# 2022 Winter Camp Registration Form

**Please fill out a separate registration form for each child you register for camp.**
**PLEASE READ SECTION ON FEES AND PAYMENT TERMS CAREFULLY**

| Primary Parent/Legal Guardian Name | Home Phone | Work Phone | Cell Phone |
|---|---|---|---|
| | | | |

| Home Address | Email Address |
|---|---|
| | |

| Secondary Parent/Legal Guardian Name | Home Phone | Work Phone | Cell Phone |
|---|---|---|---|
| | | | |

| Home Address | Email Address |
|---|---|
| | |

**Employer:**_____ **Address:**_____

## CAMP DAY SELECTION AND PAYMENT

**Camper's First & Last Name:**_____ **Gender: M / F** **Date of Birth:**_____

**Camper's Age**_____ **Camper T-Shirt Size**_____

| **PLEASE SELECT THE CAMP DAY(S) YOUR CHILD WILL ATTEND:** | **Rates(Member/Non-Member)** |
|---|---|
| DAY 1 ☐ DECEMBER 27 – Ultimate Sports | $25/$30 |
| DAY 2 ☐ DECEMBER 28 – STEM (Science, Technology, Engineering, Math) | $25/$30 |
| DAY 3 ☐ DECEMBER 29 – Warrior Wednesday | $25/$30 |
| DAY 4 ☐ DECEMBER 30 – Happy New Year! | $25/$30 |

☐ **Member 4-Day Bundle: $80** ☐ **Non-Member 4-Day Bundle: $100**

FEES: Campers qualify for the member rate if they or their parents/legal guardians are FRCC members. We accept payment by cash, check, Discover, Master Card, or Visa. Make checks payable to FRCC.

TERMS: Payment for your child must be made in full at the time of registration. There will be no exceptions to payment terms and no refunds offered. Limited space is available for Winter Camp. In case of inclement weather, if a Winter Camp day must be canceled, credit to each camper will be given towards future FRCC activities.

FINANCIAL ASSISTANCE: A limited amount of financial assistance may be available based upon need. Please inquire at the Courtesy Desk for more information and an application.

AGES: Camp programs are age appropriate. Our Winter Camp is designed for children between the ages of 6 – 13

**To register for FRCC Winter Camp you must complete and sign this and all other registration/information forms. Your child will not be registered until all forms are completed, returned, and all required payments are received.**

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

# Camper Information Form

## PARTICIPANT INFORMATION

Child's Name_____Age_____Grade_____

Address_____

Home Phone_____ Date of Birth_____ Gender_____

## PARENT AUTHORIZATION WAIVER

Authorization for use of Visual Likeness: On behalf of the Child named above, his/her parents, guardians, and heirs, I do hereby consent and agree that the Fort Ritchie Community Center (FRCC), its employees and agents, shall have the right to record visual images of the Child named above for purposes of promoting and publicizing FRCC programs and do hereby release and waive all rights, claims, or interests to own, control or receive compensation from the use of such visual images. I warrant that I am authorized to grant the consent and to make the release and waiver indicated herein.

_____ _____

Signature of Parent/Guardian Date

Waiver of liability for injuries: On behalf of the Child named above, his/her parents, guardians, and heirs, I do hereby agree to assume the full risk of any injuries, including death, damages, or loss which may be sustained by the Child named above as a result of participating in any and all activities connected with or associated with the Summer Program and to release, hold harmless, indemnify and covenant not to sue the Fort Ritchie Community Center (FRCC), their agents, employees, and volunteers for injuries, including death, damages or loss which may be sustained by the Child named above as a result of participating in any and all activities connected with or associated with the Summer Program. In the event of any injury to the Child named above, I will notify the FRCC immediately. I warrant that I am authorized to make the release and waiver indicated herein.

_____ _____

Signature of Parent/Guardian Date

## PICK-UP INFORMATION

Parent/Guardian Contact #1_____

Parent Phone # Best Daytime_____

Approved Pick-Up #2 Name_____Phone #_____

Approved Pick-Up #3 Name_____Phone #_____

The Fort Ritchie Community Center (FRCC) Summer Camp Program is authorized to release my child only to the individuals above. I understand that each authorized person must be at least sixteen (16) years old and that my child will NOT be permitted to leave the camp with anyone not listed above. All authorized individuals will be required to show identification and sign the child out each day. A **late fee of $5.00** per participant for every 15 minutes will be assessed for campers not picked up by closing time (1:00 PM). Payment is due within 7 days of notification of the late fee. Your signature below indicates you have read and agree to these terms.

_____ _____

Signature of Parent/Guardian Date

**In the event of an Emergency, I permit my child to be transported by ambulance to the hospital _____Yes ____No**

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

## YOUTH CAMP HEALTH HISTORY
## CAMPER

Child's Name: _____

Current residence: _____

_____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian):_____ Phone:_____

2nd Emergency Contact
(Other than Parent Above):_____ Phone:_____

Primary Care Physician or
other provider of medical care:_____ Phone:_____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐ NO

☐ YES, Explain:_____

_____

_____

_____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? ☐ NO

☐ YES, Explain:_____

_____

_____

_____

IMMUNIZATION INFORMATION:
**Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? ☐ NO

☐ YES, List:_____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

_____

Parent or Legal Guardian's Signature Date

MDH-4768 (12/2017)

# MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-adminster medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeophathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 78417
Draft Revision Date: 4/4/2018

Fort Ritchie COMMUNITY CENTER

2022 Winter Camp Registration Form

## Section I. PRESCRIBER'S AUTHORIZATION

| 1. CHILD'S NAME (First Middle Last) | | | | | | 2. DATE OF BIRTH (mm/dd/yyyy) ___/___/_____ |
|---|---|---|---|---|---|---|
| 3. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 7b below unless more restrictive dates are specified in 3a and 3b. This authorization is NOT TO EXCEED 1 YEAR. | | | | | 3a. FROM (mm/dd/yyyy) ___/___/_____ | 3b. TO (mm/dd/yyyy) ___/___/_____ |

| | Medication Name | Condition Being Treated/PRN Parameters | Dose | Route | Frequency | OK to Self-Administer | OK to Self-Carry (Emerg Meds Only) |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | *Emergency Medication:* ☐ *Yes* ☐ *No Known side effects:* | | | | |
| 2 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | *Emergency Medication:* ☐ *Yes* ☐ *No Known side effects:* | | | | |
| 3 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | *Emergency Medication:* ☐ *Yes* ☐ *No Known side effects:* | | | | |

| 4. PRESCRIBER'S NAME/TITLE | | | This space may be used for the Prescriber's Address Stamp |
|---|---|---|---|
| TELEPHONE | FAX | | |
| ADDRESS | | | |
| CITY | STATE | ZIP CODE | |
| 5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) | | | 5b. DATE (mm/dd/yyyy) |

## Section II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA

| 6a. PARENT/GUARDIAN SIGNATURE | 6b. DATE (mm/dd/yyyy) | 6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION |
|---|---|---|
| 6d. HOME PHONE # | 6e. CELL PHONE # | 6f. WORK PHONE # |

## Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of all of the medications listed in *Section I* above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in *Section I*, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."

| 7a. PRESCRIBER'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY | 7b. DATE | 8a. PARENT/GUARDIAN'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY | 8b. DATE |
|---|---|---|---|

# MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-4MD-DHMH ext. 8417
Draft Revision Date: 4/4/2018

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

## Section I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME (First Middle Last) | 2. DATE OF BIRTH (mm/dd/yyyy) ___/___/___

3. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 7b below unless more restrictive dates are specified in 3a and 3b. This authorization is NOT TO EXCEED 1 YEAR. | 3a. FROM (mm/dd/yyyy) ___/___/___ | 3b. TO (mm/dd/yyyy) ___/___/___

| | Medication Name | Condition Being Treated/PRN Parameters | Dose | Route | Frequency | OK to Self-Administer | OK to Self-Carry (Emerg Meds Only) |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 2 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 3 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 4 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 5 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 6 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 7 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 8 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 9 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 10 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 11 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 12 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |
| 13 | | | | | | ☐ Yes ☐ No | ☐ Yes ☐ No ☐ Not emergency med |
| | | | Emergency Medication: ☐ Yes ☐ No Known side effects: | | | | |

4. PRESCRIBER'S NAME/TITLE

This space may be used for the Prescriber's Address Stamp

TELEPHONE FAX

ADDRESS

CITY STATE ZIP CODE

5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) | 5b. DATE (mm/dd/yyyy)

## Section II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

6a. PARENT/GUARDIAN SIGNATURE | 6b. DATE (mm/dd/yyyy) | 6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION

6d. HOME PHONE # | 6e. CELL PHONE # | 6f. WORK PHONE #

## Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of all of the medications listed in *Section I* above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in *Section I*, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."

7a. PRESCRIBER'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY | 7b. DATE | 8a. PARENT/GUARDIAN'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY | 8b. DATE

MDH-4758-8 (01/2019)

# ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

**for Youth Camps in Maryland**

**Page 1 of 2**

Please complete both pages of this form if the child has an inhaler or other asthma-related medication

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 78417

| 1. CHILD'S NAME (First Middle Last) | 2. DATE OF BIRTH (mm/dd/yyyy) ____/____/_____ | 3. PEAK FLOW PERSONAL BEST: |
|---|---|---|

4. ASTHMA SEVERITY (check one): ☐ Mild Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Exercise Induced

5. ASTHMA TRIGGERS (check all that apply): ☐Colds ☐Exercise ☐Animals ☐Dust ☐Smoke ☐Food ☐Weather ☐Other_____

## Section I. ASTHMA ACTION PLAN

| 6. THIS ASTHMA ACTION PLAN SHALL BE EFFECTIVE FOR AND MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 9b below unless more restrictive dates are specified in 6a and 6b. This authorization is NOT TO EXCEED 1 YEAR. | 6a. FROM (mm/dd/yyyy) ____/____/_____ | 6b. TO (mm/dd/yyyy) ____/____/_____ |
|---|---|---|

**GREEN ZONE - DOING WELL**

You have **ALL** of these
- Breathing is good
- No cough or wheeze
- Can walk, exercise, & play
- Can sleep all night
- If known, peak flow greater than _____ (80% personal best)

| Medication Name | Dose | Route | Frequency | OK to Self-Administer |
|---|---|---|---|---|
| | | | | ☐ Yes ☐ No |
| | *Known side effects:* | | | |
| | | | | ☐ Yes ☐ No |
| | *Known side effects:* | | | |
| | | | | ☐ Yes ☐ No |
| | *Known side effects:* | | | |

**Exercise Zone**

| Rescue Medication | Dose | Route | Frequency | OK to Self-Administer | OK to Self-Carry |
|---|---|---|---|---|---|
| | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | *Known side effects:* | | | | |

☐ Prior to all exercise/sports
☐ When the child feels they need it

**YELLOW ZONE - GETTING WORSE**

You have **ANY** of these
- Some problems breathing
- Wheezing, noisy breathing
- Tight chest
- Cough or cold symptoms
- Shortness of breath
- Other:_____
- If known, peak flow between ____ and _____ (50% to 79% personal best)

| Emergency Medication | Dose | Route | Frequency | OK to Self-Administer | OK to Self-Carry |
|---|---|---|---|---|---|
| | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | *Known side effects:* | | | | |
| | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | *Known side effects:* | | | | |
| | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | *Known side effects:* | | | | |

**RED ZONE - MEDICAL ALERT/DANGER**

You have **ANY** of these
- Breathing hard and fast
- Lips or fingernails are blue
- Trouble walking or talking
- Medicine is not helping (15-20 mins?)
- Other:_____
- If known, peak flow below _____ (0% to 49% personal best)

| Emergency Medication | Dose | Route | Frequency | OK to Self-Administer | OK to Self-Carry |
|---|---|---|---|---|---|
| | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | *Known side effects:* | | | | |
| | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | *Known side effects:* | | | | |
| | | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | *Known side effects:* | | | | |

MDH-4758-C (01/2019) **Please turn over - this form has 2 pages with four total sections** **Keep for 3 Years**

# ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

**for Youth Camps in Maryland** **Page 2 of 2**

Please complete this form if the child has an inhaler or other asthma-related medication

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 78417

| CHILD'S NAME (First Middle Last) | DATE OF BIRTH (mm/dd/yyyy) ___/___/___ |
|---|---|

**Section II. PRESCRIBER'S AUTHORIZATION**

| 8. PRESCRIBER'S NAME/TITLE | | | This space may be used for the Prescriber's Address Stamp |
|---|---|---|---|
| TELEPHONE | FAX | | |
| ADDRESS | | | |
| CITY | STATE | ZIP CODE | |

| 9a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) | 9b. DATE (mm/dd/yyyy) |
|---|---|

**Section III. PARENT/GUARDIAN AUTHORIZATION**

I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA

| 10a. PARENT/GUARDIAN SIGNATURE | 10b. DATE (mm/dd/yyyy) | 10c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION |
|---|---|---|
| 10d. HOME PHONE # | 10e. CELL PHONE # | 10f. WORK PHONE # |

**Section IV. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)**

THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of all of the medications listed in *Section I: Asthma Action Plan* above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in *Section I: Asthma Action Plan* , the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."

| 11a. PRESCRIBER'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY | 11b. DATE (mm/dd/yyyy) |
|---|---|
| 12a. PARENT/GUARDIAN'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY | 12b. DATE (mm/dd/yyyy) |

**Section V. CAMP MEDICAL STAFF USE ONLY**

| Camp Medical Staff Notes: | |
|---|---|
| Reviewed by: | DATE (mm/dd/yyyy) |

# WINTER DAY CAMP CAMPER CODE OF CONDUCT

**COPY FOR PARENT/GUARDIAN TO SIGN AND RETURN TO FRCC**

As a camper, I will:

- ☺ Learn and follow the rules of the camp.
- ☺ Show respect to other campers, and treat others as I would like to be treated.
- ☺ Show respect to staff and cooperate fully with their instructions.
- ☺ Respect the rights and beliefs of others and treat others with courtesy and consideration.
- ☺ Communicate in an appropriate manner, which means I must not use foul language or gestures harsh words, or tone of voice.
- ☺ Conduct myself responsibly. I understand that horseplay, teasing, bullying of campers, or other unkind behaviors are not allowed.
- ☺ Refrain from deliberately causing bodily harm to other campers or staff. I understand that pushing, kicking, hitting, and fighting are not acceptable and will not be tolerated.
- ☺ Use equipment, supplies, and facilities carefully and properly.
- ☺ Respect the property of others.
- ☺ Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action, possibly including dismissal from camp without a refund.

**Parent/Legal Guardian Signature**

Your signature below indicates you have received a copy of the FRCC Summer Camp Code of Conduct, that you agree to review it with your child, and that you understand that your child will be required to abide by the code while attending camp.

_____ _____ ___/___/____

Camper Name Parent/Guardian Signature Date

# WINTER DAY CAMP CAMPER CODE OF CONDUCT

**COPY FOR PARENT/GUARDIAN AND CAMPER TO KEEP**

As a camper, I will:

☺ Learn and follow the rules of the camp.

☺ Show respect to other campers, and treat others as I would like to be treated.

☺ Show respect to staff and cooperate fully with their instructions.

☺ Respect the rights and beliefs of others and treat others with courtesy and consideration.

☺ Communicate in an appropriate manner, which means I must not use foul language or gestures harsh words, or tone of voice.

☺ Conduct myself responsibly. I understand that horseplay, teasing, bullying of campers, or other unkind behaviors are not allowed.

☺ Refrain from deliberately causing bodily harm to other campers or staff. I understand that pushing, kicking, hitting, and fighting are not acceptable and will not be tolerated.

☺ Use equipment, supplies, and facilities carefully and properly.

☺ Respect the property of others.

☺ Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action, possibly including dismissal from camp without a refund.