or personal information will be withheld. I also agree that photographs and/or videos of the participant may be published for the purpose of publicizing and promoting programs operated and/or sponsored by the Mecklenburg County Park and Recreation Department.

I certify that I am the parent or custodial guardian of the summer day camp participant and have read this release before signing below, fully understanding the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Please Initial: _____

Behavior Guidelines and Process

Examples of unacceptable behaviors include but are not limited to:

Refusing to follow behavior guidelines and camp rules; using profanity, vulgarity or obscenity; stealing or damaging property (personal or camp property); refusal to cooperate in camp; disrupting the programs; leaving the program without permission; endangering the health and safety of other campers / staff / self; use of or possession of illicit drugs, alcohol or tobacco; sexual conduct of any kind; teasing, making fun of or bullying other campers or staff; and fighting or physical aggression of any kind.

PHYSICAL FIGHTING WILL BE AN AUTOMATIC ONE DAY SUSPENSION*

Procedure for Disruptive Behavior More severe offenses will follow these steps at a faster pace

1st Offense: Verbal Warning and Time-Away *2nd Offense:* Parent Call to discuss incident

3rd Offense: Parent Conference with Child and Staff *4th Offense:* One Day Suspension *

5th Offense: Dismissal from Program. This offense may warrant dismissal from all Mecklenburg County Summer Camp Programs

****If a camper receives a One Day Suspension, it involves the day of the incident and the next full day of camp.***

Please Initial: _____

Child's Name: _____

Sunscreen Permission

We recognize the effects the sun can have on our children's skin. We ask that you help us in this effort by applying sunscreen to your child prior to their arrival at camp each day AND TO BRING SUNSCREEN OF YOUR CHOICE TO LEAVE FOR YOUR CHILD'S USE THROUGHOUT THE DAY. I give Mecklenburg County Park and Recreation staff permission to apply spray sunscreen to my child.

Please Initial: _____

Bug Spray Permission

We feel that it is important to protect our children from bug bites whenever possible while they are at camp. We ask that you help us in this effort by applying bug spray to your child prior to their arrival at camp each day AND TO BRING BUG SPRAY OF YOUR CHOICE TO LEAVE FOR YOUR CHILD'S USE THROUGHOUT THE DAY. I give Mecklenburg County Park and Recreation staff permission to apply bug spray to my child.

Please Initial: _____

Pick Up Authorization

I, _____ authorize the following person(s) to pick up the participant named above

Parent/Guardian Name

from the program, activity or event sponsored by the Mecklenburg County Park and Recreation Department and listed above. I understand and agree that the participant will not be released to anyone who is not listed on this form. I further understand that a state or federally issued picture identification card will be required from the person(s) picking up the participant named above prior to him or her being released into a person other than a parent or legal guardian's custody.

- Person(s) Authorized to 1. _____
- Pick Up Participant(s) 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Child's Name: _____

SUMMER DAY CAMP 2020 ACKNOWLEDGEMENTS PAGE

My child, _____ is registered for SUMMER DAY CAMP 2020.

Child's Name

I, _____ have received a copy of the Summer Day Camp Parent Manual 2020.

Parent's Name

In that manual, I received the following information and acknowledge the information provided:

I have completed and returned the following forms:

Parent Authorization Form Yes

Authorization for Emergency Medical Treatment Yes

Authorization to Pick Up a Participant Yes

I am requesting the following forms to complete that are specific to my child (some forms may require physician signatures):

Allergy Action Plan and Form Yes No

Asthma Action Form Yes No

Food Allergy Forms and Guidelines Yes No

Medication Administration Form(s) - (Including EpiPen's and Inhalers) Yes No

Seizure Information and Forms Yes No

Special Diet Form Yes No

I, _____ hereby grant permission for the participant _____ to take part

Parent's Name

Child's Name

in the Summer Day Camp program, which is sponsored by the Mecklenburg County Park & Recreation Department and agree to the policies in place.

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Received by Staff: _____ Date: _____