



Summer Day Camps

2018 Program Information Package

Save time and return your forms prior to the start of camp by dropping them off at the customer service counter at the Quinte Sports & Wellness Centre or email prgeneral@city.belleville.on.ca

The following forms must be returned:

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- Completed Camp Participant Consent Form (one page)
 - 2018 Medical and Waiver Form (two pages)
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These forms must be completed and submitted to the City of Belleville Day Camp Staff no later than the morning of the first day of camp in order for your child or children to participate.

For questions or concerns please call:
The City of Belleville - Recreation, Culture & Community Services
Department at **613-966-4632** or visit <http://www.qswc.ca>

Camp Time

We want your child to have a great time at camp. Please familiarize yourself with the information below.

REGISTRATION

Registration begins April 9, 2018 for City Taxpayers and April 12, 2018 for Non-City Taxpayers.

CAMP HOURS

8:00am – 5:00pm are the daily hours for EVERY camp!

EXTRA CAMP HOURS

Extra hours are available for our QSWC and Hillcrest camps between the hours of 7:00 am to 8:00 am as well as 5:00 pm to 6:00 pm for an additional cost.

CAMP STAFF

The City of Belleville hires only the most experienced and qualified staff for all of our Day Camp Programs. Our leaders are all certified in Standard First Aid and CPR 'C'. The leaders consist of a collection of teachers, university and college students, high school students and volunteers. Staff participate in a week-long intense training session and all staff have extensive experience working with children. Our leaders create a fun atmosphere that ensures all campers have a safe and enjoyable day camp experience.

THINGS TO BRING

- Completed Medical Information, Waiver and Camp Participant Consent Form
- Any necessary medication
- A healthy lunch and snacks (we are unable to refrigerate or heat lunches)
- Labelled water bottle
- Appropriate camp play attire & indoor shoes
- Sunscreen, hat, sun glasses
- Specialty items (as indicated on the weekly newsletter).
- Lots of smiles, energy & enthusiasm
- Note: QSWC & Hillcrest Campers are asked to bring swimwear and towels daily.

ALLERGY AWARE

We **CANNOT** ensure an allergen free environment. We are, however **AWARE** when we are notified that a child in camp has an allergy. During these weeks, we encourage parents to pack allergen-free snacks and lunches for the safety of all campers and/or share spaces as safely as possible to try and eliminate cross contamination.

POSITIVE SPACE

To ensure that all campers have the opportunity to play and grow in a Positive Space, we will be implementing a zero-tolerance-based system for negative camper conduct. Campers will be informed of our Positive Space policy and it will be applied equitably to all situations. It is our intent that this system will allow our campers to feel comfortable and secure during their time at Camp, while reinforcing respect for themselves and others.

ONTARIO CHILD AND FAMILY SERVICES ACT

City of Belleville day camps staff and volunteers are legally obliged to observe the terms of the Ontario Child and Family Services Act and must report a **child in need of protection**.

MEDICATION

If campers require medication they may leave their medication with our Day Camp Staff. Parents / caregivers are asked to provide Staff with special instruction prior to leaving the camp site. Staff will store medication in a safe location and remind campers when it is time to be taken, however, staff may not administer medication to campers (with the exception of epinephrine).

WEEKLY EXTRAS

Included in your fee is a weekly trip and lunch on Friday!

SWIMMING LESSONS

QSWC and Hillcrest campers can opt to register for weekly swimming lessons at an additional cost of \$29.00/week at the Quinte Sports and Wellness Centre so long as the facility is open and operational.

MEDICAL INFORMATION, WAIVER AND CAMP PARTICIPANT CONSENT FORM

The Medical Information, Waiver, and Camp Participant Consent Form **MUST** be completed and received by our Day Camp Staff prior to campers being left in our care. We ask that parents/caregivers complete and submit these forms prior to the first day of camp or on the morning of the first day of camp.

SIGN IN/OUT PROCEDURES

All campers must be signed in upon arrival, and signed out upon departure from camp by their parent or guardian. A child may only leave the premises without a parent or guardian if the appropriate section of the Camp Participant Consent Form is completed.

FAMILY DISCOUNTS

Please note that when registering your children for the same week of camp, the 3rd child is \$50% off and the 4th child from the same family household is FREE!

VISITATION POLICY

Any person wishing to visit a City of Belleville Day Camp Site outside of regular drop off and pick-up hours **MUST** notify the City of Belleville Program Supervisor ahead of the visitation by contacting the City of Belleville's Recreation, Culture and Community Services Department at 613-966-4632. Visitors are asked to keep their visits to a 15 min maximum stay to help reduce disruption to the Children's Program Time. For individuals who wish to extend their

visit beyond 15-minutes by volunteering at one of our programs, please note that we will require all volunteers over the age of 18, to complete an application package, orientation and training session and submit a current (no older than 6 months) Criminal Reference Check including the vulnerable sector.

WEEKLY FLYER

Weekly flyers will be sent home every Monday with campers, outlining information for your specific trips, activities, and any additional requirements for that particular week. Please read these carefully and address any questions with Camp Staff.

CAMP CANCELLATIONS

Programs that do not meet the minimum participant registration numbers may have to be cancelled. If your camp program is cancelled, we will call the contact number listed on your registration form to notify you of the cancellations. You will have the option of transferring your registration to another week or program; keep a credit on your account for use at another time or a full refund (if requested). We hope that you can assist us in preventing cancellations by encouraging your friends, family, and neighbors to come out and join our summer day camp programs!

CAMP EXCURSIONS

The registration fee for our Day Camp Programs includes the cost of bussing, general admissions, and activity fees for our Camp Excursions. Although we will make every effort to ensure all trips run as scheduled, we cannot guarantee that cancellations won't occur. In the event of a cancellation we will attempt, but cannot guarantee to reschedule an alternative date and time in the same week. There will be no reduction in the program fee as a result of changes to the schedule.

CONTAGIOUS CONDITION

If you suspect that your child may have any contagious conditions such as; head lice, pink eye, severe poison oak, we ask that you do not send them to camp. Please inform their leader in order to prevent infecting any other campers. We encourage you to remind your child not to share any personal items with other campers.

SUNSCREEN

It is extremely important that campers come to camp wearing sunscreen with an extra bottle in their bag. In order to prevent sunburns, please encourage your child to continuously re-apply throughout each day. Campers are responsible for their own sunscreen application; however leaders will assist young campers who have difficulty applying their sunscreen appropriately as long as permission is given on the consent form.

VALUABLES

We ask that all valuables such as toys, electronics and sentimental items which could cause distraction or conflict amongst campers be left at home. We are not responsible for lost, stolen, or damaged belongings.

LOST AND FOUND

We will have a designated area at each camp location that will contain any lost and found items. Please check this on a regular basis to ensure that everything is returned to its owner. To help make this process easier, please label your child's clothing clearly.

Have a great time at camp!

For questions or concerns, please call the City of Belleville—Recreation, Culture & Community Services Department at **613-966-4632** or visit <http://www.qswc.ca>



Camp Participant Consent Form

Participant's Name: (Please enter full name) _____ Age: _____

Camp Site Attending: Quinte Sports & Wellness Centre Hillcrest Community Centre
 Pinnacle Playhouse

QSWC & Hillcrest: Extra Hours AM Extra Hours PM

Parent or Guardian Name (s): _____

Home Phone Number: _____

Work and Cell Phone Number: _____

Emergency Contact Information:

Alternate Emergency Contact Name and Phone Number: _____

Relationship to the child: _____

Drop Off and Pick Up Information:

My child or children will be dropped off or picked up by one of the following people:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Please Note: Photo ID may be requested by staff. If anyone other than those individuals or individual listed above is to pick up your child from the site, the leaders will require your consent.

Camp Water Activities:

Please note that during swimming activities, all children under the age of ten who are unable to pass the facility swim test will be required to wear a lifejacket. All canoe participants must wear a lifejacket whenever they are in the canoes. **Please initial to agree with this policy:** _____

Sunscreen Application:

I give permission to the City of Belleville day camp staff to assist in the application of sunscreen provided by me. I understand that staff does not have permission to apply or give any other sunscreen other than the sunscreen I have provided for my child. **Please initial to agree with this policy:** _____

Publicity Consent

I consent to the release of the name and photograph, to the media, for publicity purposes or activities during any program in any facility or location where a program is held. **Please initial to consent:** _____

Local Parks, Walking Trails and Sports Fields (Belleville, Ontario)

I consent to my child participating in group walks, recreational sports, water play at splash pads and playing on play equipment at local parks, walking trails and sports fields. **Please initial to consent:** _____

Quinte Sports & Wellness Centre (265 Cannifton Rd)

I consent to my child participating in swimming in the lifeguarded Templeman Aquatic Centre.

Please initial to consent: _____

Date Signed: _____	Signature: _____ Participant or Parent/Guardian if the participant is under 18 years of age.
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**City of Belleville
Recreation, Culture and Community Services Department
2018 Waiver, Information and Medical Form**

Participant's Name: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Parent or Guardian Name: _____

Participant's Date of Birth: Day: ____ Month: _____ Year: _____

E-mail address: (consent for notification/promotional purposes): _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relationship: _____

Contact Phone Number: (Home) _____ (Work): _____

Family Doctor Name: _____ Doctor's Phone Number: _____

Can you/the participant, take part in all require activities? YES NO

(Please request a **Get Active Questionnaire** if you have any health concerns)

Medical Information: (allergies, seizures, diabetic, or other) please provide details: _____

Name of Drug	Dosage and Administration	Times Given
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you or the participant carry and know how to administer his or her or your own medication or medications? Yes: No:

PLEASE NOTE: In the event of accident or illness involving the above named participant while attending a program, I hereby authorize, the administration of any medical procedure deemed necessary and an ambulance may be called, if required. Staff is not to administer medication (with the exception of epinephrine).

WAIVER:

I, the undersigned, do hereby release and agree to indemnify and save harmless the Belleville Recreation, Culture & Community Services Department and their respective employees or agents from all claims for loss, injury, or damage to persons and property while participating in or traveling to and from the activity, which I or any person claiming through me or on my behalf, may at any time have arising out of or connected with the operation of this activity.

Date: _____ **Participant's Signature:** _____
(Month/Day/Year) (Guardian to sign if participant is under 18 yrs)

Supplemental Information

Please complete this section to ensure a more positive experience.

Does the participant have any issues that require consideration or accommodation? If yes, please specify. _____

Is there any additional information or special requirements (including dietary) that you would like our Leaders to be aware of in order to provide a safe program environment? _____

Does the participant require an assistive device? If yes, please specify.

Does the participant require a support person for their program? Yes No

If you answered YES to any of the above questions, please contact the Recreation, Culture and Community Services Department at 613-966-4632 so that we can discuss this with you to ensure a positive experience for each participant.

PHOTO RELEASE FORM:

I consent that the City of Belleville has the absolute right and permission to publish or use any and all photographic portraits, pictures or video taken of any members of my family while participating in their programs.

By signing this consent I understand that the photograph will be used in good taste and solely for the promotional purposes of the Corporation of the City of Belleville including the City's website and social media and the City will not sell the photograph, any prints or reproductions of the original or the negatives under any circumstances without my written consent and permission.

I hereby **waive any right** that I may inspect and/or approve the finished product that may be used in connection therewith or the use to which it may be applied.

I have read the above authorization and release, prior to its signature by me. I understand the authorization and I confirm that I have had the opportunity to have it explained to me and that any questions I may have with respect to the authorization have been answered to my satisfaction.

_____ Date _____ Signature of Participant (Guardian to sign if participant is under 18 yrs)

To the extent that the foregoing information constitutes personal information under the Municipal Freedom of Information and Protection of Privacy Act, 1989, the information is collected under the authority delegated to the City of Belleville by virtue of the Revised Statutes of Ontario and will be used for the purposes indicated or implied by this form. Questions about the collection of personal information should be directed to: City Clerk, City Hall, Belleville, Ontario K8N 2Y8, Telephone (613) 968-6481