

City of Green River
Parks & Recreation
2020 Summer Day Camp Program

Registration Form
ADDITIONAL CHILDREN 25% OFF
TIME: 7:30 AM TO 5:30 PM

Child #1 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F Grade (20/21 school year) _____

Please list any medical conditions and/or medications: _____

Child #2 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F Grade (20/21 school year) _____

Please list any medical conditions and/or medications: _____

Child #3 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F Grade (20/21 school year) _____

Please list any medical conditions and/or medications: _____

Child #4 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F Grade (20/21 school year) _____

Please list any medical conditions and/or medications: _____

Parent #1 First Name _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: (Required) _____

Parent #2 First Name _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If Parents/Guardians (above) are not available in the event of an emergency, notify:

Name _____ Phone # _____ Alternate # _____

Name _____ Phone # _____ Alternate # _____

AUTHORIZATION TO RELEASE: The following are the **only individuals, other than the parent/guardians, authorized to pick up my child** should I not be able to do so. **Your child will not be released to anyone not on this list!!!** These individuals will be required to show identification if they are not known or recognized by the camp staff. Name(s) can be added to, or taken off of this list with your authorization only.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Medical Information

Does your child have any medical or physical conditions that parks and recreation staff should be aware of?

YES / NO **If yes, please explain:** _____

I hereby give my consent and certify that _____ is in normal health and capable of participating in Summer Day Camp. I understand that participation in Summer Day Camp involves certain risks and that regardless of the precautions taken by the Green River Parks and Recreation Department, or the participants, some injury may occur. *I agree that pictures taken during the program hours may be used for current and future promotional purposes.*

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

(Please complete form and return to the Green River Recreation Center with payment)

All forms must be signed and returned to be registered for camp.

____ Summer Day Camp Registration Form

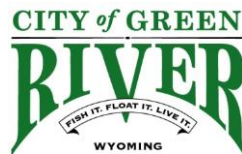
____ Swimming Permission Slip

____ Behavior Policy (signature sheet only)

____ Registration calendar (daily, weekly, full summer)

Staff Use Only: _____ **Staff Initials** _____ **Date Received** _____

____ Field Trip Permission Slip (will be email out in May)



City of Green River
Parks & Recreation
2020 Summer Day Camp Program

Registration Form
(ADDITIONAL CHILDREN 25% OFF)

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Phone: _____

Please check the box(s) that apply:

Summer Day Camp Entire Summer \$700

Weekly Registration \$85 per week

(Start Date is June 1)

June 1-5 (Week 1)

June 8-12 (Week 2)

June 15-19 (Week 3)

June 22-26 (Week 4)

June 29-July 3 (Week 5)

Closed July 3rd

July 6-10 (Week 6)

July 13-17 (Week 7)

July 20-24 (Week 8)

July 27-31 (Week 9)

Daily Registration \$25 per day

Please cross out the days your child **will be** attending the program.

We are closed on all weekends and **July 3, 2020**.

***No refunds for missed days.**

June						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3 Closed for 4 th of July	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

For office Use Only:

Total days registered for the summer: _____ **Total fee due: \$** _____



**GREEN RIVER RECREATION CENTER
PERMISSION SLIP**

I hereby give my permission for _____ to participate in the swimming pool at the Green River Recreation Center.

As a parent/guardian, I have discussed the program with my participating child. I recognize that there is an element of risk associated with this program.

Parent/Guardian Signature

Date

The City of Green River, Parks and Recreation Department acknowledges receipt of this signed permission slip.

Staff Acknowledgement
This form must be completed in a legible manner.

Date
Revised: February 5, 2009



**GREEN RIVER RECREATION CENTER
PERMISSION SLIP**

I hereby give my permission for _____ to participate in the swimming pool at the Green River Recreation Center.

As a parent/guardian, I have discussed the program with my participating child. I recognize that there is an element of risk associated with this program.

Parent/Guardian Signature

Date

The City of Green River, Parks and Recreation Department acknowledges receipt of this signed permission slip.

Staff Acknowledgement
This form must be completed in a legible manner.

Date
Revised: February 5, 2009



City of Green River Parks and Recreation Department Behavior Policy

Summer Day Camp and Green River After School Program

Positive Guidance, Discipline and Discharge

Whenever possible, staff will assist children in working out their differences. The program should follow the same conflict resolution steps as below:

Children's Rules to Live By:

- **Ask the person to stop**
- **Ignore the person**
- **Walk Away**
- **Tell an Adult**

We are respectful, responsible and safe

The following system will be used in the behavior plan.

1. First offense, the child will be given a warning and the staff person will talk to the child about the behavior expected of him/her. *If a behavior is deemed serious enough, it can warrant a **Discipline Report** without warning or even an expulsion from the program without prior warning or notice.*
2. Second offense, the child will be asked to sit away from the group for a short period of time (5-10 minutes) and think about his/her actions. A staff person will again talk to the child about their behavior.
3. Third offense, the child will be removed from the area and asked to sit away from the group for 10-20 minutes (depending upon the age of the child). The child will not be allowed to return to a particular activity for the remainder of the program time, such as a gym game. Parents will be informed of the behavior upon pickup and an **Incident Report** will be completed by the staff.
4. A **Discipline Report** (Blue Sheet) will be completed whenever a child becomes physical with another child or staff member, destruction of property occurs, constant one-on-one attention is needed, and/or usage of offensive language. *A serious discipline problem is defined as one in which a child is adversely affecting the day-to-day operation of the programs.*
5. If a 2nd **Discipline Report** is completed during a summer or school year, a meeting will be scheduled with the Recreation Supervisor, onsite staff, parents and child to discuss the behavior and strategies to assist in alleviating the behavior.
6. If the child receives a 3rd **Discipline Report** he/she will be suspended from the program for a three-day period. During this time the parent, child, Recreation Supervisor and onsite staff member, will meet to discuss the parameters of returning to the program.
7. If a 4th offense occurs after this meeting, the result will be dismissal from the program. *Refunds will not be granted.*

*By signing this form, you are acknowledging that you have read and understand the behavior policy.

Return with the completed registration form.

Behavior Policy Acknowledgement

Registered Child(ren): _____

Parent Signature Required:

Print

Signature

Date