



# HIGHLAND PARKS & RECREATION SUMMER CAMP 2025

\*\*\*ONE FORM PER CHILD\*\*\*

This MUST be completed and on file BEFORE you can enroll your child in camp.

Forms must be dropped off (2450 Lincoln St. Highland, IN 46322), emailed [avandrunen@highland.in.gov](mailto:avandrunen@highland.in.gov), or faxed 219.972.7584

Forms turned in do not guarantee a spot. Payment must be made in order to have a space in camp each day/week.

**Recreation Supervisor: Alyce Van Drunen**

**Camp Director: Garran Grider**

## Before Care

## Daily Camp Only

## Weekly Camp

Daily \$7 R / \$8 NR

1-day \$30 R / \$35 NR

1-week \$130 R / \$150 NR

**Camp Dates:** June 2–August 8 (OFF JULY 3&4)

**Before Care:** 7:00-8:30am

**Camp Hours:** 8:30am-5:00pm

**Mandatory Parent Meeting:** Thursday, May 22 at 6:00p.m.

**\*All campers must have completed Kindergarten\***

**Ages: 5-12**

CAMPER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_

GRADE COMPLETED: \_\_\_\_\_ School Child Attends: \_\_\_\_\_

T-Shirt Size (please circle):    YS (6-8)    YM (10-12)    YL (14-16)    AS,    AM,    AL,    AXL

### GUARDIAN INFORMATION (with whom child resides)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PRIMARY PHONE # \_\_\_\_\_

ALTERNATE PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PRIMARY PHONE # \_\_\_\_\_

ALTERNATE PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

### RELEASE INFORMATION (Names of persons, other than those listed under guardian information to whom the child may be released to.)

May be released to:

Relationship:

Phone number:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**CAMPER NAME** \_\_\_\_\_

**MEDICAL INFORMATION** (attach other information if necessary)

CHILD'S PHYSICIAN/ADDRESS/PHONE \_\_\_\_\_

INSURANCE COMPANY/GROUP# \_\_\_\_\_

CHILD'S CURRENT MEDICATIONS – See bottom of page for details.\* \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

IS CHILD CURRENT ON IMMUNIZATIONS Yes ☐ No ☐

CHILD'S ALLERGIES: Food ☐ Insects ☐ Plants ☐

ALLERGEN & REACTION (include if airborne, etc.) \_\_\_\_\_

CHILD'S HEALTH - please let us know if child has ever had a heart condition, seizures, fainting spells, allergies, asthma, diabetes, bloody noses, frequent headaches, physical limitations, other medical conditions. \_\_\_\_\_

Please describe any known physical, mental, social difficulties or other special information which may affect participation and/or for which special consideration should be given. \_\_\_\_\_

Any specific activities to be discouraged or limited by physician's advice? \_\_\_\_\_

**HEALTH HISTORY STATEMENT**

I understand the importance of a truthful health history to assist staff in providing the best care possible.

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

I confirm that the above information adequately states my child's past and current health.

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

**PERMISSION FOR EMERGENCY MEDICAL CARE:** In the event of an emergency affecting the life or permanent well-being of My Child, I authorize any licensed physician, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat My Child, including the authority to admit My Child to the hospital and provide medical and hospital care and treatment for My Child, including having surgery, anesthesia, blood and blood products, if necessary. I understand that by executing this form I am not relieved of any financial or other obligations regarding My Child for which I am legally responsible. On behalf of myself and My Child, I release and agree to the fullest extent permitted by law, to save, hold harmless and indemnify Member and its officials, employees, volunteers and agents from any and all liability for loss, cost, claim or damage whatsoever that may be imposed on or incurred by them because of the participation or attendance of My Child.

**MEDICATION ADMINISTRATION:** Are you requesting that camp staff administer an epi-pen, an asthma inhaler, any over-the-counter or prescription medication during camp hours?

YES ☐ NO ☐

**\*If YES, this requires the Permission to Administer Medication and Release of Claims Form to be completed by your physician and the completed form must be submitted at the time of registration and payment or the child will not be accepted to attend camp.**

CAMPER NAME \_\_\_\_\_

### Anti-Bullying Policy, Behavior Management Plan, & Receipt Acknowledgment

#### Statement of Intent:

- Bullying is any act of aggression causing embarrassment, pain, or discomfort to another person.
- it can take a number of forms: physical, verbal, gesture, extortion or exclusion
- it is an abuse of power
- individuals or groups may be involved

#### Rights and Responsibilities:

##### of Campers:

- to enjoy the benefits of a safe and bully free environment
- to be observant of signs of distress or suspected incidents of bullying
- to refrain from physical and verbal acts of aggression
- to report any acts of bullying against themselves or another camper

##### of Parents:

- to be observant of signs of distress or suspected incidents of bullying
- to report any suspected incidences of bullying

##### of Staff:

- to be role models in words and actions
- to be observant of signs of distress or suspected incidents of bullying
- to report and record all incidences of bullying
- to handle all acts of bullying with compassion and objectivity

#### Consequences:

- Time-out/Loss of field trip privileges
- mediation between Camp Director and involved parties
- mediation between Recreation Supervisor, Camp Director and involved parties
- dismissal/removal from camp

#### Behavior Management Plan:

##### Campers agree to:

- follow all camp rules
- treat campers, staff and parents with respect
- show respect for camp equipment and the property of others
- **Not** use foul or inappropriate language
- follow the standards set forth in the anti-bullying policy above
- **Not** show continuous disruptive behavior

HPRD Day Camp operates on a two-strike policy. The first infraction will result in a verbal warning between staff and camper and notification of parent at the end of the camp day. The second infraction will result in removal from the Day Camp Program.

**Refunds are not given for any camper who is sent home/removed from camp for disciplinary reasons!**

Campers may be removed from HPRD Summer Camp if they are involved in an egregious incident or if they cause ongoing behavioral-related disruptions in the Summer Camp environment. As a guardian, you will be responsible for picking up your camper within one hour of the summer camp director's decision to dismiss your child from camp. Depending on the act, your child may not be able to return to camp for the remainder of the summer. By signing below, I am stating that I have read, and agree to abide by, all policies contained within the anti-bullying policy, behavior management plan and the parent/camper handbook. Furthermore, I certify that I have discussed all the policies and their meanings and consequences with my child.

\_\_\_\_\_  
Parent Name/Signature

\_\_\_\_\_  
Camper Name/Signature

\_\_\_\_\_  
Date

**CAMPER NAME** \_\_\_\_\_

**Please read over the items below.**

**PERMISSION TO PARTICIPATE:** I hereby give consent for my child to participate in a program conducted by Highland Parks & Recreation.

**PERMISSION FOR PHOTOGRAPH RELEASE:** In consideration of participation in this program, I agree that likeness and/or my child's likeness may be photographed or videotaped and that such an image may be published in an outlet used to promote or publicize the program.

**REFUND/TRANSFER FEES & TIMELINE:** Transfers can be made, but it will result in a household credit that is able to be used for another day. You may need to pay an additional fee if transferring from the weekly rate to a daily rate. Please notify Recreation Supervisor prior to the day needed to be transferred. Transfers will not be done after the registered camp day has past. No refunds will be given for any camp days previously registered for. All Payments/Scheduling due no later than the Thursday before the following week. Space WILL NOT be held WITHOUT payment.

**VALUABLES:** Children should not bring valuables to camp. No cell phones or other electronic devices, trading cards, money, toys, etc. Highland Parks & Recreation is NOT responsible for lost or stolen property.

**CAMP SIGN IN/OUT:** A guardian (or other named on the Camp Waiver/Release Form), must physically sign children in and out of camp.

**LATE PICK-UP POLICY:** \$10 every 15 minutes past 5:00p.m. Any late fee must be paid before child will be allowed to return to camp. If the camp session ends and late fees still have not been paid, a hold will be placed on the household's account until payment is received. If camper is not picked up 1/2 hour after camp closes for the day, and no authorized person can be reached, the Highland Police Department will be called and a plan will be formulated.

**ACCIDENT WAIVER, RELEASE OF LIABILITY AND INDEMNITY/HOLD HARMLESS AGREEMENT:**

I recognize that because of the potentially hazardous nature of this activity, that an injury may be sustained. In the event of such an injury to my child, and I or my spouse cannot be contacted, I have given alternate contacts to give permission to the attending physician to render such treatment as needed. I now release the Town of Highland, The Highland Parks and Recreation Department employees, agents and assigns, for any damages to property caused by or having any relation to this activity. I assume any and all risks associated with my child's participation in the Program; and accept personal responsibility for any injury to my child or myself, including, but not limited to, personal injury, illness (i.e. Communicable disease, MRSA, influenza, COVID-19), disability, death, damage, loss, liability or expense, of any kind or nature, that I or my child may suffer arising out of or in connection with my child or myself while my child is participating in the Program. I understand that this release applies to any present or future injuries and that it binds my spouse, my heirs, executors and administrators, or any guardians.

**I have read this release as well as the rest of the packet and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.**

GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN PRINTED NAME: \_\_\_\_\_