

Frog Hoppers
Summer Camp



Form Packet



Registration Form

If you registered and paid online, you are still required to fill out this form for submission with your packet.

Camper Name _____

Grade _____ Male Female Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian names(s) _____

Phone _____ Alternate phone _____

Email _____

Email is the primary way in which we will communicate with you. You must provide us with a valid email address.

\$175 per session

check below	Session	Course #	Dates	Theme
<input type="checkbox"/>	1	6724	June 8 – 12	Bug's Life
<input type="checkbox"/>	2	6725	June 15 – 19	Super Heroes & Princesses
<input type="checkbox"/>	3	6726	June 22 – 26	Kid's Scientist Lab
<input type="checkbox"/>	4	6727	June 29 – July 3	Stars & Stripes
<input type="checkbox"/>	5	6728	July 6 – 10	Castles & Dragons
<input type="checkbox"/>	6	6729	July 13 – 17	All About Sports
<input type="checkbox"/>	7	6730	July 20 – 24	Animal Planet
<input type="checkbox"/>	8	6731	July 27 - 31	Under the Sea

Total: \$ _____

Make checks payable to Montgomery County Parks and Recreation, 755 Roanoke Street, Suite 1E. We also accept Visa MasterCard, Discover, American Express, and cash. Please stop by or call our office at (540) 382-6975 Option 1 if you would like to pay with a credit or debit card.

NOTES:

- Children are eligible for camp from the time they are entering 1st grade to the time they leave 5th grade.
- All forms in this packet must be turned in – **along with a copy of your child’s birth certificate, immunization record, and physical exam form** – before you can consider your child fully registered for camp.
- The registration deadline for each week is the prior Wednesday, **NO EXCEPTIONS.**

Frog Hoppers Camp is a Traditional Recreation Camp for children entering 1st grade to the time the leave 5th grade. We want you to make sure that this camp is the right fit for your child. Frog Hoppers Camp is a traditional camp with a wide variety of activities, a chance for campers to experience new activities, and with exposure to new campers and staff daily at varying activities. Our goal Frog Hopper Staff to camper ratio is 1:8 at peak activity times. Frog Hopper Staff will not provide personal hygiene care for participants. They will prompt participant when necessary, but will not enter a restroom stall with a participant. Our staff is trained with recreational activities, first aid, and CPR/AED.

WAIVER: In order to participate in said program, as parent or guardian for said participant, I assume the risk of any and all injuries that may occur to the participant participating in camp. I hereby agree to indemnify and hold harmless the Montgomery County Parks and Recreation Department, its successors, assigns, and the County of Montgomery from any and all claims for any and all injuries suffered or occurred by said participant due to participation in the camp. It is likewise assumed that it is the responsibility of the parent or guardian to make sure that said participant wears the proper clothing and protective equipment during said camp. I hereby grant permission to transport said participant to and from said event when required to a physician or hospital for medical treatment, and agree to allow for immediate first aid to the injured said participant when necessary. By signing below I hereby give permission for Montgomery County staff to provide basic First Aid and seek emergency medical transportation if needed. I authorize emergency personnel to treat me or my child in case of emergency. In the instance of non-traumatic injury or medical emergency, the participant will be taken to the closest hospital. The parent(s)/guardian authorizes Montgomery County Parks and Recreation and Frog Hoppers Summer Camp staff to obtain immediate care and consents to the hospitalization of and the performance of necessary medical care to his/her child or ward if an emergency occurs.

Parent/Guardian Signature _____

Date _____

Agreements

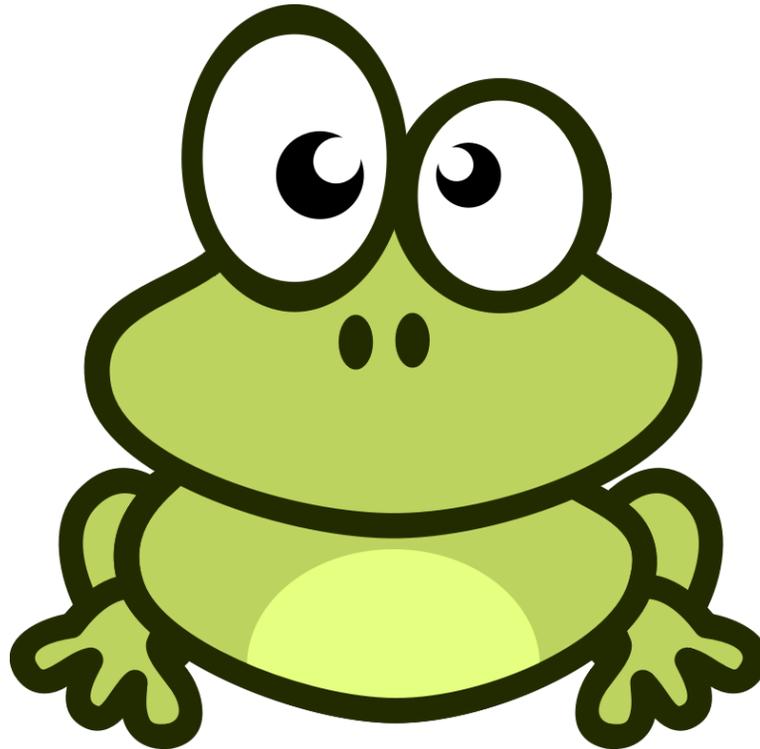
_____ Frog Hopper Summer Camp agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian will arrange to have the child picked up as soon as possible if it is requested by camp staff.

_____ The parent/guardian authorizes the staff at Frog Hoppers Summer Camp to obtain immediate medical care if any emergency occurs when the parent cannot be located immediately.

_____ In accordance with section 8.01-40 of the Code of Virginia, I hereby give permission for my child to be photographed and give the department permission to distribute such photographs and identification.

Parent/Guardian Signature _____ Date _____

MCPR Staff Signature _____ Date _____



Health/Medical Information

Camper Name _____

Frog Hoppers Staff are not trained to administer medication to participants. Camp Staff can carry medications and give prompts when it is time for medications to be taken. Medications must be in the original container or prescription bottle with the participant's name and dose of medication on it. Participants must be able to take their medication independently if needed during the program. Please label medication containers properly to include the following very clearly:

- Name of the child to receive medication
- Name of the medication
- Dosage amount and time(s) to be given

Frog Hoppers Summer Camp Staff has my permission to assist my camper with the following medication(s):

Drug name and/or prescription number: _____

Dosage given: _____

Time(s) to be given: _____

Special instructions: _____

- I understand that this medication will be returned to the parent at the end of each session and/or if it is no longer required
- I understand that all medication must be labeled with the child's name, the name of the medication, the dosage amount, and the time(s) to be given. **Prescription medication shall be in the original container with the prescription label attached. Only enough medication for the week shall be provided.**

Parent/Guardian Signature _____ Date _____

Camp Supervisor Signature _____ Date _____

Health/Medical Information cont.

Frog Hoppers Camp is a Recreation Camp for children entering 1st grade to the time they leave the 5th grade. We want you to make sure that this camp is the right fit for your child. The right camp is an important choice; Frog Hoppers Camp is a traditional camp with a wide variety of activities, a chance for campers to experience new activities, and with exposure to new campers and staff daily at varying activities. Our staff is trained with recreational activities, first aid, and CPR. In regards to the care of children with special needs, it is recommended that you talk with the Supervisor prior to registration.

Does the participant use an Epipen?

YES NO

Does the participant use an inhaler?

YES NO

Does the participant have any food allergies?

YES NO

If YES, please explain: _____

Does the participant have Diabetes or a related disease?

YES NO

Does the participant use insulin?

YES NO

Does the participant have a history of heart-related problems or other serious conditions?

YES NO

If YES, please explain: _____

Are all vaccinations current? **Immunization record MUST be attached**

YES NO

If NO, please explain: _____

Please list any dietary restrictions: _____

Health/Medical Information cont.

Is English the participant's primary language?

YES NO

Have you checked your child and found them to be lice free?

YES NO

Please note: Any child with lice will be dismissed from camp upon detection.

Primary care doctor or practice: _____

Doctor's phone: _____

Frog Pond Permission Form

Montgomery County Parks and Recreation Frog Pond Swimming Pool rules may be found in your Frog Hoppers Parent Handbook.

Frog Hoppers' campers are scheduled to attend the Frog Pond each day during a scheduled activity time. Lifeguards are on duty and camp staff are present to supervise campers. Life jackets are also available to campers who need them.

_____ has permission to swim at the Montgomery County Frog Pond Swimming Pool.

Please describe the participant's swimming ability:

NON-SWIMMER BEGINNER INTERMEDIATE ADVANCED

If swimming skill is non-swimming or beginner – Do you want a lifejacket to be worn during swim sessions?

YES NO

Parent/Guardian Signature _____ Date _____

Field Trip Form

Some sessions of the Frog Hoppers Summer Camp program may take a **walking field trip** to a nearby offsite location. This form gives permission to Montgomery County Parks and Recreation to take your child on a planned field trip if prior notice is given.

I give permission for _____ to walk with Montgomery County Parks and Recreation and the Frog Hoppers Summer Camp to an offsite location for field trips during the summer.

Parent/Guardian Signature _____ Date _____

Camper Release Form

I give permission for my child, _____, to leave Frog Hoppers Summer Camp with the person(s) listed below. Include all who have permission, including parents, siblings, other family members, and friends. If not listed, the camper will not be allowed to leave with said person.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Behavior Policy Agreement Form

Parents: Please take a moment to review the following agreement with your camper. **Signify that you and your camper understand and agree to each statement by initialing the boxes.**

Counselors will review these rules with camp at the beginning of each camp week.

- I will arrive and remain at camp with a positive attitude, open to meeting new people and trying new activities.
- I will work with my counselors and fellow campers towards creating an environment that is safe and welcoming for each of us.
- I understand that harming another camper, either physically or emotionally, is grounds for dismissal from camp.
- I understand that bullying another camper, either physically or emotionally, is grounds for dismissal from camp.
- I understand that although I may be able to solve some conflicts on my own, the counselors are always ready to listen and assist if there is a problem. I understand that my counselors and all of the camp staff need and want to help but can only do so if I am willing to share concerns that I have with them.
- I will leave my cell phone and other electronic devices at home. I understand that if there is an emergency, the camp staff will allow me to use the phone and will pass on any urgent messages from home.
- I will be respectful of the property and personal space of other campers and camp staff.
- I will not possess smoking materials, lighters, matches, illegal drugs, alcohol, or weapons of any kind on county property.

Refunds are not given for any camper who is sent home/removed from the program for disciplinary reasons.

By signing below, I am stating that I have read and agree to abide by all policies contained within the behavior agreement. Furthermore, I certify that I have discussed all the policies and their meanings and consequences with my child(ren).

Parent/Guardian Signature _____ Date _____

Policy on Dismissal

The program and schedule for Frog Hoppers Summer Camp is designed to meet the needs of children for the developmental experiences in all areas of growth within a group setting. Under certain circumstances, the parent(s) may be asked to withdraw their child from camp; that child will not be able to return for the rest of the summer.

Criteria for dismissal:

- Second instance of a camper departing later than 5:30pm.
- Violation of the Behavior Policy
- Refusal to remain within the camp boundaries at all times.
- The Aquatics and Community Programs Supervisor and/or Parks and Recreation Director reserve the right to dismiss a child without providing a prior warning for significant violation of the Behavior Policy.

A final warning will be issued to parents before dismissal.

Refunds will not be given when dismissal is issued for these reasons.

I have read the terms of this agreement and I understand and agree to the contents.

Parent/Guardian Signature _____ Date _____

Frog Hoppers Handbook

I certify that I have received a copy of the Frog Hoppers Summer Camp Parent Handbook.

I certify that I have read both handbooks thoroughly and understand the contents.

Child's name _____

Parent/Guardian name _____
(please print)

Parent/Guardian signature _____

Date _____