



FAIRFAX COUNTY PARK AUTHORITY

Parent Information & Camp Policies



Welcome to Fairfax County Park Authority camps! Our goal is to provide children with a safe and enjoyable camp experience where children can develop skills, form friendships and enhance self-esteem. Please make sure your child comes to camp with their completed forms which are attached. It also important to make sure we have the most current information on your member account (phone number, address and email). If you have moved and need to update your member account, please call 703-222-4664. For your tax records, the tax ID for Fairfax County Park Authority is 54-0787833. Please check your email periodically for camp updates.

ADMINISTERING MEDICATION

MEDICATION WILL NOT BE ADMINISTERED UNLESS THE MEDICATION AUTHORIZATION FORM IS SUBMITTED. If your child needs medication administered during camp, please download the authorization form from our website at www.fairfaxcounty.gov/parks/campforms. Staff is not permitted to administer medications until the proper paperwork is completed. Medications will be locked up and must be sent in the original container. Please remember to pick up unused medicine containers at the end of camp or it will be discarded within 14 days. A doctor's signature is required for medications to be taken longer than 10 days.

CAMP FORMS

This packet contains camp forms your child will need to bring on the first day of camp. Please make copies for each camp session your child is attending. You may receive additional forms/waivers that are specific to your child's camp through email before the camp begins.

SIGNING IN/OUT

Authorized individuals 18 years or older must sign child in and out each day. Staff are required to I.D. all persons picking up children. Children will not be released to anyone not on the Pick-Up Authorization Form. Custodial parents/guardians have the right to be admitted into the program, however for custody issues requiring special attention please notify the camp site staff. Parents must sign-in and walk children to the specific meeting area. If arriving late, please check in with the Camp Director.

LATE PARENT POLICY

If a parent or authorized person is late picking up the child, a late fee of \$1 for every minute will be applied. If a child is consistently picked up late, the child may be dismissed from camp. Children become upset when parents are not on time, please call the site if you know you will be late. A staff member will remain with children and after one hour, Child Protective Services may be called.

EXTENDED CARE

Please refer to the website to register for Extended Care and for details on where this service is offered.

PREVENTING THE SPREAD OF ILLNESSES

Please keep children home if they show signs of illness including vomiting, diarrhea, rashes or a temperature of over 100 degrees. If a camper becomes ill, parents must pick up the sick child immediately. Children must be free of illness for 24 hours before returning to camp. Parents should notify the site within 24 hours if any member of the household develops a communicable disease and immediate notification if it is a life threatening disease. Notifications are posted when communicable disease outbreaks occur at camp.

SUNSCREEN & INSECT REPELLENT

Staff is not permitted to apply sunscreen, insect repellent or lotion to children. Campers over the age of five may bring sunscreen and/or insect repellent to camp to apply themselves with help from staff. All sunscreen must be in the original container labeled with the child's name. Be sure to apply sunscreen and insect repellent to your child before camp.

CHILDREN'S BELONGINGS

Please label ALL belongings. Personal belongings should be kept in a bag or backpack. FCPA follows public school's policy on cell phones and electronic devices. These are allowed to be carried in the child's backpack, but must be turned off during camp hours. We strongly discourage campers bringing these items to camp. For their safety, campers must wear tennis shoes. The FCPA and the site staff are not responsible for lost/stolen items.

TRANSPORTATION

Many RECenter camps use public school buses to transport children on field trips or for use of nearby school gyms/fields.



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page two

REFUNDS/TRANSFERS

Cancellations and transfers may NOT be done through the automated telephone or internet registration systems. For operator assistance, call 703-222-4664. There are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons. Refunds and transfers must be requested at least fourteen days prior to the camp session for which the refund/transfer is being requested. All but \$25 will be returned for approved refunds per session. Refunds are not permitted for those who register within fourteen days prior to the start of a camp session. Transfers cannot be done within the fourteen day period before the start of camp. Within fourteen days of the start of camp, refunds will only be given for medical emergencies with doctor's written verification as long as the verification is received BEFORE the camp ends. If a medical emergency occurs during camp, a doctor's written verification will be needed within 24 hours for a pro-rated refund. Requests received after the camp session ends will not be granted.

BEHAVIOR MANAGEMENT

All participants must read and sign the camper Rules of Conduct which states children must be able to demonstrate the following with minimal direction: (1) must be able to maintain personal care without staff support; (2) stay with assigned group; (3) respect others (listen, follow directions, use appropriate language, keep hands to oneself); (4) maintain self-control; (5) meet the prerequisite skills for the program.

For inappropriate behavior, parents will be notified verbally and/or in writing with notification of further action. FCPA reserves the right to immediately dismiss a child from any program.

POOL REGULATIONS

Not all programs use the pool. Camps that include swimming require children to pass a proficiency test to go in water above their shoulders. Children with symptoms of skin infections, rashes or open wounds are not permitted in the pool.

FOOD FROM HOME/SNACK MACHINE USE

It is recommended lunches and snacks brought from home be nutritious, nonperishable and packed in a soft cooler/lunch bag with an ice pack (refrigeration not available). Please label campers' food packs with child's name and date. Please check with the program staff regarding the use of snack machines by children during camp. Parents will be notified to bring in lunch in the event a child does not have one.

PROMOTIONAL PHOTOS/VIDEOS

Children enrolled in FCPA camp programs may be photographed or videotaped during camp by FCPA staff, contract partners or the public media for FCPA promotional purposes unless a separate written request not to photograph or videotape is submitted to our Youth Services Office and the Site Manager (Youth Services Office 703-324-8571).

LICENSING INFORMATION

The VA Department of Social Services (DSS) requires the licensing of certain programs. A list of our licensed camps and the additional paperwork required is enclosed in this packet. Compliance with standards is determined by inspection visits by DSS. For more licensing information please contact the Fairfax Licensing Office at 703-934-1505.

REPORTING CHILD ABUSE & NEGLECT

Under Code of Virginia (63.2-1509), staff is required to report any suspected abuse, neglect, or exploitation of a child to FCPA Youth Services and Fairfax County Child Protective Services.

EMERGENCY INFORMATION

Each site has an emergency plan available for review upon request.

QUESTIONS/CONCERNS

Concerns should always be addressed at the site through the lines of authority:
Camp Counselors > Camp Directors > Site Programmer/Contractor > Site Manager

*Policies are subject to change



Accommodations: If participation accommodations or alternative formats are needed in accordance with the Americans with Disabilities Act, please call (703)324-8563 at least 10 working days in advance of the date needed. TTY (703)803-3354

Fairfax County Park Authority
Emergency/Medical Information & Parent Agreement



Child's Full Name (last name, first name)	Nickname	Date of Birth	Sex
Allergies or Intolerance to Food, Medications, etc. (please list allergies and actions to take in an emergency situation)			
To ensure the best possible experience, tell us about your child (include any emotional, behavioral, physical or developmental challenges and any special accommodations needed (please explain):			
Have you requested special accommodations through our ADA Accommodations office 703-324-8563? Y or N			
Child's Physician		Phone	

PARENT(S)/GUARDIAN(S) INFORMATION (write N/A when not applicable)

Parent's Full Name	Email Address	Cell Phone
Home Address (#, street, apt, city, state, zip)	Place Employed	Home or Work Phone
Parent's Full Name	Email Address	Cell Phone
Home Address (#, street, apt, city, state, zip)	Place Employed	Home or Work Phone

EMERGENCY INFORMATION (the state mandates 2 emergency contacts other than the parents)

Emergency Contact #1	Address (#, street, apt, city, state, zip)	Phone (home, work, cell)
Emergency Contact #2	Address (#, street, apt, city, state, zip)	Phone (home, work, cell)

AGREEMENTS

If swimming/wading activities are included in the program, my child is allowed to participate and his/her swimming ability is CHECK ONE <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner Swimmer <input type="checkbox"/> Experienced Swimmer* *swim test may be req'd
I give my child permission to apply sunscreen and/or insect repellent to him/herself and I will be supplying my child with the product. If my child has an adverse reaction to the product, take these actions:
The center shall notify parents/guardians whenever their child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. Parents agree to inform the center within 24 hours if their child or any member of the household develops a reportable communicable disease (immediate notification required if the disease is life threatening)
I hereby grant approval for my child to be photographed and/or videotaped by FCPA, its partner contractors or the media to be used for the sole purpose of promoting or publicizing FCPA programs.
I hereby authorize the FCPA and/or designated contractor to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize FCPA to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that FCPA advises I carry health insurance for my child.

I have read the policies for the program and agree to adhere to them. I certify the information above is complete and correct. I have made a copy of this for my own records.

Parent/Guardian Signature

Date

**BRING CAMP FORMS ON THE FIRST DAY. DO NOT MAIL/EMAIL FORMS.
 TO AVOID CONFUSION, PLEASE MAKE COPIES TO SUBMIT FOR EACH CAMP/EACH WEEK.**



Fairfax County Park Authority
Pick Up Authorization
 (bring this form on the first day of each camp)



Child's Name:

All Camps Child is Enrolled in:

List those individuals authorized to pick-up your child (include yourself). Your child will be permitted to leave with these individuals only and photo identification will be required at sign-out. **BRING CAMP FORMS WITH YOUR CHILD ON THE FIRST DAY. DO NOT MAIL/EMAIL FORMS. TO AVOID CONFUSION, PLEASE MAKE COPIES TO SUBMIT FOR EACH CAMP/EACH WEEK.**

Authorized Person's Name (please print)	Relationship to Child	Phone Number

Name of persons NOT allowed to pick up child (appropriate custody papers shall be attached if a parent is not allowed to pick up the child):

Authorized individuals must sign children in and out each day.

Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
<i>for additional weeks of camp:</i>					
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Parent/Guardian Signature _____ **Date** _____

Release and Waiver of Liability and Indemnity Agreement

In consideration of being permitted to participate in any way in the American In-line Skating, Inc. Summer Camp Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below American In-line Skating, Inc. Summer Camp Program activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in American In-line Skating, Inc. Summer Camp Program events and activities which could result in bodily injury, partial and/or total disability, paralysis and death.
 - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
 - (d) There may be other risks not known to us or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE American In-line Skating, Inc., including its owners, managers, promoters, lessees of premises used to conduct American In-line Skating, Inc. Summer Camp Program event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding American In-line Skating, Inc., the facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

Release and Waiver of Liability and Indemnity Agreement

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Facility Name _____

Facility Address _____

Parent or Guardian Signature (if minor) _____

Parent or Guardian Signature (if minor) _____

Printed Name of Participant _____

Participant Address _____

Date _____

Image Release.

In consideration of my child's enrollment and participation in American In-line Skating, Inc. summer camp program, the undersigned agrees that their likeness, or the likeness of their child/ward may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the summer camp program.

Your Printed Name

Printed Name of Parent or Guardian

Signature

Date



Fairfax County Park Authority Camp Program Rules of Conduct



Children and parents should review this required document together and sign below.

Children must:

- ☺ Maintain personal care (toileting, changing) without staff support
- ☺ Stay with assigned group at all times
- ☺ Respect others in what you say and do. Teasing and bullying are not tolerated and children should report any incidents immediately to their counselor
- ☺ Listen to program leaders and follow directions
- ☺ Use appropriate language
- ☺ Keep hands to oneself and maintain self control
- ☺ Take care of their own belongings
- ☺ Use equipment and supplies in a safe and appropriate manner
- ☺ Follow the policy for cell phones and other multimedia devices: FCPA follows the schools policy in that campers/CIT's are allowed to have cell phones and other multimedia devices, but they must be turned off and kept in the child's backpack during camp hours. We strongly suggest these items be left at home. FCPA will not be held responsible for lost or stolen items. Care for these items is solely up to the child.

Parents must:

- Complete and submit appropriate paperwork from the parent packet
- Sign children in and out of the program, bring proper I.D. and be on time
- Contact the Camp Director or Program Manager immediately when issues arise

Grounds for Immediate Dismissal (no refund given):

- A parent who refuses to follow FCPA policies as stated in the parent packet
- A child who brings a weapon to camp
- A child who intentionally harms himself or causes injury to another child or staff member
- A child who vandalizes or steals property of the camp facility, staff or other children
- A child who displays inappropriate behaviors repeatedly
- A child who fails to comply with the Rules of Conduct

Management of Behavior

From time to time, staff must take actions to resolve problems disruptive to the program/other participants. Behavior guidance requires specialized skills; although staff is not behavior specialists, staff are trained to provide basic behavior interventions. To manage disruptive and inappropriate behaviors, staff will acknowledge the behavior, address it with the child, assess the reasons for the behavior, discuss with the child what is appropriate behavior, redirect behaviors when appropriate, if necessary, remove the child from the activity until the child can exhibit self control and discuss the behavior problems with the parents to strategize possible solutions. In situations where inappropriate or disruptive behavior is reoccurring, the child's enrollment in the program may be terminated. The staff does NOT use physical punishment, humiliation, shaming or denial of food as methods to manage behavior. Staff uses a proactive approach to meet the needs of the children by planning age/ability appropriate activities in a fun and safe environment.

We have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone (please bring this form with you on the first day of camp).

Child's Name (please print) _____

Signature of Child _____ Date _____

Signature of Parent/Guardian _____ Date _____

Parent's Cell Phone _____ Home or Work Phone _____

LICENSED CAMP LIST REQUIRING ADDITIONAL DOCUMENTS

ONLY these camps are licensed by the VA Department of Social Services and therefore require an **immunization record** as well as **proof of child's identity** on the first day of camp:

- **Kiddie Camp: Providence, South Run, Spring Hill, Lee REC, Audrey Moore**
- **Kiddie Sports and Kiddie Gymnastics: Audrey Moore**
- **Total Sports: Lee REC**
- **Summer Hoops: Lee REC**
- **All About Animals: Frying Pan Park**
- **Adventures on the Farm: Frying Pan Park**
- **Tennis & Sports: Lee REC**
- **Adventure Links Ultimate Adventures Camp** has a separate special license and requires online completion of paperwork at www.adventurelinks.net:

*******ONLY THE ABOVE CAMPS REQUIRE THESE DOCUMENTS*******

1. **IMMUNIZATION RECORD** - a physician's form/record/copy is acceptable if it:
 - ✓ indicates the child is adequately immunized
 - ✓ indicates the dates of administration including month, day and year of vaccines
 - ✓ is signed or stamped by a physician, registered nurse, or health dept official

*Parents please keep originals of any documents
(a Certificate of Religious Exemption may be submitted if immunizing conflicts with your religious practices. Call 703-324-8571 for the exemption certificate.)

A physical record is also required if the child will be attending one of the above camps for longer than a month.

2. **PROOF OF CHILD'S IDENTITY**

Proof of identity is shown upon arrival on the first day. Do not leave documents at camp.

Proof of child's identity and age may include any of these: original or certified copy of child's birth certificate, birth registration card, notification of birth record, passport, adoption/foster placement agreement or a public school report card.

Although we cannot keep a child out of camp without this proof, we are required, by law, to notify the local law-enforcement agency within seven days if we are not shown proof of child's identity.

Child's Name (Last, First) Please Print	Type of Proof (passport, birth certificate, report card)	Child's Date of Birth	-FCPA Use- FCPA Approved By	-FCPA Use- Date Seen

(FCPA- attach this record to the Emergency Form)

BRING CAMP FORMS WITH YOUR CHILD ON THE FIRST DAY. DO NOT MAIL/EMAIL FORMS. TO AVOID CONFUSION, PLEASE MAKE COPIES TO SUBMIT FOR EACH CAMP/EACH WEEK.



Fairfax County Park Authority Parent Feedback Form



The Park Authority cares about the quality of our programs; therefore, your feedback is important to us. It is our goal to use this form to receive your comments, suggestions, compliments or concerns during the camp program so issues can be addressed immediately. Please forward this to the Youth Services office below. Thank you for your time.

Camp Name _____ Location _____

Comments:

Please forward this to Youth Services:
Fax (703)324-3976
Mail: 12055 Government Center Pkwy, Suite 927
Fairfax, VA 22035-1118
(please do not mail other camp forms to this address)

Thank you to the following PACT (Parks & Community Together) sponsors for 2015: Ace Information Solutions, Inc., Claude Moore Charitable Foundation, George Preston Marshall Foundation, GFWC Western Fairfax County Woman's Club, High Cloud Foundation, Mars Inc., Noblis, Inc., Rosenthal Automotive, Spok, Inc., Thompson Hospitality and Volkswagen Group of America. For more information on how to become a sponsor helping send homeless children to summer camp, please call 703-324-8532.