

**Manchester Parks and Recreation Department  
Summer Day Camp 2017**

***Camp Focus***

Day Camp is a unique approach to providing an educational and recreational alternative to daycare. We offer a variety of positive socially appropriate leisure pursuits as well as provide a level of supervision for summer activities that is second to none. Campers will have the opportunity to identify their recreational interests and to HAVE FUN! We believe decision-making, independence and a sense of personal identity, and community are essential to their success as adults. We hope to encourage each child's talents and celebrate their uniqueness.

***Location***

Day Camp is based at the Manchester Parks & Recreation Department (Ada Wright Center) at 328 North Woodland Street. The location and amenities offered within walking distance make it a perfect home base. Amenities utilized will include Playground, Open Space, Ball Fields, Pavilion and Picnic Areas, and the Manchester Recreation Complex which includes a gym and swimming pools.

***Camp Schedule***

Monday – Friday	<u>Location</u>
Check-in 7:30 AM	Ada Wright Center (The Barn)
Check-out 5:00 PM	Recreation Complex (Gym)

<b><u>WEEK</u></b>	<b><u>DATES OF CAMP</u></b>
Week 1	May 30 – June 2
Week 2	June 5 – June 9
Week 3	June 12 – June 16
Week 4	June 19 – June 23
Week 5	June 26 – June 30
Week 6	July 10 – July 14
Week 7	July 17 – July 21
Week 8	July 24 – July 28

Campers may attend one or all of the weeks of camp. You are not obligated to pay for all weeks of camp if you come for just one week; however you are obligated to pay for the full week regardless of how many days your child attends that week.

***Important Information!***

\$10.00 deposit is required for each week you want your child to attend! To secure your child in a spot in our day camp program you MUST pay a \$10.00 deposit for every week you want your child to have a spot. If you do not pay the deposit and the week is full, your child WILL NOT be able to attend that week. \$10.00 Deposit is non-refundable if your child does not attend camp for ANY reason. The \$10.00 deposit will be applied towards your child's enrollment fee for that week.

***Fees for Camp***

\$10.00 one time, non-refundable activity fee, \$10.00 deposit for EACH reserved week, \$55.00 for members, \$65.00 for non-members (Week 1 will be \$44.00 for members, \$52 for non-members, due to there being no camp on Monday, May 29th, because of Memorial Day.) If you sign-up more than one child in the same household, the extra children will get \$5.00 off weekly tuition. Financial Assistance is available.

***Early Drop Off Fee***

If you would like to drop off your child BEFORE 7:30 am, there is a \$10.00 per week charge. If your child is signed in earlier than 7:30 am, you will be charged \$10.00 for the week.

***Weekly Tuition***

Tuition is due the first day of each week the child attends camp. We do not have a drop in service. Tuition is the full amount per week regardless of how many days your child attends that week. If your child is removed from day camp by either yourself or by staff, tuition fees and/or deposits are non-refundable. If you pick-up your child after 5:00 pm, you will get one verbal warning, after the first warning you will be charged \$15.00 for every fifteen minutes you are late. This will be charged in fifteen minute increments (30 minutes = \$30.00). There is a \$20.00 fee for any returned checks. Customer will be responsible for costs of collection including 33 1/3 collection costs, court costs and attorney fees.

***To Register:***

Registration for Day Camp is currently open to all children who are age 5 – 12 years old. Children that are 5 years old must have completed Kindergarten before being allowed to attend Day Camp. Registration is accepted at the Manchester Recreation Complex. A separate registration form should be completed for each participant. All information on the form is important and must be completed before your child will be registered for camp.

***Availability:***

Sessions will be filled on a first come first-serve basis as long as there are spaces available. The only way to guarantee your child a spot from week to week is to pay a \$10.00 non-refundable deposit for each week that you would like your child to attend. The \$10.00 deposit will be applied towards your child's enrollment fee for that week.

***Camp Counselors***

Our counselors are enthusiastic and caring individuals who will provide a safe and enjoyable experience for you and your children. We maintain at least a 1:12 counselor/camper ratio with additional supervision assisting during special events and field trips.

### ***Transportation***

Parents are responsible for transporting their child/children to and from camp each day. Once at camp, children will be walking around the parks and to the Complex via the Greenway. Bus transportation will be utilized for field trips when needed or deemed necessary.

### ***Lunch & Snacks***

Campers are required to furnish lunch each day. Camp will supply water. Campers may bring a snack, or they may purchase snacks from the concession stand at the Recreation Complex. Snack time will occur in the afternoon after swim time.

### ***Camper Behavior***

We strive to maintain a fun, yet safe and structured environment for your child during the summer. However, if your child cannot obey rules or endangers other campers' safety either directly or indirectly, you may be asked to pick up your child and not to return. This may seem harsh to you and your child. However, we have to focus on the other campers' safety. If your child is asked to leave camp for any reason, there will be **NO REFUNDS!**

### ***General Information***

Campers will need to bring tennis shoes, bathing suit, towel, sun block, and lunch EVERYDAY!! We do not encourage campers to bring electronic devices from home. We are not responsible for any lost or stolen items while your child is at Day Camp. Place your child's name in permanent marker on all of the above listed items.

**Campers must wear tennis shoes at all times.** When campers are in the pool areas at the Recreation Complex, they may wear flip flops, sandals, or slide on shoes. This policy is for the safety of the camper as sharp rocks, sticks, and etc. maybe in the park.

### ***Swim Lessons***

Your child may take swim lessons while enrolled in Day Camp. Your child/children must be enrolled at the 9:00 am or 10:00 am time. You can receive a \$10.00 discount on swim lessons if your child attends both weeks of camp while attending swim lessons the same two weeks.

### ***Field Trips***

Field trips are an additional fee and usually do not exceed \$20.00 per child. This fee includes bus transportation to and from the venue and admission to the venue. Field trip participants are required to take sack lunches or additional money to purchase lunch with from the venue's concession stand, if the venue offers concessions.

Children that do not participate in the field trips will have to make other arrangements for the day as we do not offer Day Camp services on field trip days for children that do not participate in field trips. Also, refunds will not be given for the days that field trips are taken that the camper does not participate in the field trip.

In addition, parents are allowed and encouraged to attend field trips with their child/children. However, please be aware that parents may be asked to chaperon a small group of campers in order to help keep group numbers small. Also, parents are required to provide their own transportation to and from the venue. In some rare instances, parents are allowed to ride the bus with the Day Camp campers and staff.

***Contact Information***

If you have any additional questions regarding Day Camp, please call the Manchester Recreation Complex at 728-0273 and ask to speak with A.J. Fox.

## Summer Day Camp 2017 - Camper Registration Form

### Only one camper per form

**\$10.00 DEPOSIT IS REQUIRED FOR EACH WEEK YOU WANT YOUR CHILD TO ATTEND!!** To secure your child in a spot in our day camp program you **MUST** pay a \$10.00 deposit for every week you want your child to have a spot. If you do not pay the deposit and the week is full, your child **WILL NOT** be able to attend that week. \$10.00 Deposit is non-refundable if your child does not attend camp for ANY reason. The \$10.00 deposit will be applied towards your child's enrollment fee for that week.

Camper's Name: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Fall of 2017 entering grade: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child resides with: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian's Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Fees for Camp:** \$10.00 one time, non-refundable activity fee, \$10.00 deposit for EACH reserved week, \$55.00 for members, \$65.00 for non-members (Week 1 will be \$44.00 for members, \$52 for non-members, due to there being no camp on Monday, May 29<sup>th</sup>, because of Memorial Day.) If you sign-up more than one child in the same household, the extra children will get \$5.00 of weekly tuition. Financial Assistance is available.

**Early Drop Off Fee:** If you would like to drop off your child BEFORE 7:30 am, there is a \$10.00 per week charge. If your child is signed in earlier than 7:30 am, you will be charged \$10.00 for the week.

For every week you check mark that your child will be attending camp, you MUST pay a \$10.00 non-refundable deposit.		
Activity Fee _____	Paid _____	Staff Initial _____
Week 1: May 30 – June 2 _____	Deposit Paid _____	Staff Initial _____
Week 2: June 5 – June 9 _____	Deposit Paid _____	Staff Initial _____
Week 3: June 12 – June 16 _____	Deposit Paid _____	Staff Initial _____
Week 4: June 19 – June 23 _____	Deposit Paid _____	Staff Initial _____
Week 5: June 26 – June 30 _____	Deposit Paid _____	Staff Initial _____
Week 6: July 10 – July 14 _____	Deposit Paid _____	Staff Initial _____
Week 7: July 17 – July 21 _____	Deposit Paid _____	Staff Initial _____
Week 8: July 24 – July 28 _____	Deposit Paid _____	Staff Initial _____

**Weekly Tuition:** Tuition is due the first day of each week the child attends camp. We do not have a drop in service. Tuition is the full amount per week regardless of how many days your child attends that week. If your child is removed from day camp by either yourself or by staff, tuition fees and/or deposits are non-refundable. If you pick-up your child after 5:00 pm, you will get one verbal warning, after the first warning you will be charged \$15.00 for every fifteen minutes you are late. This will be charged in fifteen minute increments (30 minutes = \$30.00). There is a \$20.00 fee for any returned checks. Customer will be responsible for costs of collection including 33 1/3 collection costs, court costs and attorney fees.

By signing below, I understand and agree to all the terms of this contract.

Signature: \_\_\_\_\_

**Summer Day Camp 2017  
Consent Forms**

**Camper's Name:** \_\_\_\_\_

**Authorized Adult to pick up your child (Including Parents):**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Medication Authorization:**

Name of Medication	Days	Time	Dosage
_____			
_____			
_____			
_____			

**I hereby give my consent for Camp Staff to administer medication to \_\_\_\_\_ as prescribed in the above instructions.**

Although we encourage medication to be given to your child before or after camp, we understand there may be a need for your child to receive medications during camp hours. A procedure has been established for medications to be administered by staff. In order for medications to be administered by our staff, it must be brought to camp in its original container with clearly written directions for use.

\_\_\_\_\_  
Signature of Parent/Guardian

***Photographic Release:***

**I do hereby consent and authorize Manchester Parks and Recreation Department Day Camp Program to reproduce photographs or videos taken of my child for advertising and publicity purposes.**

\_\_\_\_\_  
Signature of Parent/Guardian

***Place of Employment Field Trip***

**Would you be interested on talking to the children about your job and/or hosting a Day Camp field trip at your place of employment?**

**(Please Circle Your Answer)                      Yes                      No**

**Place of Employment:** \_\_\_\_\_

**Summer Day Camp 2017  
Health Form**

**Camper's Name:** \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please list all medical conditions, food and drug allergies, behavior problems, or special considerations needed:**

**Food Allergies:**

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**Drug Allergies:**

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**Behavior Problems or Special Considerations:**

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Staff may contact you to provide additional information on how to best accommodate your child's needs.

This form will be used for emergency purposes and will accompany staff at all times. All information must be completed prior to your child's registration. Request for camp reservations will not be processed until all necessary forms are completed and on file. Without these forms your child will not be allowed to participate.

**Liability Release**

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of participation in said event (Day Camp). This release is intended to discharge in advance the City of Manchester, Manchester Parks and Recreation Department, its officers, employees, and volunteers from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

**Parental Consent:**

I give my consent for my son/daughter \_\_\_\_\_ to participate in the above

Name of Participant

activity, and I execute the above liability release on his/her behalf. I have read and understood the foregoing registration form, liability release form and parental consent, and agree to all their terms and conditions.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship to Child**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship to Child**

# Summer Day Camp 2017 Hold Harmless Agreement / Waiver

The undersigned \_\_\_\_\_ who has given permission by the City of Manchester to use all City facilities for Day Camp activities  
(Camper's name)

Hereby executes this agreement with the understanding that this release is part consideration for the City allowing the above camper privileges in using all city facilities.

In consideration of the privilege of using all City Facilities of Manchester Tennessee, I/We, and camper listed above hereby remise, release, and forever discharge the City of Manchester, Manchester Parks & Recreation Department and its officers and employees, and volunteers from any actions, suites, damages, claims, or judgments that may result from any personal injury or other damages sustained while on the premises of the City of Manchester, Manchester Parks & Recreation Department. I/We further relieve the City of Manchester, Manchester Parks & Recreation Department, and its officers and employees, and volunteers from liability for loss or damage to any personal property that may be damaged, lost, or stolen while in the premises.

In cases in which this release is signed by parents or guardians for a child under age 18, the parents or guardians assume the risk of injury to the child, or loss of or damage to personal property and release the City and its officers and employees, and volunteers from all claims suits, damages, or judgments that may result from these injuries or losses that the parents or guardians might have against the City of Manchester, Manchester Parks & Recreation Department or its officers or employees or volunteers.

In witness whereof, I/We \_\_\_\_\_ have executed this release on this the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_. (parent/guardian name)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Parent / Guardian Signature

### **Liability Release**

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims or damages for death, personal injury or property damage which I may have, or which my hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance the City of Manchester, Tennessee, its officers, employees or volunteers from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risk. It is further understood and agreed that this waiver, release, and assumption of risk it be binding on my heirs and assigns.

### **Parental Consent** (To be completed if applicant of under 18 year of age)

I give my consent for my son/daughter \_\_\_\_\_ to participate in the above activity, and I execute the above liability release on his/her behalf.

### **Consent to Treat**

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the City of Manchester Parks & Recreation Department provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location if the activity or the nature of the illness or injury may require the use of emergency medical personnel.

\_\_\_\_\_  
(Name of Personal Physician)

\_\_\_\_\_  
(Physician Telephone Number)

\_\_\_\_\_  
(Address of Physician)

\_\_\_\_\_ I DO NOT give my consent to treat and request the medical or surgical services be withheld.

### **READ BEFORE SIGNING**

I have read and understand the foregoing registration form, liability release form, parental consent and consent to treat forms and agree to all of their terms and conditions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Print Name