**Participant/Camper’s Name:­­­­­­­­­­­­­­­**

**Complete one form per child.**

### CAMPER CODE OF CONDUCT

Our goal is to provide the highest quality recreational day camp in a safe environment for the campers. Please assist us in maintaining a safe and enjoyable environment by following the camper code of conduct.

Campers will:

* Be respectful of the feelings and properties of others, by treating them the same way that they would want to be treated.
* Show respect to the staff and cooperate with their instructions.
* Know and follow the rules of camp.
* Communicate with others in an appropriate manner. No use of foul language.
* Refrain from the verbal or physical harm of other participants and/or staff.
* Understand that any form of pushing, kicking, hitting, or fighting is unacceptable and will not be tolerated.
* Use equipment and supplies in an appropriate manner.
* Be fully responsible for his/her actions and understand the consequences of any inappropriate actions.

Consequences for misbehavior or breaking camp rules will be, but not limited to, time out from the activity, time away from the group if needed, written communication to parents regarding behavior, phone call to parents to discuss behavior if necessary. The goal of camp behavior management is always to have the camper successfully rejoin the group provided the camper is not putting others in danger.

*If behavior persists and the situation is severe, suspension or expulsion from the program may result*.

**I have read and understand the above policy. I assume the responsibility for insuring my child is aware of this policy and the consequences of his/her actions should there be such offense.**

Parent/Guardian Signature: Date:

Participant/Camper Signature: Date:

**Participant/Camper’s Name:­­­­­­­­­­­­­­­**

**Complete one form per child.**

### EMERGENCY CONTACTS

In case of emergency, please provide us with an emergency contact who we can call:

Note: You must list your name/information if you wish to be the primary contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Name Cell Phone Work Phone

Secondary Contact in case we cannot reach the person listed above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact’s Name Cell Phone Work Phone

Tertiary Contact in case we cannot reach either person listed above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact’s Name Cell Phone Work Phone