



## Fins Summer Camp 2019 Information for Parents



- The fee for Fins Summer Camp is \$85 for residents and \$110 for guests. Payment is required at the time of registration to secure your child's spot. The CAC is not permitted to reserve spots without payment.
- Fins Summer Camp is reserved for **rising 1<sup>st</sup> through 4<sup>th</sup> graders**. While we would like to accommodate younger children we cannot provide the individual supervision they require in bathrooms and changing areas. Thank you for your understanding.
- Camp hours are 7:30 a.m. - 5:30 p.m. A \$1 per minute fee will be charged if a camper is dropped off before 7:30 a.m. or picked up after 5:30 p.m.
- The CAC will host a summer camp open house from 5-7 p.m. on Friday, June 7. We encourage parents and campers to stop by the CAC to meet our staff, ask questions about camp and pick up your camp t-shirts.
- The CAC will provide your camper with two Fins Summer Camp t-shirts. You may pick up the camp t-shirts at the open house or on your child's first day of camp. We ask that your camper arrive every day wearing their bathing suit and camp t-shirt. Please pack a change of dry clothes for them to wear after swim time.
- Campers will have 1-2 hours of free swim every day. Please make sure your child has a bathing suit and towel. We also recommend goggles. While in the water, all campers will be supervised by our camp staff and lifeguards.
- Personal items are not permitted to stay overnight at the CAC. We do not recommend bringing electronic devices such as phones, iPads, iPods or tablets to camp. We are not responsible for lost or damaged items, and will only allow campers to use electronic devices during drop-off and pick-up times.
- An Open House will be held on Friday, June 7<sup>th</sup> from 5 – 7 p.m.
- For the first time, online registration for camp will be available on **Monday March 11 from 5:30 to 8 a.m.** (an additional ActiveNet processing fee will apply for all online registrations)
  - **For online registrations, the completed camp paperwork should be turned in to the Christiansburg Aquatic Center by Monday March 18<sup>th</sup>.**
  - Please note that prior to registering for programs online, a household account must be created on ActiveNet at <https://apm.activecommunities.com/christiansburg> .
  - As this can take a little extra time, we recommend that the household account be created prior to March 11.
- Please keep this information page at home to reference as necessary.



595 North Franklin Street Christiansburg, VA 24073  
www.cacpool.com 540-381-7665 ext. 3105



**The following documents are required one week prior to attending summer camp. Please note admittance will not be allowed without the following steps in place:**

- A summer registration form and entire packed completed by parent/legal guardian
- Legal documentation is required if indicating legal guardian
- School entrance immunization and physical record copies

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**Fins Summer Camp program is exempt from licensure under 63.2-1715  
Child Care Program Exemptions:**

*A program of recreational activities offered by local governments, staffed by local government employees, and attended by school-age children. Such programs shall be subject to safety and supervisory standards established by the local government offering the program.*

Participant Name: \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

Parent Name (signed): \_\_\_\_\_

Date: \_\_\_\_\_

## **Behavior Policy**

### **Behavior Guidelines**

Campers are expected to treat their fellow campers, counselors and CAC staff members with respect. Typical child interactions that involve disappointment, miscommunication, misinterpretation or other contentious situations will undoubtedly occur and are a normal part of kids learning how to manage real life social situations. We will do our best to turn these situations into valuable learning experiences for those involved. We greatly appreciate the positive support from home, as together we seek to help your child further develop in this area of life.

### **Examples of Unacceptable Behavior**

Unacceptable behavior includes, but is not limited to:

- Refusing to follow behavior guidelines or camp rules
- Using profanity, vulgarity or obscenity
- Stealing or damaging property (personal or camp property)
- Refusal to participate in activities or cooperate with staff
- Disrupting a program
- Leaving a program without permission
- Endangering the health and safety of children and/or staff
- Teasing, making fun, or bullying other campers or staff
- Physical violence of any kind

### **Discipline Procedures**

1. Camp counselors will redirect the camper to more appropriate behavior.
2. If inappropriate behavior continues the camper will be reminded of behavior guidelines and camp rules, and the camper will be asked to decide on steps to correct his/her behavior.
3. If a child's behavior still does not meet expectations and is affecting the experience of other campers, he/she will be referred to the Camp Supervisor or Program Coordinator and the parent will be notified.
4. If inappropriate behavior continues the camper will be dismissed from camp without refund.

\*The Program Coordinator and Aquatics Director reserve the right to implement any of the discipline procedure listed above based on the severity of the incident.

**I have read the terms of the Christiansburg Aquatic Center's behavior policy and agree to its contents. I have also reviewed these terms with my child.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Camp Check List

Child's Name \_\_\_\_\_

Please register my child for the following checked weeks:

*\*Payment due at the time of registration.*

|                          | Theme             | Dates                        | Days       | Course # | Fee               | Reg. Deadline |
|--------------------------|-------------------|------------------------------|------------|----------|-------------------|---------------|
| <input type="checkbox"/> | Super Heroes      | June 10-14                   | M/T/W/Th/F | 9380     | \$85 M/R, \$110 N | June 4        |
| <input type="checkbox"/> | Under the Sea     | June 17-21                   | M/T/W/Th/F | 9381     | \$85 M/R, \$110 N | June 11       |
| <input type="checkbox"/> | Around the World  | June 24-27                   | M/T/W/Th   | 9382     | \$85 M/R, \$110 N | June 18       |
| <input type="checkbox"/> | Stars and Stripes | July 1-5<br>(No camp July 4) | M/T/W/F    | 9383     | \$85 M/R, \$110 N | June 25       |
| <input type="checkbox"/> | The Amazing Race  | July 8-11                    | M/T/W/Th   | 9384     | \$85 M/R, \$110 N | July 2        |
| <input type="checkbox"/> | Build it!         | July 15-18                   | M/T/W/Th   | 9385     | \$85 M/R, \$110 N | July 9        |
| <input type="checkbox"/> | Music Mania       | July 22-24                   | M/T/W      | 9386     | \$85 M/R, \$110 N | July 16       |
| <input type="checkbox"/> | Our Town          | July 29-Aug. 2               | M/T/W/Th/F | 9387     | \$85 M/R, \$110 N | July 23       |

- Camp Registration ( )
- Health History Form ( )
- Swim Lessons ( )
- Behavior Policy ( )
- Emergency Medical ( )
- Medication Form ( )
- Camper Release Form ( )

**\*Reminder:** Payment is required at the time of registration to secure your child's spot. Payment for one week of camp does not secure your child's spot for any other week.



# Fins Summer Camp Health History Form

## Participant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

## Health/Medical History

- 1) Does the participant have an illness, condition or disability? Yes No  
If YES, please explain: \_\_\_\_\_
- 2) Is the participant currently taking any medication? Yes No  
If YES, please explain and list medications: \_\_\_\_\_
- 3) Does the participant have any food allergies? Yes No  
If YES, please explain: \_\_\_\_\_
- 4) Does the participant have any allergies to medications or latex? Yes No  
If YES, please explain: \_\_\_\_\_
- 5) Is the participant allergic to bee stings or other insect bites? Yes No  
If YES, please explain: \_\_\_\_\_
- 6) Does the participant use an Epi Pen? Yes No
- 7) Does the participant use an inhaler? Yes No
- 8) Does the participant have diabetes or a related disease? Yes No  
If YES, does the participant use insulin? Yes No
- 9) Does the participant have any dietary restrictions? Yes No  
If YES, please explain: \_\_\_\_\_
- 10) Does the participant have a history of heart related problems or has he/she ever experienced a sudden cardiac event? Yes No  
If YES, please explain: \_\_\_\_\_

**(Please see the next page for additional health questions.)**

11) Has the participant ever been diagnosed with ADD or ADHD?                      Yes    No  
    If YES, please explain: \_\_\_\_\_

12) Has the participant been vaccinated and immunized?                      Yes    No  
    Are the participant's vaccinations and immunizations up to date?                      Yes    No  
    If NO, please explain: \_\_\_\_\_  
    Date of participant's most recent tetanus vaccination                      \_\_\_\_\_

Please include additional comments or explanations below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the Health History Form is designed to aid the Fins Summer Camp and Christiansburg Aquatic Center staff in the event of an accident or emergency. I have completed this form to the best of my knowledge and have not withheld any information.

Parent/Guardian Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

**Swim Level:** \_\_\_\_\_

Swim lessons are available for an additional weekly fee of \$20. Your child will receive three 30 minute swim lessons over the course of the week. Swim lessons are typically offered from 9-10am depending on swim instructor availability, and will be held during free swim time. There are three levels of swim lessons available for summer campers. When enrolling your child in summer camp please notify the front desk that you would also like to enroll your child in camp swim lessons, and provide them with the swim level you believe matches your child's ability.

| <b>Swim Level</b> | <b>Prerequisite Skills</b>  |
|-------------------|---|
| 1                 | Comfortable in shallow water; willingly puts face and head in water   |
| 2                 | Confident in shallow water; blow bubbles; floats & kicks with assistance  |
| 3                 | Basic front & back crawls; bobbing; floats in deep water without assistance<br>Comfortable swimming in deep water |



## Child Emergency Medical Authorization

Name of Child: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of Parent(s) or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Mother's Employment: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Father's Employment: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

The parent/guardian authorizes the Christiansburg Aquatic Center staff to obtain immediate care and consents to the transportation and hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs and he/she cannot be located immediately.

It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses.
2. Medical treatment costs are covered by:
  - a. Blue Cross – Blue Shield Policy Number \_\_\_\_\_
  - b. Medicaid Coverage Number \_\_\_\_\_
  - c. Other Medical Insurance:
    - i. Name of Insurance Company \_\_\_\_\_
    - ii. Policy Number \_\_\_\_\_
  - d. No Insurance \_\_\_\_\_

Child's physician or clinic: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

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

*This form is to be kept by the care provider and is to be taken to the doctor or treatment facility in case of emergency.*

### Authorization to Give Medication

This form is to be completed only if medicine is to be administered at camp. Medicine must be in its original container with the child's name clearly marked and the prescription/direction label attached.

Child's name: \_\_\_\_\_

Medicine name and prescription number: \_\_\_\_\_

Dosage and time medication should be given: \_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_

This authorization is effective until: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

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### Camper Release Form

I give permission for my child, \_\_\_\_\_, to leave camp with the adults listed below (include yourself).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please note all adults must show valid identification for camper pick-up. Campers will not be released to anyone not listed above.

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### Emergency Action Plan

I have received a copy of the Emergency Action Plan and staff directory for the Christiansburg Aquatic Center.

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

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

Date: \_\_\_\_\_

## **Christiansburg Aquatic Center Participation Waiver**

Participant's Name: \_\_\_\_\_

I, the undersigned, have received a copy of the rules and regulations for the Christiansburg Aquatic Center. I agree to abide by these and any future rules and regulations which may become effective. I also agree to discuss these with the above named person, if they are under the age of 18. I understand that membership/program participation may be revoked or suspended for failure to abide by the rules and regulations as outlined above. I authorize the photographs and other materials which may bear likeness to be used for promotions and marketing

I hereby agree to indemnify and hold harmless the Christiansburg Department of Aquatics, its successors, assigns, and the Town of Christiansburg from any and all claims for any and all injuries suffered or caused by said member/participant in use of the equipment, facility or programs used and/or held at the Christiansburg Department of Aquatics. It is likewise assumed that the said member/participant will wear the proper clothing and protective equipment when participating in the program and/or using the equipment or facilities at the Christiansburg Department of Aquatics. It is the responsibility of the parent or guardian, if member/participant is under the age of 18, to make sure this criteria is met and parent or guardian will assume all responsibility for any and all injuries to the member/participant or by the member/participant.

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_