

CAMPER INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP: _____

GRADE (ENTERING): _____ Age: _____ DOB: ____/____/____

SCHOOL: _____

SHIRT SIZE: YS YM YL AS AM AL XL

1. How would you describe your child's personality (outgoing, shy, laid back, etc.)?

2. Are there any requests you have for the McAllister staff regarding your child?

3. Please list any additional information of which the McAllister staff needs to be aware:

4. Please rate your child's swimming ability (circle one) Good Fair Poor
5. **Will your child require a life jacket?** Yes No

***Unfortunately, we cannot accommodate specific situations. (For example: "If the water is shallow," "only at Tropicanoe Cove.") If you check yes, they will always wear a life jacket at either pool until a parent/guardian tells us otherwise.

PARENT/GUARDIAN INFORMATION:

NAME: _____
RELATIONSHIP: _____
E-MAIL: _____
WORK PHONE: _____
CELL PHONE: _____

NAME: _____
RELATIONSHIP: _____
E-MAIL: _____
WORK PHONE: _____
CELL PHONE: _____

Which parent/guardian should we contact first in the event of an issue or emergency?

Name: _____

Please list two individuals who may be contacted in case of an emergency in the event the parents cannot be reached:

Name _____ Phone _____
Name _____ Phone _____

Summer Camp Dates

Camp Fees: \$45 per day OR \$120 per week (per child)

- 3rd child is \$90 per week
- No third child discount for daily fee

**Please put an "x" under ALL days your child will be attending camp

May 2023				
M	T	W	TH	F
			25	26
			30	31

June 2023				
M	T	W	TH	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

July 2023				
M	T	W	TH	F
3		5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

August 2023				
M	T	W	TH	F
	1	2	3	4
7	8	9	10	11
14				

SUNSCREEN AUTHORIZATION

Proper sunscreen application is very important to the McAllister staff. Our counselors will carry sunscreen on a daily basis. This authorization clause allows the McAllister staff to apply sunscreen as needed to your child in the event that they either forget theirs, or we deem it necessary that a new layer needs to be applied. If your child requires specific sunscreen, a parent/guardian will be responsible for providing it to the camp staff. All sunscreen will need to be picked up at the end of the camp season or it will be thrown away.

Please talk to your child about the importance of sunscreen application as well as proper application techniques. It is of great benefit to the staff if children come in with an understanding of the importance of sunscreen.

Parent or Guardian Signature

Date

PHOTO RELEASE

On occasion, staff may take photos of participants in our programs, classes, and events. Please be aware that these photos are for Parks and Recreation Department use only and may be used in future catalogs, brochures, pamphlets, or flyers without identifying individual names.

Parent or Guardian Signature

Date

FIELD TRIP PERMISSION

I hereby give permission for _____ to attend all field trips and participate in all activities associated with the 2023 McAllister Camps.

Parent or Guardian Signature

Date

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY:

I acknowledge that there are risks inherent in any children’s program, including but not limited to injury or death arising from: participation in sports and recreational activities, child’s failure to follow instructions of counselors, communicable illness, and independent acts of third parties not under the control of McAllister staff. In consideration of allowing my child (the “Camper” whose name is listed above) to participate in the McAllister camp programs, I, for myself and my child, heirs, representatives and assigns, hereby release, discharge and hold harmless the City of Lafayette, its Board, including the Lafayette Board of Park and Recreation officers, agents, employees, and representatives, and any person acting on their behalf, from any and all responsibility or liability for all claims, losses, damages or expenses (including attorney fees and costs) for injury or damage resulting from equipment or facilities in connection with such activity. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is prepared for all activities and is in good health each day of camp.

Parent/Guardian Signature

Date

PERMISSION TO TREAT RELEASE

I hereby give permission to the personnel selected by the camp director to provide routine health care; administer medications; treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the camp director to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied for trips out of camp.

Parent/Guardian Signature

Date

REFUSAL TO TREAT RELEASE

Only sign this one if you DO NOT want McAllister Staff to administer medication to your child.

I _____ (PARENT/GUARDIAN) DO NOT give permission for the McAllister staff to administer medication to _____ (child). In the event the McAllister staff feels that medications are necessary, staff should contact the child’s parent/guardian(s) or emergency contacts listed in the Pick-Up Authorization Form.

Parent/Guardian Signature

Date



Child's Name: _____

PICK UP AUTHORIZATION

Do both parents have permission to pick up the child?

YES

NO

If NO, please specify: _____

Please list the names of anyone else authorized to pick up your child:

Please list the names of anyone else who **IS NOT** authorized to pick up your child:

2023 McAllister Summer Camp

Payment Policies and Procedures

All camp payments are to be made in full by Monday of the current payment week. Accounts may be paid ahead, but no accounts will be permitted to carry a balance. All weeks must be paid for at the beginning of each week. Any alternative payment arrangements must be made in writing with the McAllister manager.

The latest pickup time for camp is 5:30pm. There will be a \$15 charge for every 15 minutes children are here after 5:30pm, unless approved by Administrative Staff.

Acceptable forms of payment are cash, check, and debit or credit card (Visa, MasterCard, American Express, or Discover). A \$25.00 returned check fee will be assessed for any check returned for insufficient funds. In addition, the amount of the original check plus the \$25.00 returned check fee must be paid in cash at the McAllister office within seven days. If you have a check returned for insufficient funds, checks will no longer be an accepted form of payment on your account. In the event that litigation is instituted by McAllister Recreation Center to enforce any portion of this agreement, including the payment of fees, McAllister Recreation Center will be entitled to recover fees due, court costs and costs of litigation including a reasonable attorney fee.

The following dates are when camp payments will be due this summer:

May 25 th	June 19 th	July 17 th
May 30 th	June 26 th	July 24 th
June 5 th	July 3 rd	July 31 st
June 12 th	July 10 th	August 7 th
		August 14 th

If you have any questions regarding camp payments, please contact the McAllister Center Camp Director at (765) 807-1360.

Please sign and date this form and return it to the McAllister office. Your signature verifies that you have read, understand, and agree to comply with the camp payment procedures and policies.

Signature

Date

Printed Name

CAMPER MEDICAL RECORDS

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper is lactose intolerant. This camper is gluten intolerant.
 Other, *please explain in space.*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
 Subscriber _____ Insurance Company Phone Number (____) _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

*"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

CAMPER HEALTH HISTORY

General Health History; Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health; Check "Yes" or "No" for each statement.

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

McAllister Recreation Center Camp

Behavior Management Policy

The McAllister Recreation Center philosophy is that children should spend their vacation from school engaged in safely supervised activities that continues their learning and growing process. In order to ensure that each child can reach this goal, children participating in McAllister camp programs must act responsibly and respectfully. Children need to follow directions, respect others and oneself, and accept responsibility for their own behavior.

Goals of the Camp Behavior Management Policy are:

1. To ensure the safety and well-being of all campers.
2. To ensure that all youth benefit from the day camp experience.
3. To ensure that every camper has the opportunity to complete the program available and suitable to their age level.
4. To enable all youth to manage their social interactions.
5. To create a framework for cooperative effort between campers and staff.

Campers will be responsible for:

1. Their adult and peer relations.
2. Their compliance with camp procedures and practices.

The Camp Staff will be responsible for:

1. Creating and implementing a program of recreation which maximizes the opportunity for campers to achieve a successful learning and growing process.
2. Working cooperatively with campers to facilitate that growth.
3. Ensuring that camp rules are frequently reviewed with and clearly understood by youth.
4. Demonstrating consistency and reliability in implementing the behavior management policy.
5. Respecting and protecting the rights of all youth at camp.

The Behavior Management Policy expectation is that campers will:

1. Follow the safety rules of camp.
2. Cooperate with other campers and staff.
3. Respect the rights and properties of others.
4. Listen and follow instructions.
5. Participate in all activities.

Positive Reinforcements

The camp staff will provide leadership, guidance and assistance to all youth in meeting the behavior expectations. Campers who choose to behave in a socially appropriate manner will maximize the benefits they receive from the day camp experience. Campers meeting expectations will also enjoy the following positive consequences:

- Pat on the back, high five, fist bump
- Special responsibility or helper
- Verbal or written acknowledgment of good behavior
- Prize from basket

Negative Consequences

The camp staff understands that children may misbehave and that the majority of those misbehaviors will be minor or inconsequential. Sometimes a child's behavior may warrant adult intervention and implementation of the behavior management policy. The following are some examples of misbehavior at camp:

1. Swearing.
2. Refusing to follow instructions, directions or safety rules.
3. Verbally or physically harassing other campers.
4. Bullying a camper or group of campers
 - Our definition of bullying is when an individual or a group of people with more power **repeatedly and intentionally target** another person or group of people.
5. Disrupting the camp process.
6. Refusing to participate in program activities.

*Severity of these offenses are at the discretion of the McAllister Administrative Staff.

When a child does not meet behavior expectations, the following negative consequences may be implemented depending on the severity and repetitive nature of the behavior:

Consequences:

- Verbal reprimand
- Time-out
- Isolation from group
- Restriction of pool/activity time
- Written explanation of behavior

Documentation:

- Parents are notified of all incidents that are brought to Administrative Staffs attention and logged on our "Daily Parent Notification Log."
- Verified misbehavior will be documented on a behavior report. That documentation will be available to parents.

Depending upon the nature and severity of the misbehavior, the Administrative Staff may proceed directly to suspension or expulsion.

Consequence Progression:

- 1st Offense – Behavior will be documented and a conference with the Administrative Staff will occur.
- 2nd Offense – Behavior will be documented, parent conference with Camp Director and McAllister Manager will occur. Consequences up to one-week suspension from camp.
- 3rd Offense – Behavior will be documented, parent conference with Camp Director and McAllister Manager will occur. Consequences ranging from suspension to expulsion from camp, depending on the severity and repetitive nature of the action.

If you have any questions regarding the behavior management policy, please feel free to contact the Camp Director or McAllister Manager at (765) 807-1360.

I have read and understand the Behavior Management Policy for the McAllister Recreation Summer Camp.

Parent/Guardian Signature

Date