

2020 Kidz Kamp



Participant Information Packet

Session 1: June 1st-June 26th

Session 2: June 29th-July 24th

Session 3: July 27th-August 21st

Hallett Center of Crosby

470 8th Street NE

Crosby, MN 56441

218.546.2616

Welcome

While this year may look different from the past, we are still looking forward to an exciting summer filled with opportunities for fun, learning, and growth. This packet applies to the Hallett Center Summer Kidz Kamp and should allow you to become more familiar with the policies and procedures. Please read through this packet, and keep it as a reference.

The Hallett Center offers a wide variety of programs throughout the year. These programs include fitness, arts, crafts, games and much more. Additional information about specific programs can be found online at www.hallettcenter.com or on our Facebook page.

We are happy to answer any questions you may have regarding day camps or other programs; please contact us.

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**Form must be returned before child can participate in program*

***If applicable, form must be returned before child can participate in program*

Camp Information

What to pack for camp: Please put your child's first and last name on all items

1. Healthy Lunch and Two Snacks
2. Water bottle (no drinking fountains available, we will have means to refill water bottles)
3. Hand Sanitizer/Wipes (at least 60% alcohol, HCC will also be providing some)
4. Face mask(s)
5. Sunblock/Bug Spray
6. ~~Swimsuit/Towel~~ (no pool at this time)
7. Sunglasses/Hat
8. Backpack

What not to bring to camp:

1. Trading Cards, Games
2. Electronics (Cell phones, iPads, Kindles, Nintendo D.S., etc.)
3. Anything of value (jewelry, games, money, etc.)

While cell phones are a great way for you and your camper to stay connected throughout the day and can be valuable to get in contact with you, we ask that if a camper brings a cell phone to camp that it is kept in their backpack and kept off.

***The Hallett Center of Crosby is not responsible for any items that are misplaced, damaged, lost or stolen, during camp.*

What to wear to Camp

1. Hallett Center Staff recommend that campers wear sneakers and clothes that are comfortable, that they can run, play and move around in. We also suggest layers and urge that all campers bring a sweatshirt each day in case it is cold outside or inclement weather.
2. ~~Campers are asked to wear appropriate swim wear and we suggest 1 piece swim suits for girls and swim trunks for boys. We do not provide towels for campers so please ensure to pack one for your camper(s). Plastic bags are a great way to keep wet suits from soaking backpacks after the campers swim. Campers are encouraged not to wear their swimsuit under their clothes throughout the day. Pool will not be available to Kidz Kamp initially.~~
3. Face masks are strongly encouraged for campers this year with COVID-19 still a risk. They are not required but strongly recommended.

Tips for what to pack for lunch or snack

1. Campers will keep their lunches at the Hallett Center.
2. Microwaves and fridges are not available for use, please pack lunches appropriately.
3. Campers will also not be able to use the vending machines while they are checked in at camp.
4. Please write your camper's name on their lunch box.
5. Lunch boxes can have their own ice pack in them if desired.
6. Campers may want more than 1 water bottle for the day- drinking fountains are only available to refill water bottles.

Code of Conduct

To ensure safe and enjoyable programs and facilities for all participants, the Hallett Center of Crosby has implemented the following code of conduct. Participants are expected to:

1. Demonstrate fairness, courtesy, respect, and self-control at all times.
2. Show respect to all participants, staff, equipment, supplies and facilities including respecting the property of others.
3. Cooperate with staff in maintaining safety, order and program and facility enjoyment.
4. No person shall engage in verbal or physical threats in direction towards staff, volunteers, program participants, or other patrons.
5. There will be no engagement of behavior that could endanger the health, safety, and well being of a staff member, program volunteer, program participant, program use or other facility patrons.
6. Refrain from aggressive behavior that could cause bodily harm.
7. Refrain from using offensive or profane language.

Consequences for inappropriate behavior are:

1. Participant will receive a verbal warning that the exhibited behavior is inappropriate, and receive reinforcement of appropriate behavior.
2. Participant will be removed from the group activity, receive a verbal warning that the exhibited behavior is inappropriate, and receive reinforcement of appropriate behavior. Participant will sit out for an appropriate period of time dependent on the severity of the offense.
3. Parent/guardian will be notified at the time of pickup when repeated offenses have occurred, reminded that if the behavior continues their child will be suspended from the program for 3 days. In cases of inappropriate behavior deemed extreme by the staff, participants may be suspended from the program entirely and parent/guardian will be called for immediate pickup.

Behavior Management

1. Each participant will face the consequences upon their behaviors. However each individual behavior will be addressed on a case-by-case basis with consideration of individual disabilities, medical issues, safety of participants and/or staff, disruption to the program and other such pragmatic considerations.
2. Management reserves the right to respond accordingly based on severity of conduct.
3. If a participant is removed from the program entirely, no refund will be issued for any previous or current session as well as any deposits that may have been made.

Camp Absence

In the event that your camper will need to be picked up early or dropped off late please inform Hallett Center Staff, via email, phone or in person at time of drop off or pick up the day prior to occurring.

1. Office Phone: 218.546.2616
2. Email Address: bswensen@hallettcenter.com

Health History

Please check the appropriate answer to the following questions:

1. Does your child have allergies? * Yes No
2. Diet Restrictions? Yes No
3. Can your child participate in all activities? ** Yes No
4. Is your child taking medication? *** Yes No
5. Are you taking your child off any medications? Yes No

If Yes, please explain: _____

**Participants with life threatening allergies requiring an accommodation maybe required to provide medical clearance documentation. Failure to comply may result in delay of participation.*

***If your child requires an ADA accommodation for their successful inclusion, please be sure to make a note of that on this form and provide a diagnosis and any other helpful information. Contact will be made with you from the Camp Coordinator.*

****If you child is taking medication please complete and submit the Permission to Dispense Medication Waiver / Release of ALL Claims Form and the Instructions for Dispensing Medication form.*

Has your child had:

- | | | | |
|----------------------------|--|---|--|
| 1. Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Recent injury, illness or infectious disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Chicken Pox | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Chronic or recurring illness/condition | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. German Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Heart defect/disease/murmur | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Mumps | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Eating disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Hepatitis A/B/C | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Diarrhea/constipation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Mononucleosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Wear glasses/contacts/protective eye wear | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Frequent ear infections | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Orthodontic appliance (e.g., retainer) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Hypertension (high blood pressure) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Emotional difficulties for which professional help was sought | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Seizures/convulsions | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Dizzy/passed out after physical activity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Frequent headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Skin Problems (itching rash, acne) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Head injury/concussion | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

What are your child's likes, dislikes, fears or rewards that will help the staff to ensure success at camp?

X _____
Signature of Parent or Guardian Date

Hallett Center of Crosby

Parent / Guardian Agreements

1. The Hallett Center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by the Hallett Center.
2. The parent/guardian agrees to inform the Hallett Center within 24 hours or the next business day after their child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
3. My child has permission to participate in Hallett Center swimming activities; including but not limited to pools and water slide. I understand that there may not be a lifeguard present.
4. The parent/guardian authorizes the application of sunscreen and/or insect repellent and/or hand sanitizer supplied by the Hallett Center for his/her child by Hallett Center staff. I agree to supply a spray bottle of sunscreen and/or insect repellent and/or hand sanitizer with my child's name on it and that it will only be applied to the child whose name is on the bottle.
5. I understand that it is my responsibility to have my child picked up from camp following the camps hours and/or designated extended hours when applicable. I am aware that if I am not able to pick up my child, ward, or family member, I will arrange for an authorized adult to pick up my camper. I understand that if either myself or authorized adults pick up my child from camp, the Hallett Center will do everything deemed reasonable to get in contact with myself, or authorized adult, to arrange pick up. If myself or authorized adult is not reached within 30 minutes of camp ending, the Hallett Center will request the assistance of the Crosby Police Department. If child is consistently left past pick-up times, a fee may be assessed.
6. I have received the participation information handbook and understand that it is my responsibility to read and understand/be aware of ALL policies including Code of Conduct, Behavior Management, and Camp Absence forms as outlined in the Participant Handbook.

Swimming Ability:

Non-Swimmer
(unable to swim/no
swim instruction)

Beginner
(limited swim
instruction)

Intermediate
(average swimming
ability)

Advanced
(skilled swimmer)

X _____

Signature of Parent or Guardian

Date

Hallett Center of Crosby

Kidz Kamp • Pool and Water Front • Park Playground • Off Site Activities

Participant Agreement, Release and Acknowledgement of Risk

In consideration of the services of the Hallett Center, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge the Hallett Center, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that being in the water/waterfront, playground, and off site activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, Hallett Center employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. Instructors may give inadequate warnings or instructions, and the equipment used might malfunction. I am aware that while there will be Hallett Center staff supervision, it does not necessarily mean a lifeguard will be present during water activities.
2. I expressly agree and promise to accept and assume all of the risks existing in these activities. My child's participation in these activities is purely voluntary, and will elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Hallett Center from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this activity or my child's use of Hallett Center equipment or facilities, including any such claims, which allege negligent acts or omissions of Hallett Center.
4. Should the Hallett Center or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to my child. I further certify that my child has no medical or physical conditions, which could interfere with their safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Hallett Center, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf, on the basis of any claim from which I have released him or her herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participants Name (printed) _____

Parent Name (printed) _____

X _____

Signature of Parent or Guardian

Date

Dispense Medication Waiver / Release of All Claims

****Only fill out if we need to dispense medication****

The Hallett Center of Crosby will not dispense medication to a minor child or other participants until Permission to Dispense Medication Waiver, Release of All Claims form and Instructions for Dispensing Medication form have been completed by a parent or guardian.

Permission to Dispense Medication Waiver / Release of All Claims

I, (please print your name) _____, the Parent/Guardian of (please print name of child attending), _____ give permission to the Hallett Center of Crosby program staff to administer to my child the medication(s) listed below. I understand that it is my responsibility to give the medication directly to Hallett Center Camp Coordinator with full instructions in its original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another Permission to Dispense Medication waiver / Release of All Claims form and Instructions for Dispensing Medication form. I hereby acknowledge that the above information for the dispensing of medication for my minor child, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Hallett Center of Crosby of any changes in the dispensing of medication.

If after administering medication there is an adverse reaction, I give permission to the Hallett Center staff to secure from any licensed hospital physician and/or medical personnel and treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer medication, failing to observe side effects, failing to access and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Hallett Center Staff administering medication to my minor child, I do hereby fully release or discharge the Hallett Center of Crosby and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

X _____
Signature of Parent or Guardian Date

Instructions for Dispensing Medication

THIS FORM MUST BE COMPLETED FOR EACH SESSION OR WHEN MEDICINE CHANGES

Name of Program _____

Name of Participant _____ Age _____

Address _____

Name of Parent/ Guardian _____

Daytime Phone _____ Other Phone _____

Name of Doctor _____ Phone _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Other Consideration (nervousness, change in temperament, etc.) _____

I understand that it is my responsibility to give the medication directly to the Hallett Center of Crosby staff with full instructions in original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another, Permission to Dispense Medication Waiver and Release of All Claims form and Instructions for Dispensing Medication form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, ward, or family member is accurate. I also understand that it is my responsibility to inform the Hallett Center staff of any changes in the dispensing of medication.

X _____

Signature of Parent or Guardian

Date