

Dear Parent/Guardian,

Thank you for choosing Weaverville Summer Day Camp. We have a fun and exciting program planned for 2017! Please complete and return pages 2-5 with payment.

Please read this packet thoroughly, as there have been changes since last year.

- 1) Camp is designed for children aged 5 - 12. Children who are 5 must have passed Kindergarten and be advancing to first grade. Children who are 12, can be entering 7th grade. Campers are assigned to group programs by their age. Each age group will stay together during camp and participate in age-appropriate activities.
- 2) Lunches will NOT be provided. Please **send your child with a lunch and RE-USABLE water bottle every day of camp.** We'd like to keep disposable water bottles to a minimum. Healthy snacks are provided at mid-morning.
- 3) Field trips will be organized for campers aged 8 - 12 years old. We try to include every child who is eligible, but occasionally our transportation options limit the number who can participate on any given day. Every effort will be made to include every eligible camper in an equitable manner. See page 6 for more information on field trips and this year's themes.
- 4) The **child behavioral agreement** is to be read with your child. Please take the time to review this with your child and have your child sign it.
- 5) All **emergency information** must be provided - this form also includes a **photo release**. If your child is taking regular medications or has conditions the counselors need to be aware of, please indicate this on the emergency information sheet. This information will be kept confidential, but it is extremely important in case of an emergency. Our counselors are typically High School students and are NOT trained to deal with extreme cases of behavioral conditions. Please consider this before enrolling your child. If you have questions or concerns please call the District to discuss your individual situation.
- 6) We will be swimming once per week. A completed **swim permission form is required for the pool**. Your child will need a swimsuit, towel and sunscreen on these days. Many children bring goggles, but no other toys are allowed.

Sincerely,

David Pearson
Camp Coordinator, Weaverville Summer Day Camp
Trinity County Resource Conservation District



TCRCD 2017
www.tcrd.net
Like us on Facebook
530-623-6004



2017 Weaverville Summer Day Camp: APPLICATION

(Complete one form per child, please)

Day Camp starts at 9:00 a.m. and ends promptly at 2:00 p.m. weekdays at the Young Family Ranch, 260 Oregon Street, Weaverville. No before/after care is available.

Each child is required to bring his/her own lunch and RE-USABLE water bottle daily!

Session Options

Children may be enrolled for multiple sessions. Check all sessions children will attend and the age group.

- Minnows: Ages 5-7 (limit 15/ weekly session) Focus on exploring nature at the Ranch.
- Trout: Ages 8-9 (limit 15/weekly session) Focus on nature with some field trips.
- King Salmon: Ages 10-12 (limit 10/weekly session) In-depth focus on nature with hands-on programs and multiple field trips.

Session 1: July 10 through July 14 Theme: Nature Discovery

Session 2: July 17 through July 21 Theme: Forest Explorer

Session 3: July 24 through July 28 Theme: Wet n' Wacky!

Full descriptions of camp themes are on page 6.

Registration Fees: \$60/week /first two campers from each family. **Additional campers from the same family, registered for the same week are \$50/week. Scholarships available. Please call the TCRC D at 623-6004 for more information. **DISCOUNT: If you sign up and pay by Friday June 16, 2017 you will receive a discounted rate of \$50/week /first two campers and \$45/week for additional campers from the same family registered for the same week.

Child Information

I wish to enroll my child, _____ in the 2017 Weaverville Summer Day Camp Program.

Age: _____

Mail or email address (for receiving other camp information):

PLEASE MAKE CHECKS PAYABLE TO:

TRINITY COUNTY RESOURCE CONSERVATION DISTRICT (or TCRC D)

COMPLETED APPLICATIONS AND REGISTRATION FEES CAN BE SENT TO:

TRINITY COUNTY RCD
Attn: Summer Day Camp
PO Box 1450
Weaverville, CA 96093

Or drop off at:
30 Horseshoe Lane, Weaverville
(1/4 mile north of Weaverville Elementary on Hwy. 3)

For Office Use: Name of child/children: _____

Date Received _____

Amount Paid _____ () Cash or () Check # _____

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Weaverville Summer Day Camp 2017: EMERGENCY INFORMATION

(Complete one form per child, please)

Please Print

Child's name _____

Mother's name _____ Phone (C) _____

Father's name _____ Phone (C) _____

Primary Caregiver/Guardian: _____ Phone _____

→ Names of persons authorized to take child from Day Camp (The child will only be allowed to leave with the persons listed below.)

→ Additional individuals who may be called in an emergency (MUST LIST PHONE NUMBER)

Name _____ Phone _____

Name _____ Phone _____

→ Physician to be called in the event of an emergency:

Name _____ Phone _____

→ If this physician cannot be reached, what action should be taken?

→ Allergies/medical/medication/dietary/other conditions: _____

→ **PERMISSION FOR MEDICAL TREATMENT:** Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of a parent or legal guardian. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

IN CASE OF AN ACCIDENT OR EMERGENCY, I AUTHORIZE A STAFF MEMBER OF THE WEAVERVILLE SUMMER DAY CAMP TO TAKE MY CHILD TO THE ABOVE NAMED PHYSICIAN OR TO THE NEAREST EMERGENCY HOSPITAL FOR SUCH EMERGENCY TREATMENT AND MEASURES AS ARE DEEMED NECESSARY FOR THE SAFETY AND PROTECTION OF THE CHILD, AT MY EXPENSE.

→ **IN AN EFFORT TO OBTAIN CONTINUED FUNDING FOR THIS PROGRAM, PHOTOGRAPHS MAY BE TAKEN OF CHILDREN AS THEY PARTICIPATE IN THE PROGRAM.**

YES__ My child's picture may appear in the Trinity Journal and other media informing others about the program.

NO__ Please do not use my child's picture.

I understand NO medical insurance is provided.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Weaverville Summer Day Camp 2017: CHILD BEHAVIORAL AGREEMENT
(Complete one form per child, please)

Our goal is to provide a fun and safe environment for all of our campers this summer. To that end, we want to make you aware of the following:

While at Weaverville Summer Day Camp the children are expected to behave in an appropriate manner, no hitting, kicking, spitting, biting, or harmful behavior, neither physical or emotional will be allowed. Unacceptable language and bullying will not be tolerated.

All avenues will be explored to resolve the situation prior to contacting the parent. We reserve the right to remove the child from the camp, if unacceptable behavior continues and we are unable to resolve the issue.

Child's Name (print) _____

Child's Signature _____ Date _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

Weaverville Summer Day Camp 2017: FIELD TRIP INFORMATION

All sessions of Weaverville Summer Day Camp include some type of field trip.

Counselors are certified with First Aid and CPR training. Your child's safety is our top concern.

Field trips can include walking to an offsite location (such as the pool or creek), riding in an eight passenger van, or riding on a Trinity Transit bus. Campers are never transported in private vehicles.

When you bring your child to the first day of each session, you will be given a schedule for the week, including field trips. Each Monday, we will ask you to sign a permission slip for that week's field trips.

Session Themes

Session 1, July 10 - July 14, 2017: Nature Discovery

Campers will discover all kinds of interesting and fun things about the natural world. Schedule includes animal tracks, the power of plants, water activities, art, scavenger hunts, games, and time to just kick back with their friends and enjoy the summer. We'll end the week by setting off our collaboratively made giant volcano!

Session 2, July 17- July 21, 2017: Forest Explorer

Campers explore our own Weaverville Community Forest with hikes, creek wading, crafts and bird watching. They'll learn about native and invasive plants and how they affect the health of the forest as well as how forests affect the health of the entire planet. The mysteries of how the parts of the forest all work together will be revealed.

Session 3, July 24 - July 28, 2017: Wet n' Wacky!

The end of July is the best time of the year for water fun! Campers will get wet and wacky, quack like a duck and build like a beaver. Crafts, games, and the mysteries of water will be explored during this fun week. They may even learn a thing or two about the earth's oceans, lakes and rivers without ever setting foot in a classroom.

Please feel free to call David Pearson with any questions or input at: 623-6004

LOWDEN PARK POOL RULES

READ BEFORE SIGNING

1. Always follow directions from the lifeguard and/or other staff members.
2. WALK around the pool deck – No running or jogging – EVER!
3. NO spitting
4. NO bad / inappropriate language.
5. NO chewing gum, seeds, candy or snacks.
6. DO NOT jump into the pool backwards.
7. Flipping into pool is NOT allowed.
8. Look before you leap – check to make sure the area is clear of people BEFORE jumping into pool so you do not jump onto anyone.
9. Diving is allowed ONLY in the deep end of the pool (5 Feet or greater). Do not dive into shallow waters of less than 5 feet.
10. Keep your hands to yourself – Splashing, dunking, pushing, grabbing someone under water, carrying, piggy back rides, chicken fights, or other rough play is NOT allowed.
11. DO NOT push, throw or force anyone into the pool.
12. There is not any hot water - DO NOT play in the showers. Please turn showers off when done if you decide to rinse off.
13. Food and drinks must be consumed away from the pool. Food and drink is NOT allowed in the pool.
14. Glass containers will NOT be allowed in the facility.
15. NO open wounds or participants with infections are allowed in the pool. You might need to have a Doctors note to regain entry.
16. Parents who are attending the pool with a “non-swimming” child must remain within arms reach of the child AT ALL TIMES.
17. Lifejackets and foam noodles are the only floatation devices allowed at this facility. No arm floaties, blow-up rings, rafts, etc. (Except for special occasions – with GM’s approval)
18. The Lowden Park Pool is NOT a childcare facility. **The staff is NOT responsible for keeping your child within the facility if you leave. Staff is not responsible to keep your child within the facility.**
19. If you are a minor (under age 18) and are asked to leave due to disciplinary reasons, your parent(s) will need to read and sign the Discipline Report before you may return.
20. The pool is NOT A BATHROOM. If you need to use the “potty,” please use the restrooms located in the bath house. If someone poops in the pool, it is immediately shut down for a minimum of 12 to 24 hours for cleaning. Please be responsible and don’t ruin it for everyone else!
21. **New Rule from the State of California** – “NOTICE – PERSONS HAVING CURRENTLY ACTIVE DIAHRREA OR WHO HAVE HAD ACTIVE DIARRHEA WITHIN THE PREVIOUS 14 DAYS SHALL NOT BE ALLOWED TO ENTER THE POOL WATER”
22. **NO REFUNDS** will be given if a patron is asked to leave for disciplinary reasons.

ONLY TWO (2) VERBAL WARNINGS WILL BE ISSUED BEFORE YOU ARE ASKED TO LEAVE FOR THE DAY.

Reminder: The pool will close when thunder/lightening, extreme cold weather, or other severe weather is present. The pool also closes for facility maintenance conditions and annual scheduled events.

I have read the rules listed above and I agree to follow them at all times while visiting Lowden Park pool.

Child’s Name

Parent/Guardian Signature

Date

2017 WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR LOWDEN PARK POOL

In consideration of being permitted to use the LOWDEN PARK swimming pool and/or participate in aquatic programs they offer to my child or myself (if applicable), my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, represent that I understand the nature of this activity, including the possible risks, including that of personal or bodily injury and that my child is in good health, in proper physical condition to participate in this activity, I understand the importance of checking with my doctor prior to starting any recreational program.
2. HEREBY RELEASE, DISCHARGE, AND CONVENANT NOT TO SUE Lowden Park Pool or any of its subsidiaries, agents, volunteers, promoters/sponsors, employees, including, but not limited to the County of Trinity, Lowden Aquatic Park Project, Douglas City Elementary School, Weaverville Elementary School, Junction City Elementary School, or Weaverville/Douglas City Parks & Recreation District, ("Releasees") for any injury caused or alleged to be caused in whole or in part by the negligence of any Releasee or otherwise in connection with my use of the swimming pool and/or participation in their aquatic programs.
3. I further agree that if, despite this Waiver and Release of Liability Agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will INDEMNIFY and HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.
4. I further agree that my child and I (if applicable) will abide by all the swimming pool rules, which are distributed prior to entry and posted in the pool area, written and/or orally issued by the lifeguard or any staff of LOWDEN PARK POOL.

I have read and understand the above listed information, and acknowledge my consent to the terms of the Waiver and Release of Liability for my child and myself (if applicable), by signing below.

Child's Name	Name of School and Teacher	Grade
Signature of Parent/Guardian	Parent's Printed Name	Date

Consent to Treatment

In the event of sudden illness, accident or injury that may occur while participant is engaged in aquatic activities, the above representatives, agents or assignees, when a parent, guardian, spouse, or physician cannot be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment when necessary, by a licensed physician in the State of California.

Participant's medical history (allergies, disabilities, etc.)

Preferred Physician:_____

Signature of Parent/Guardian	Date	Phone Number
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Emergency Contact _____ **Emergency Contact #** _____