

# RESTON COMMUNITY CENTER CAMP PROGRAM GUIDELINES AND REQUIREMENTS

PLEASE PRINT

Child Name	First		Last		
Age					

## CHECK ALL CAMPS THAT APPLY

Arts Education	Youth	Teen
<input type="checkbox"/> LARK	<input type="checkbox"/> Camp Goodtimes on the Road	<input type="checkbox"/> Road Rulz
<input type="checkbox"/> Spring Into LARK	<input type="checkbox"/> Winter Break Fun Zone	<input type="checkbox"/> Spring Into Road Rulz
<input type="checkbox"/> Young Actors Theatre (YAT)	<input type="checkbox"/> Spring Break Fun Zone	<input type="checkbox"/> Fun Fusion Days

<input type="checkbox"/> Specialty Camps (Please List)

## ADDITIONAL QUESTIONS

### NICKNAMES

What is the name your child goes by: \_\_\_\_\_

### SUNSCREEN/BUG SPRAY

I understand that sunscreen should be applied before arrival at camp. I have reviewed how to apply sunscreen and bug spray with my child and authorize him/her to re-apply as needed. (Please note: Participant should provide his or her own sunscreen and bug spray.)

Yes    No

### YAT PARTICIPANTS

Please indicate (print clearly) how you would like your child's name to be printed in the official program:

\_\_\_\_\_

RCC USE ONLY

DATE STAMP



**Reston Community Center Hunters Woods**  
2310 Colts Neck Road • Reston, VA 20191

**Reston Community Center Lake Anne**  
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703-476-4500, TTY 711 • 703-476-2488 (FAX)



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## CODE OF CONDUCT FOR ALL PARTICIPANTS

Signatures of the participant and the parent are required affirming both have read and agree to abide by all elements of the Code of Conduct below and the RCC's General Code of Conduct posted in our buildings.

## PARENT REQUIREMENTS

- Provide all required documentation and forms by the deadline or the space for your child/ren will be forfeited.
- Sign in and sign out child/ren per age guidelines and program requirements on time and with any required identification. Penalty fees will be applied for late pickups and participants may miss key program elements such as field trips if they are not brought to program sites on time.
- Alert the program director if participant(s) will not be attending prior to the start time of the day's program activities.
- Support the behavior requirements of the Code of Conduct.
- Pick up or arrange for authorized person(s) to pick up a sick participant as soon as possible after being notified the participant is ill.
- Pick up or arrange for authorized person(s) to pick up a participant as soon as possible if the participant's conduct is disrupting activities or he/she has been dismissed from the program.
- Pick up or arrange for an authorized person to pick up participant on time each day.

## PARTICIPANT REQUIREMENTS

- At all times, participants in RCC programs must abide by RCC's General Code of Conduct, and must treat all staff, participants and all others in program areas, with respect.
- Participants will treat others as they would want to be treated.
- Participants will follow instructions given by program leaders.
- Participants will maintain personal hygiene, wear safe and suitable clothing, and remain with their program group.
- For safety reasons, participants should wear closed-toe shoes, and refrain from wearing sandals, heeie wheelies, Crocs (or similar footwear) and jewelry while participating in RCC programs.
- In order to guard against loss, participants must not bring valuables such as cell phones, iPods, gaming systems or other expensive items. RCC is not responsible for personal property of participants.
- Eating and drinking will be permitted only in designated areas.
- Due to individual allergy sensitivities, participants are prohibited from sharing food and drink under any circumstances.
- Participants will not borrow money from other participants; should the need arise, staff will make appropriate arrangements.

## GROUNDS FOR DISMISSAL

- Possession of any item used as a weapon, and/or physical attack upon another person.
- Harassment, verbally abusive language or similarly aggressive behavior toward any participant, staff member, or member of the general public. This includes inappropriate and/or unwanted touching.
- Vandalism, destruction of property or proven theft by any participant.
- Possession of any alcohol, tobacco, pharmaceutical or other unauthorized drug or substance by a participant.
- Repeated violations of participant or parent requirements above.

## SIGNATURES

*Signatures of both the parent and participant below signify agreement to abide by these requirements.*

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF PARTICIPANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# RESTON COMMUNITY CENTER EMERGENCY CONTACT FORM

Participant Name	First					Last				
Home Address										
City					State		Zip			
Phone	Home					Cell				
Birthdate		/		/						

## Emergency Contact Information

<b>Contact #1</b> (Name): _____ Relationship: _____ Home Phone: (    ) _____ Work Phone: (    ) _____ Cell Phone: (    ) _____ Email: _____	<b>Contact #2</b> (Name): _____ Relationship: _____ Home Phone: (    ) _____ Work Phone: (    ) _____ Cell Phone: (    ) _____ Email: _____
<b>Contact #3</b> (Name): _____ Relationship: _____ Home Phone: (    ) _____ Work Phone: (    ) _____ Cell Phone: (    ) _____ Email: _____	<b>Contact #4</b> (Name): _____ Relationship: _____ Home Phone: (    ) _____ Work Phone: (    ) _____ Cell Phone: (    ) _____ Email: _____

## Additional Questions

- Yes     No    Does the participant have any allergies? If yes, please specify: \_\_\_\_\_
- 
- Yes     No    What should be done if participant comes into contact with an allergen? (Please attach instructions in a letter.)
- Yes     No    Does the participant require any special accommodations? (Please attach instructions in a letter.)
- Yes     No    Does the participant take medications? (If participant is under 18, please submit the Medication Authorization Form.)
- Yes     No    Can your camper swim? If yes, how well?
- No swimming skills – Beginner     Swims a little, but not in deep water     Swims fairly well – Can swim across the pool on their own
- Has been on swim team/Dives into deep water

## Medical Treatment Authorization

I give permission to the medical provider selected by Reston Community Center to secure the administration of necessary medical treatment in case of an emergency. I also understand that any medical expenses incurred will be my responsibility. In case of an emergency, Reston Community Center will use the closest available emergency facility.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# RESTON COMMUNITY CENTER DROP-OFF/PICK-UP INFORMATION FORM

PLEASE PRINT

Child Name	First		Last	
Age				

**CAMPERS SHOULD NOT BE DROPPED OFF PRIOR TO CAMP START TIME**

## AUTHORIZATION TO PICK UP CHILD

Persons Authorized to Pick Up:	Persons <b>NOT</b> Authorized to Pick Up:
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

## HOW WILL YOUR CHILD ARRIVE AND DEPART FROM CAMP

- My child may NOT arrive or depart with anyone other than myself or authorized escorts.
- My child has permission to arrive/depart from RCC Programs without an escort (not applicable to those 12 years or under).  
I understand that RCC accepts no responsibility for the safe arrival or departure of my child if I elect not to provide an escort.

My child has permission to use (You may select multiple options):  Public Transportation  Bicycle  Walking

## LATE FEES

Campers must be picked up promptly at the end of their registered camp or aftercare program. If a child is not picked up on time, a per-child late fee of \$5.00 for every 15 minutes will be assessed. Payment is due upon pickup and must be paid at the RCC customer service desk before leaving.

If a child is not picked up within 15 minutes of the end of the camp program, parents/guardians will be called. If they cannot be contacted, emergency contacts will be called. If contact cannot be made with parents, guardians or emergency contacts within 30 minutes of the scheduled pickup time, RCC staff will notify the proper authorities.

## PARENT/GUARDIAN SIGNATURE

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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# RESTON COMMUNITY CENTER Medication Authorization Form

Notice: This form must be completed for prescription and non-prescription medications. Medication, including over the counter medication, will be given to a child only with a parent's or guardian's completed written consent.

PLEASE PRINT

Parent's Name	First		Last	
Child's Name	First		Last	
Home Address				
City		State		Zip
Phone	Home		Cell	

RCC Staff members have my permission to administer the following drugs and medications (must be in their original containers):

Medication and/or Prescription Number: \_\_\_\_\_

Dosage: \_\_\_\_\_

Has the child taken this medication before? If not, the first full dose must be administered at home to ensure that the camper does not have a negative reaction. First dose given: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Times to be given: (State the exact time increments on the container.) \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ To: \_\_\_\_\_  
(Must not exceed 10 days unless otherwise prescribed by child's physician)

Special Instructions: \_\_\_\_\_

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

RCC USE ONLY			
DATE	TIME	MEDICINE/DOSE	STAFF