





### BSGA VACATION CAMP POLICIES

#### GYM SAFETY & RULES

- Unsupervised children are not allowed in the gym, court, or on the equipment at any time. Parents are not permitted to be on the equipment at any time.
- Parents, **DO NOT** drop off your child(ren) before the start of their camp and leave them here unattended.
- **For the safety of your child(ren)**, please escort him/her into the building for drop off and come inside the building for pickup at the end of camp. No child will be allowed to wait outside.
- Please let us know who will be picking up your child from camp if it is someone other than a parent.

#### WHAT TO PACK

- Pack comfortable clothes, and drinks.
- **Drop Off & Pick Up:** School age drop off is 8:45-9am and pickup is 12:00pm. Preschool drop off is 9:00-9:15am and pickup is 11:30am. Tumbling drop off is at 9:15-9:30am and pickup is at 11:30am. No late pick up available.
- All allergies should be brought to our attention at the time of signup. Any necessary medications for allergic reactions such as an epi-pen or inhaler should be labeled with the child's name on it and should be given to the front desk no later than the child's first day of camp.

#### PAYMENT INFORMATION

- **Full payment is due at the time of sign-up.**
- **Refunds/Credits – all refunds are given in the form of account credits. Credits are only given with advanced notice of two-weeks prior to the start of camp. Refunds are given to students with a valid Doctor's note excusing the child's absence from camp.**

Thank you for all your cooperation and support. ***We ask that you please sign below to indicate that you have read and understand all of the policies above and will abide by them.*** In order to ensure the best possible experience for your child, we need EVERY family member (parents, students, & siblings) to follow these policies.

CHILD #1: \_\_\_\_\_ CHILD #2 \_\_\_\_\_

CAMP/CLASS: \_\_\_\_\_ CAMP/CLASS: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### EMERGENCY INFORMATION and CONSENT FOR MEDICAL TREATMENT

#### **CONSENT for PROGRAM PARTICIPATION & EMERGENCY MEDICAL TREATMENT**

All health information provided is correct to the best of my/our knowledge, and the person herein described has permission to engage in all BSGA Camp activities except if noted. In an emergency, involving my child, I understand that every effort will be made to contact the parents, the physician, or other listed individuals. I/we hereby give permission to the health supervisor or other medical personnel selected by the BSGA Camp General Manager to: 1) Use their best judgment and discretion in handling the emergency; 2) Activate EMS to treat and transport my child to the nearest hospital as necessary; 3) Photocopy this form, which is considered the same as the original, and send it with the student. I authorize hospital medical personnel to initiate emergency treatment as needed. I agree to be responsible for the payment of any medical treatments administered to my child, in connection with injury, accident or illness that may occur while my child participates in any BSGA Camp activities. I agree to hold BSGA Camp harmless in such events except in the case of negligence. I/we also understand and agree that the student shall abide by any restrictions placed on his/her BSGA Camp Activities.

Child Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_