

**Please Fill Out All the Following Information:**

**April**

13th- 17th

1. **Name of Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do both Parents have permission to pick child/children up? Yes\_\_\_\_ No \_\_\_\_**

**If no, please list which parent CANNOT pick-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Emergency Contact (other than Parents): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relation to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(this person will be allowed to pick up your child in case of an emergency).**

1. **Please list any information we should know about your child (medication, allergies, limitations, special needs, etc.) Please Include food allergies, insect bites, etc.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please list additional people who may pick-up your child (they will be asked to show their driver’s license). If anyone other than the people listed below is going to pick up your child, you must send a note. If you have changes to this list (additions or deletions) anytime during the camp, you must notify the Camp Director.**
   1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Swimming Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permission to Administer Physician Prescribed Medication**

All parents/guardians are encouraged to administer all physician medication(s) to their children before or after Aquaventure Swim Camp. We understand there will be unusual cases which may arise, and the day camp’s supervisor may be requested to administer medication. By completing the information below we will, in some circumstances, authorize Aquaventure’s Swim Camp Supervisor to administer physician prescribed medication(s) that are stored in current prescription bottle(s).

Parent Authorization to Administer Physician Prescribed Medication

|  |  |
| --- | --- |
| **Child’s Name:** | **Name of Medication:** |
| **Dosage:** | **Side Effects:** |
| **Physician’s Name:**  **Physicians Phone Number:** | **Times to be given:**  **Dates to be given:** |
| **Parents Signature:**  **Date:** | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For Staff Only**  Week Of: Week Of:   |  |  |  | | --- | --- | --- | | **Day** | **Time** | **Initials** | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  |  |  |  |  | | --- | --- | --- | | **Day** | **Time** | **Initials** | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  | |

**Aquaventure Swim Camp**

**Sunscreen and Bug Spray Permission Form**

**Camper(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I give permission for a staff member of Aquaventure to apply sunscreen and bug spray to my child. I understand that I must supply the sunscreen and bug spray with their name clearly written on the bottle.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Aquaventure Summer Camp Policies**

**Camp Hours:**

8:00am – 6:00pm

**Early Drop Off:**

7:00am – 8:00am

Additional $10 per child

**Total Cost Per Week:**

$180/Child

**Age Guidelines**

Aquaventure Summer Camp is for children ages 5 to 12 years old. The participants will be divided into separate age groups for certain activities throughout camp.

**Pick-up/ Drop-Off Procedures**

Parent/Guardian must park their vehicle and walk their child into the camp and sign the child into the camp. There will be signs on the designated door for pick up and drop off on the left side of the building. All campers must be signed in and out by a parent or guardian each day of the camp.

**Late Pick-Up Policy**

There will be a late fee assessed for children who are picked up after 6:00pm. The late fee is $1.00 for each minute past 6:00pm. Repeated late pick ups may result in the removal of the participant from the program, with no refund for prepaid programs.

**Dress Code**

Children should dress appropriately for the activities scheduled. Aquaventure recommends shorts and a lightweight shirt or top, some type of athletic shoe or sneaker in order to participate in recreational or athletic activities. Aquaventure recommends a sweatshirt or jacket for indoor activities. Aquaventure recommends sandals, flip flops, crocs or other open toe shoes for pool activities only.

**Lunch**

Children must bring a packed lunch and drink in a non-glass container Monday through Thursday. Every Friday, Aquaventure will provide lunch for all campers. Aquaventure will also provide a snack each day for all campers.

**Discipline Policy**

Aquaventure staff will create a fun and safe environment for participants in the program. Praise and positive reinforcement are used as effective methods of behavior management. Children who do not respond to these methods or who are destructive to others or to property will be dealt with in a professional, positive and timely manner to correct the behavior. The following procedure will be followed for behavior management. All incident reports will be discussed privately with parents and guardians and a copy of each report will be kept on file at Aquaventure.

Strike 1: Verbal Warning to child.

Strike 2: Brief Time-out

Strike 3: Contact Parent/ Guardian

Note: Immediate dismissal from the camp can occur at any time given severe circumstances. Refunds for missed days due to discipline dismissal will not be granted.

**Meditation Hour**

Aquaventure Summer Camp sets aside one hour of everyday for meditation. During this time campers are more than welcome to read, color, draw, play on an electronic device with headphones or nap. This is useful for the campers to take a moment for decompressing and relaxing before continuing the second part of their day. The only requirement for this time is for the children to be quiet in respect toward other campers who have chosen to nap. The quiet allows for the campers to reflect on their day and decisions and helps keep the fun and creative attitude for the rest of the day.

Note: If the camper did not bring headphones they are not allowed to use their electronic device.

**Deposit**

All payments are due at the time of registration. When paying for multiple children or multiple weeks of camp you can put a deposit down to reserve your spot. A deposit of $90.00 (per child and per week) is due at the time of registration to reserve a spot.

**Refund**

A full refund will be honored 60 days prior to the start date of the camp week you reserved. A 50% refund will be honored 30 days prior to the start date of the camp week you reserved. No refund will be honored past the 30th day prior to the start date of the camp week you reserved. **FACILITY USE AGREEMENT AND WAIVER/RELEASE**

I and my child agree to comply with all rules imposed by Aquaventure Winterville Aquatic Campus, (hereafter referred to as “Aquaventure”) regarding the use of its facilities and equipment. I and my child agree to conduct ourselves in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I and my child understand and acknowledge that the use of exercise equipment, swimming pool and/or participation in swimming or exercise programs involves risk of serious injury, including permanent disability and death. Aquaventure does not assume responsibility for any such risks. I and my child agree to use the facility and all equipment (including the swimming pool) AT OUR OWN RISK, and WE FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES WE incur as a result of OUR participation in any activities or use of the facilities.

In consideration of my use of the facilities located at Aquaventure, I hereby, on behalf of myself and my child, my heirs, executors, administrators, successors and assigns, expressly release, discharge and covenant not to sue Aquaventure and its affiliates, insurers, employees, officers, directors, and associates, FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF AQUAVENTURE OR OTHERWISE; AND I FURTHER AGREE that if, despite this AGREEMENT, I, or anyone on my behalf, makes a claim against Aquaventure, I WILL INDENTIFY, SAVE, AND HOLD HARMLESS Aquaventure from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me and my child, and I hereby fully and forever release and discharge Aquaventure, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of Aquaventure’s facilities.

I understand and agree that Aquaventure Winterville Aquatic Campus is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT AN INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

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

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