RESTON COMMUNITY CENTER CAMP PROGRAM GUIDELINES AND REQUIREMENTS

PLEASE PRINT

Child Name	First	Last	
	Age		

CHECK ALL CAMPS THAT APPLY

Arts Education	Youth	Teen				
	Camp Goodtimes on the Road	Road Rulz				
Spring Into LARK	Winter Break Fun Zone	Spring Into Road Rulz				
Young Actors Theatre (YAT)	Spring Break Fun Zone	Fun Fusion Days				
	□ 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:

DATE STAMP

RCC USE ONLY



Reston Community Center Hunters Woods 2310 Colts Neck Road • Reston, VA 20191 **Reston Community Center Lake Anne** 1609-A Washington Plaza • Reston, VA 20190



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, heelie 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:

www.restoncommunitycenter.com

DATE:

RESTON COMMUNITY CENTER EMERGENCY CONTACT FORM

Participant Name Fi		First			La	ist			
Home Add									
City							State	Zip	
Phone	Home				Cell				
Birthday			/	1					

Emergency Contact Information

Contact #1 (Name):	Contact #2 (Name):
Relationship:	Relationship:
Home Phone: ()	Home Phone: ()
Work Phone: ()	Work Phone: ()
Cell Phone: ()	Cell Phone: ()
Email:	Email:
Contact #3 (Name):	
Contact #3 (Name):	Contact #4 (Name): Relationship:
	Contact #4 (Name):
Relationship:	Contact #4 (Name): Relationship:
Relationship: Home Phone: ()	Contact #4 (Name): Relationship: Home Phone: ()

Additional Questions

□ Yes □ No Does the participant have any allergies? If yes, please specify:_

		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 swii	mming 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 NOT Authorized to Pick Up:				

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): Dublic Transportation Discycle 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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Revised January 2019

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 Na	ame	First			Last				
Child's Na	me	First			Last				
Home Add	ress								
City						State		Zip	
Phone	Hon	ne			Cell				
RCC Sta	ff me	mbers	have my permission to administer th	he fol	llowing	drugs ar	nd medio	cations (must b	e in their original containers):
Medicat	ion a	and/or F	Prescription Number:						
Dosage:									
does not	have	a nega	this medication before? If not, the first tive reaction. First dose given: Date State the exact time increments on the container.)	:			Tir	me:	•
This aut	horiz	ation is	s effective from:			<u>To:</u>			
(Must not e	xceed	10 days un	less otherwise prescribed by child's physician)						
Special	Instr	uctions	:						

Signature:

 DATE
 TIME
 MEDICINE/DOSE
 STAFF

 Image: Im



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Date:

