

KINGSTON SPRINGS PARKS & RECREATION

SUMMER DAY CAMP

JULY 12-16

AGES 6-8

JULY 19-23

AGES 9-12

FISHING HIKING CANOEING ORIENTEERING GAMES ARTS & CRAFTS
PLANT, ANIMAL & ENVIRONMENTAL EDUCATION

KINGSTON SPRINGS PARKS SUMMER DAY CAMP

Kingston Springs Parks summer day camp is designed to be an introduction to outdoor adventure activities. Activities will be moderately physical and challenging, geared towards learning new ways to enjoy the out-of-doors environment. All activities are planned to ensure that campers are inspired and develop a deeper respect for nature and the environment.

LOCATION – Campers will start the day on the 95 acres at L.L. Burns Park in Kingston Springs. For some of the activities during the day they will walk to City Park, which is less than 100 yards away. Campers will be picked up in the afternoon at L.L. Burns Park.

STAFF – Camp staff will be directed by the Town's Parks & Recreation Director, Brandy Miniati. She will be directly involved in the camp sessions on a daily basis and has a background in children's programming. Please direct any inquiries or questions to her at (615) 952-9885. She will oversee the Camp Counselors whose backgrounds are children based and will have experience in outdoor activities. Additional support staff will come from the regular full and part-time staff of the Town of Kingston Springs.

ACTIVITIES – Fishing, hiking, pitching a tent, fort building, creek play, orienteering, canoeing, plant and animal identification, outdoor cooking, crafts and more. The days will be enriched with special visits from guests and teachers. Rain won't stop the outdoor fun, unless it's thundering and lightening. Activities will then move into the Burns Park Activity Center for a day of games and crafts.

POLICY AND PROCEDURES

FEES

Each session is \$175 per camper for the 5-day camp. City residents receive a discount and may pay \$160 per child. The discount must be applied to the balance and not the deposit. (Your primary residence must be within the city limits of Kingston Springs. There are areas of the 37082-zip code that are not in the city limits. If you are in doubt please call (615) 952-2110 to verify.)

RESERVATIONS & PAYMENTS

Camp registration begins on April 1, 2019 for all camps. To reserve a spot for the camper, return the application, health form and submit a minimum deposit of \$75. The remaining camp fees are due in full as follows:

Session I (6-8 years) – July 12 - 16	\$100.00 balance due by July 5 th , 2021
Session II (9-12 years) – July 19 – 23	\$100.00 balance due by July 5 th , 2021

Submit forms and fees by mail to:
Kingston Springs Parks Summer Camp
PO Box 256
Kingston Springs, TN 37082

Or in person at:
Kingston Springs City Hall
396 Spring Street
Kingston Springs, TN 37082
Monday – Friday 8:00 – 4:00

Credit card or debit card payments are accepted for payment in person or by phone. A 3.5% fee will be added for all credit or debit payments. Personal checks, cash and money orders are also accepted. There is a \$20 fee for all returned checks. We cannot set up installment payments for camp fees.

Placement in the camp is not guaranteed until you receive written or e-mailed confirmation once all fees are paid.

CANCELLATIONS AND REFUNDS

Cancellations made before the registration deadline of June 1st are subject to a full refund less a \$40 processing fee. Cancellations made after June 1st and up to three weeks prior to the start of camp will receive a 50% refund. No refunds will be issued for cancellations made less than three weeks prior to the start of the session. There are no refunds for absences or rainy days.

PROGRAM CHANGES

Kingston Springs Parks Summer Camp reserves the right to change or cancel programs as necessary.

ILLNESS POLICY

Do not send a sick child to camp. A sick camper will be sent home if he has a fever, is vomiting, or is weak and cannot participate in activities. We do not have the facilities or staff to care for sick campers.

BEHAVIOR POLICY

Disruptive children will be given a fair opportunity to change their behavior and continue to participate in the camp group. Campers who will not cooperate with counselor's instructions regarding behavior or who are consistently and intentionally disruptive will be removed from the camp group and the parents will be called to pick up the child. At that point, a determination will be made by the camp administration, whether a disruptive camper will be allowed to return to camp. In the event that the camper is dismissed, all fees are forfeited and non-refundable.

- There is a no tolerance policy for physical or verbal abuse of other campers and staff.
- Profanity is unacceptable.
- Destruction of city property or another camper's property is prohibited.

MEDICATIONS

The camp director will be prepared to administer medications that are prescribed by a physician that are taken by mouth. Injections will not be administered. Parents are welcome to come to camp and administer those injections or to make arrangements to have a caretaker perform the injection. Please discuss this with camp administration PRIOR to registering for camp. Epi-pens will be allowed for self-injection by campers.

- Medications to be administered should be sent in daily with the camper and given to the counselor upon arriving each morning.
- Medication must be in appropriate, prescribed bottle/packaging and should contain no more than a one-day supply.
- Epi-pens must also be turned in daily.
- No over the counter pills will be administered without a letter or prescription from the child's physician, except in the case of an allergic reaction where Benadryl is determined to be needed by a first responder.
- Campers may not be in possession of ANY medication during camp hours or after-care.

CELL PHONE, IPAD, MP3'S ETC.

We want the campers to spend their time enjoying their outdoor experience and feel that social calling and texting can wait until camp is over. Campers may bring their cell phones to camp. however, they must leave them stored in their backpacks. They may check their phone during snack breaks and lunch for calls or messages from parents. Social calling or texting will not be allowed. Violations of the policy will result in the counselor taking the device from the child until camp is over for the day. Campers staying in after-care may use their phone and devices with permission from camp staff. Kingston Springs Parks and the Town of Kingston Springs will not be responsible for any lost or damaged personal items.

RAINY DAYS

A warm summer shower with no thunder or lightning will not necessarily stop camp activities. Some activities may be moved to the pavilions or the activity center. Some activities may proceed in the rain. In the event of a potentially dangerous storm campers will be relocated to the Activity Center or City Hall until the threat passes.

QUESTIONS & ANSWERS

WHAT SHOULD THE CAMPER BRING IN THEIR BACKPACK?

- Lunch, beverages will be provided.
- Sunscreen
- Insect repellent
- A refillable water bottle to keep filled for drinking purposes throughout the day.
- A bath or beach towel.
- Change of clothes
- Extra pair of shoes for water play
- A lightweight rain poncho

WHAT'S THE APPROPRIATE ATTIRE FOR A DAY AT CAMP?

- Shorts or capris and t-shirts are suggested for most of the day.
- Old, comfortable shoes suitable for hiking or playing in the water. Campers are not encouraged to go barefoot. A separate pair of “river shoes” may be used, such as crocs or another old pair of tennis shoes.
- A hat of some kind is encouraged.
- A lightweight rain poncho in case of showers.

WHAT IS PROVIDED?

- Beverages – lots of water will be available. A Gatorade or soft drink will be provided only at lunch.
- Snacks – a variety of fruit, crackers and chips will be available for snack time.
- Fishing equipment
- River equipment including life jackets for boating, craft supplies, camping and gardening equipment.
- The last day of camp lunch will be provided.

CAN MY CHILD BRING HIS OWN FISHING POLE AND TACKLE BOX?

It is not necessary for your camper to bring fishing gear it will be provided.

CAN I STAY WITH MY CHILD?

We do not encourage parents to stay only because this is a good opportunity for a child to learn social skills with other children and feel some independence. However, if you feel that your child needs your presence, we welcome you to stay. Parents that do stay must be willing to help counselors and campers throughout the day.

WHAT IF MY CHILD CANNOT SWIM?

Campers who cannot swim will be allowed to use the Splashpad facility during the time set up for water activities as it does not require any swimming skills.

ARE BACKGROUND CHECKS PREFORMED ON EMPLOYEES?

All employees will have had a background screening through the Kingston Springs Police Department.

WILL COUNSELORS BE WILLING TO ADMINISTER MY CHILD'S REQUIRED MEDICATION?

The camp director will be prepared to administer medications that are prescribed by a physician that are taken by mouth. Injections will not be administered. Parents are welcome to come to camp and administer those injections or to make arrangements to have a caretaker perform the injection. Please discuss this with camp administration PRIOR to registering for camp. Epi-pens will be allowed for self-injection by campers.

Medications to be administered should be sent in daily with the camper and given to the counselor upon arriving each morning. Medication must be in appropriate, prescribed bottle/packaging and should contain no more than a one-day supply. Epi-pens must also be turned in daily.

No over the counter pills will be administered without a letter or prescription from the child's physician, except in the case of an allergic reaction where Benadryl is determined to be needed by a first responder.

HOW WILL EMERGENCIES BE HANDLED?

Employees of the Kingston Springs Public Safety Department who are medical first responders or EMT's will be readily available to address any and all emergencies. Kingston Springs Firefighters are also available medical responders. The County ambulance service is located just a few miles from the camp location.

WHAT IS THE RATIO OF ADULTS TO CAMPERS?

Minimally 1:8 but there will be times that it will be 2:8, such as during water activities.

KINGSTON SPRINGS SUMMER CAMP APPLICATION FORM

SUMMER 2021

Camper Information:

Last Name _____ First Name: _____ Name Used: _____
Male Female (circle) Birth date: _____ Age on first day of camp (must be 6 by first day of camp): _____
Address _____ City: _____ Zip: _____
Home Phone: _____ Parent/Guardian Cell Phone: _____

Parent Information: MOTHER or GUARDIAN

Name: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Business Phone: _____ Cell Phone: _____
E-Mail: _____ Place of Employment: _____

Parent Information: FATHER or GUARDIAN

Name: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Business Phone: _____ Cell Phone: _____
E-Mail: _____ Place of Employment: _____

Emergency Contact (if other than listed above):

Name _____ Relationship to camper: _____
Home Phone: _____ Cell Phone: _____

Pick-Up Authorization/Custody Restrictions: Please list authorized persons to pick-up your child other than parents/guardians listed above: _____

Does the camper have any needs that require additional attention at camp? ___ No ___ Yes. **Please describe:**

Please select the session(s) that you would like:

_____ Session I (6-8 years) – July 12th – July 16th Deposit \$75.00 attached. \$100.00 balance is due by July 2nd, 2021.
_____ Session II (9-12 years) – July 6th – July 10th Deposit \$75.00 attached. \$100.00 balance is due by July 2nd, 2021.

(*Kingston Springs CITY residents may apply a \$15.00 discount at the time of paying the balance, not the deposit.)

By signing this application, I hereby give permission for my child to participate in all activities of the camp program, unless otherwise specified in writing and attached to the application. I understand that the activities that my child will engage in involve physical activity and that there is always the possibility for injury. I certify that she/he is physically fit and represent that she/he is in sound medical condition, capable of participating in this program without risk to others or her/himself. In consideration of my child's participation in these activities, I agree to release, defend and hold harmless The Town of Kingston Springs, Tennessee, its officers and employees, from liabilities on account of injury to my child's body, health, well-being or property, or for any other loss, claim or damage without limitation. I authorize camp staff to carry out standard first aid and CPR, including treatment of severe allergic reactions, and to arrange for emergency care for my minor child/ward at a local hospital or physician's office as the staff deems necessary. I authorize medical personnel to provide emergency medical treatment for my child/ward. I understand that camp fees charged by the camp do not include any accident or illness insurance and that I am responsible for all medical expenses incurred.

For children with disabilities, Camp will provide reasonable accommodations as required by the Americans with Disabilities Act ("ADA"). Parents of a child with a disability or disabilities must report the extent of the disability at time of application to Camp so that an individualized assessment of the child's needs and the extent of needed assistance may be made and to ensure the ability to have safe participation in the camp activities. Failure to report such disability and needs to accommodate that disability may result in dismissal of the camper and forfeiture of fees if the accommodations needed necessitate more than the reasonable modifications required under the ADA or if participation in camp activities poses a safety risk.

I have read and understand all camp rules and policies and agree to abide by them. I authorize the camp to have, use and reproduce any photographic materials for its records or public relations program. Kingston Springs Summer Camp, The Town of Kingston Springs and its employees are not responsible for lost items.

A \$75.00 deposit is required at registration to hold a place in the camp. Cancellations made before the registration balance due date are subject to a full refund less a \$40 processing fee. No refunds will be given for cancellations made after the selected sessions balance due date.

Signed _____

Date _____

My child's physical Abilities, Skills and Limits

We are asking these questions so that we may understand your child's level of exposure to some of the activities. We want to be sure that your child has a fun and successful experience at camp and learn some new skills. It will be helpful for staff to know how to assist them.

Please check all that apply.

FISHING: My child.....

- has no fishing skills or experience.
- cannot bait hook with live bait.
- can cast a lure.
- can remove a fish from the hook.
- will not touch a fish.
- understands & has used a rod and reel.
- has only fished with a toy pole.
- will not like fishing.
- will love fishing.
- is a {circle one}: (fair) (good) (excellent) fisher person.

HIKING: My child.....

- has no hiking skills or experience.
- will endure 30 minutes or less of hiking
- can endure an hour of hiking.
- hikes a lot.
- will not like hiking.
- will love hiking.
- will be a {circle one}: (fair) (good) (excellent) hiker.

SWIMMING: My child.....

- has no swimming skills.
- can only swim with arm floaties.
- will not put face in water.
- has had swimming lessons for ____ years.
- can tread water.
- has had experience in a canoe.
- has had experience "tubing".
- will not like water activities in the river.
- will love water activities in the river.
- will like wading activities in a shallow creek.
- will not like wading in a shallow creek.
- is a circle one: (poor) (fair) (good) (excellent) swimmer.

My child has attended an outdoor camp before: ____Yes ____No

Any additional information we need to know regarding your child's outdoor skills, abilities and limits: _____

Health History Form

This form MUST be signed and sent with the application for completion of registration.

PARENTS: please fill out and sign this form to be included with the camp application form when enrolling your child for summer camp sessions. Your physician's signature is not necessary. The information on this form is not part of the camper or staff acceptance process but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to the camp upon participant's arrival in camp. Please provide complete information so that the camp can be aware of your needs. The information included on this form is confidential and is stored in the camp director's office to be used by the camp's staff or emergency personnel in the event of injury or illness.

Full name of child _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Birth date _____ Age at camp _____

Emergency Contact Information

CUSTODIAL PARENT/GUARDIAN

Name _____ Relationship _____

Home Address (if different from above) _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

SECOND PARENT/GUARDIAN/ OR EMERGENCY CONTACT (please circle which applies)

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

If not available in an emergency, notify _____ Phone _____

Insurance Information

Is the participant covered by family medical/hospital insurance? _____ Yes _____ No

If so, indicate carrier or plan name: _____

Carrier address: _____

Name of insured _____ Relationship to participant _____

Insurance ID number _____

Important — must be completed for attendance:

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, 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 physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Witness _____ Date _____

Medications Being Taken

Please list (including over the counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug) the name of the medication, the dosage, and the frequency of administration.

____ This person takes NO medications on a routine basis OR ____ This person takes medications as follows:

Med# 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med# 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking: _____

Attach additional pages for more medications. Identify any medications taken during the school year that participant does/may not take during the summer.

Restrictions (The following restrictions apply to this individual.)

Allergies and/or restrictions (horse, cat, peanuts, etc.) _____

General Questions (explain "yes" answers below)

	YES	NO
1. Had any recent injury, illness or infectious disease?	_____	_____
2. Have a chronic or recurring illness/condition?	_____	_____
3. Wear glasses, contacts, or protective eyewear?	_____	_____
4. Ever had frequent ear infections?	_____	_____
5. Ever been dizzy during or after exercise?	_____	_____
6. Ever passed out during or after exercise?	_____	_____
7. Ever had seizures?	_____	_____
8. Ever been diagnosed with a heart murmur?	_____	_____
9. Have diabetes?	_____	_____
10. Have asthma?	_____	_____
11. Have any skin problems? (e.g. itching, rash, acne?)	_____	_____
12. Have ADD	_____	_____
13. Have AD/HD	_____	_____
14. Ever had Hepatitis?	_____	_____

Please explain any "yes" answers noting the number of the question. _____

Which of the following has the participant had? (please circle) Measles Chicken Pox German Measles Mumps

Provide information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware :

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Parent/Guardian authorizations: This Health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signed _____ Printed _____ Date _____