

Emergency / Medical Information & Parent Agreement

Please note, register is not complete unless this form is submitted to the Aquatics Office

Camper's Name	Nickname:	Date of Birth	Gender
Allergies or intolerance to Food, Medication, etc. (please list allergies and actions to an emergency)			
To ensure the best possible experience, tell us about your child (include any emotional, behavioral, physical or developmental challenges and any special accommodations needed (please explain))			
Child's Physician:		Phone	

PARENT(S)/GUARDIAN(S) INFORMATION (Write N/A when not applicable)

Parent's Full Name	Email:	Cell Phone
Home Address (No., Street, City, State, Zip)	Place Employed	Home/ Work Phone
Parent's Full Name	Email:	Cell Phone
Home Address (No., Street, City, State, Zip)	Place Employed	Home/ Work Phone

EMERGENCY INFORMATION (the state mandates 2 emergency contacts other than the parents)

Emergency Contact #1	Address (No., Street, City, State, Zip)	Phone (home, work, cell)
Emergency Contact #2	Address (No., Street, City, State, Zip)	Phone (home, work, cell)

AGREEMENTS

I give my child permission to apply sunscreen and/or insect repellent to him/herself and I will be supplying my child with the product. If my child has an adverse reaction to the product, take these actions:
APS Aquatics shall notify parent/guardian whenever their child becomes ill, and the parent/guardian will arrange to have the child picked up as soon as possible. Parents agree to inform the Aquatics Office within 24 hours, if their child or any member of the household develops a reportable communicable disease (immediate notification required if the disease is life threatening).
I hereby authorize APS Aquatics staff to seek medical treatment for my child, and the nearest facility, in the event medical care is required. In the event of non-emergency medical care is required, I authorize APS Aquatics staff to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that APS advises I carry insurance for my child.

I certify the information above is complete and correct. By entering my name below I acknowledge that I have read the information above and agree to adhere to it. I have made a copy of this for my records.

Parent/Guardian Signature

Date

Code of Conduct

Children and parents should review this required document together and sign below.

Children must:

- Maintain personal care (toileting, changing) without staff support
- Always stay with assigned group
- Respect others in what you say and do. Teasing and bullying are not tolerated, and children should report any incidents immediately to their counselor
- Listen to program leaders and follow directions
- Use appropriate language
- Keep hands to oneself and maintain self-control
- Take care of their own belongings
- Use equipment and supplies in a safe and appropriate manner
- Follow the policy for cell phones and other multimedia devices: campers and staff are allowed to have cell phones and other multimedia devices, but they must be turned off and kept in the child's backpack during camp hours. **We strongly suggest these items be left at home.** APS Aquatics will not be held responsible for lost or stolen items. Care for these items is solely up to the child.

Parents must:

- Complete and submit appropriate paperwork from the parent packet
- Sign children in and out of the program, bring proper I.D. and be on time
- Contact the Camp Director or Program Manager immediately when issues arise
- Adhere to the camp refund and transfer policy as outlined in the parent packet

Grounds for Immediate Dismissal (no refund given):

- A parent who refuses to follow APS Aquatics/Camp policies as stated in the parent packet
- A child who brings a weapon to camp
- A child who intentionally harms himself or causes injury to another child or staff member
- A child who vandalizes or steals property of the camp facility, staff or other children
- A child who displays inappropriate behaviors repeatedly
- A child who fails to comply with the Rules of Conduct

Management of Behavior

From time to time, staff must take actions to resolve problems disruptive to the program/other participants. Behavior guidance requires specialized skills; although staff is not behavior specialists, staff are trained to provide basic behavior interventions. To manage disruptive and inappropriate behaviors, staff will acknowledge the behavior, address it with the child, assess the reasons for the behavior, discuss with the child what is appropriate behavior, redirect behaviors when appropriate, if necessary, remove the child from the activity until the child can exhibit self-control and discuss the behavior problems with the parents to strategize possible solutions. In situations where inappropriate or disruptive behavior is reoccurring, the child's enrollment in the program may be terminated. The staff does NOT use physical punishment, humiliation, shaming or denial of food as methods to manage behavior.

Staff uses a proactive approach to meet the needs of the children by planning age/ability appropriate activities in a fun and safe environment.

We have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone (please bring this form with you on the first day of camp).

Signature of Child _____ Date _____

Signature of Parent/Guardian _____ Date _____

Parent's Cell Phone _____ Home or Work Phone _____

Pick Up Authorization

Camper's Name		
Check Camp Session(s): <input type="checkbox"/> Session 1 (Aug 15-19) <input type="checkbox"/> Session 2 (Aug 22-26)		
List those individuals authorized to pick up your child (include yourself). Your child will be permitted to leave with these individuals only and phone identification will be required at sign-out.		
Authorized person's name (Please print)	Relationship to Child	Phone Number
Name of person(s) NOT authorized to pick up a child (appropriate custody papers shall be attached if parent is not allowed to pick up the child):		

Parent/Guardian Signature: _____ Date: _____