



## **2024 Summer Camp - Registration Packet**

### **MPRD Kids Summer Camp Orientation Handbook**

#### Introduction

Welcome to MPRDKids Camp 2024 - A fun, stimulating, and safe summer experience

#### Staff

- LaNisha Penn, Program Supervisor
  
- LaShandra Barnes, Camp Director: Seals Community Center (251) 438-7498
- Tanya Gullett, Camp Director: Hope Community Center (251) 456-7639
- Michael Garbutt, Camp Director: Dotch Community Center (251) 452-9856
- Rhonda McDaniel, Camp Director: Hillsdale Community Center (251) 344-0341

### **Camp Basics & Rules**

- Camp Dates and Hours: June 3 to August 2; 7:30am-4:30pm (Closed June 19 for Juneteenth and July 4th for Independence Day)

- A parent/guardian/ or authorized representative must sign the camper in and out every day.

Parents, guardians, or authorized representatives may not bring the camper to the facility.

(MPRD does not provide supervision.)

Each camper will receive two t-shirts on their first day of camp.

- Breakfast and Lunch will be provided however campers are allowed to bring their own lunch or snacks daily, with all food items being in a sealed lunch bag marked with the camper's name. Sharing of food and containers will not be permitted. We are unable to refrigerate or microwave food. (Please see our weekly camp calendar for what will be provided each week).

If the campers has any food allergies, please, notify the camp director during the registration period.

- Core Activities: 8:00-4:00pm



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**\*STRICTLY ENFORCED AND REQUIRED OF ALL CAMPERS\***

- MPRD requires written permission if a child must walk or ride a bike to and from camp or go home with another child. If your child must be picked up before 4:30pm please call their camp site and notify the director.

- MPRDKids camp requires that all campers **MUST** be potty-trained and able to independently feed themselves. A camper not being potty-trained or able to eat independently is an automatic dismissal from the program.

- For safety reasons, all campers must wear tennis shoes every day. (No sandals, flip flops, or open toe shoes are to be worn to camp.)

Campers are not required to wear mask; however, due to the ongoing COVID-19 Pandemic, if a camper is becomes sick, a parent, guardian, or authorized agent must pick up the camper within 30 minutes of notification. If the camper is not picked within the allotted time, an automatic dismissal will occur.

- Zero-Tolerance for behavioral issues: not following directions, disrespecting staff and other campers, fighting, profanity, weapons, not adhering to social distancing guidelines. etc.

**DISCIPLINE POLICY:** The camp staff reserves the right to dismiss a child from camp if his/her behavior is disruptive or aggressive to another camper or the camp staff. Parents/Guardians will be notified of their child's behavior.

**NO REFUNDS WILL BE GIVEN IF DISMISSAL OCCURS**

### **Required Forms:**

**\*\*\*All Forms Must Be Turned In Before June 15th\*\*\***

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|--|--|
| <input type="checkbox"/> Camper Code of Conduct              | <input type="checkbox"/> Emergency Contact Information Form                          |
| <input type="checkbox"/> Authorization for Photography/Video | <input type="checkbox"/> City of Mobile Parks and Recreation Department Release Form |
| <input type="checkbox"/> Pick Up Authorization Card          | <input type="checkbox"/> Walker Waiver/Release Form                                  |

## **Camper Code of Conduct**

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1. Obedience and respect toward all camp staff and other campers is **MANDATORY**.

2. No fighting, profanity, running in the building, climbing trees, leaving grounds, going to parts of building or building grounds that are off limits.

3. Campers are to participate in all camp activities unless a parent/guardian note is submitted.



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4. Campers should not touch personal property of other campers'. MPRDKids camp will not be responsible for lost, damaged or stolen items.

5. Campers must handle all equipment provided to them during camp with respect. Any equipment damaged due to improper use will be replaced by the person(s) responsible.

6. Violence of any form, even violent language and bullying, will not be tolerated at camp. Our staff will attempt to deal with disruptive campers and resolve conflicts that may arise. With continuous behavioral problems and/or threats or acts of violence, an appropriate level of action will be taken including parents/guardians being notified and the camper being removed from the program. The intentional injuring of a camper, staff member or destruction of equipment will result in dismissal.

## **What to Bring**

- Water Bottle
- Mask( optional)

Please put your child's name on everything that might get lost.

## **What NOT to Bring**

- Backpacks or Bags
- Toys
- Jewelry
- Make-up,
- Air pods, cell phones, Nintendo DS, Switch and any other electronic devices or gaming systems.
- Snacks
- Weapons

Anything considered a weapon by the school board is not allowed and will result in immediate dismissal from camp.

WE ARE NOT RESPONSIBLE FOR LOST, BROKEN, OR STOLEN ITEMS

## **Camper's Responsibilities**

- Campers Must:



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- Follow the MPRD Code of Conduct.
- Stay with their group at all times.
- Wear their camp t-shirt on swimming and field trip days.
- Not run or horse play in the building.
- Have a counselor accompany them at all times. No camper is to be left alone or unsupervised at any time.
- Have an authorize/ person check them in/out daily

## **Mobile Parks and Recreation Department**

*Summer Camp Registration Form*

**T-Shirt Size (Required):** \_\_\_\_\_

**Facility Attending (Required):**

*(Select only one option)*

- Dotch     Hillsdale     Seals  
 Hope

**Child's Name (Required):** \_\_\_\_\_

**Age (Required):**

*Enter a number between 5 and 12*

**Grade (Required):** \_\_\_\_\_

**Birth Date (Required):** \_\_\_\_\_

**Address (Required):**

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Cell Phone:** (     )     - \_\_\_\_\_



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**Parent/Guardian (Required):** \_\_\_\_\_

**Cell Number (Required):** (        )        - \_\_\_\_\_

**Employer (Required):** \_\_\_\_\_

**Work Number (Required):** (        )        - \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Cell Number:** (        )        - \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Number:** (        )        - \_\_\_\_\_

**Email (Required):** \_\_\_\_\_

**Does your child have any special health needs, allergies, hygiene, dietary needs or any other special needs? (Required):**

*(Select only one option)*

*If yes, complete form 2 and attach to this application*

Yes     No

### **CANCELLATION POLICY**

City of Mobile Parks and Recreation Department reserves the right to cancel a program that does not meet minimum student enrollment requirements. If a program is cancelled due to insufficient enrollment, you will be notified and the registration fee will be refunded. I hereby acknowledge that I have read the above statement and fully understand that the program may be cancelled if minimum enrollment requirements are not met and further acknowledge that I have received a Parent Handbook and realize it is my responsibility to be aware of policies, fees, etc., contained therein.

**Signature (Required):** \_\_\_\_\_

**Date (Required):** \_\_\_\_\_

### **PARENTAL CONSENT**

I hereby release Mobile Parks and Recreation Department and said agents, servants, representatives, licensees and contractors from any and all claims, demands, rights and causes of action of whatsoever kind and nature arising, directly or indirectly, from any and all known and unknown, foreseen and unforeseen, bodily and personal injury which arise from participation of the child named above during any activity or at any location where a program is being held and transportation to and from that location.



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I grant to City of Mobile, the right to take photographs and/or videos of the child named above in connection with the above-identified program. I authorize City of Mobile, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I further agree that City of Mobile may use such photographs and/or videos of my child with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

### EMERGENCY RELEASE

The undersigned, as parent/guardian of the child named above, hereby authorizes the Mobile Parks and Recreation Department staff to render necessary medical care and treatment of the aforesaid child of any illness or injury, which the child may suffer at any time while in their custody. It is understood that, time permitting, specific permission of the parent/guardian will be secured in the event any major treatment is to be undertaken. Should an emergency arise, this authorization and consent will cover such an event. I/we understand that the Mobile Parks and Recreation Department provides NO INSURANCE coverage and I agree to assume responsibility for payment for all medical cost incurred.

**Signature (Required):** \_\_\_\_\_

**Date (Required):** \_\_\_\_\_

## **Form 2**

*Health Questionnaire*

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**Child's Name (Required):** \_\_\_\_\_

**Age (Required):**

*Enter a number between 5 and 12*

**Grade (Required):** \_\_\_\_\_

**Birth Date (Required):** \_\_\_\_\_

## **Medical Information**

*Must complete all information*

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*Does participant/camper have any condition (e.g., mental, physical, emotional), which might affect their health or well-being, the well-being of others, or affect their ability to engage in camp activities? If so, please describe (Required):*

*If none, enter N/A*



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*Are there any limitations on participant/camper's ability to participate in any camp activities?*

**If so, please describe (including any adaptations or modifications appropriate or necessary)  
(Required):**

*If none, enter N/A*

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**Allergies (Required):**

*If none, enter N/A*

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**Epi Pen? (Required):**

*(Select only one option)*

- Yes     No



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### **Food Allergies (Required):**

*If none, enter N/A*

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### **List Medications Taken (Required):**

*If none, enter N/A*

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**Physician (Required):** \_\_\_\_\_

### **Do you have medical insurance? (Required):**

*(Select only one option)*

Yes     No

**Signature (Required):** \_\_\_\_\_

**Date (Required):** \_\_\_\_\_





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### Emergency Contact Form

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Camper Name (Required): \_\_\_\_\_

### Emergency Contacts

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*NOTE: If any of the information listed below changes, please submit a revised form.*

1. Name (Required): \_\_\_\_\_

Relationship (Required): \_\_\_\_\_

Address (Required):

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone # (Required): (     )     - \_\_\_\_\_

Cell Phone # (Required): (     )     - \_\_\_\_\_

Work Phone # (Required): (     )     - \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address:

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone #: (     )     - \_\_\_\_\_



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Cell Phone #: (       ) - \_\_\_\_\_

Work Phone #: (       ) - \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address:

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone #: (       ) - \_\_\_\_\_

Cell Phone #: (       ) - \_\_\_\_\_

Work Phone #: (       ) - \_\_\_\_\_

## Walking Waiver and Release

Please complete and return this form as permission for your child to walk to/from summer camp.

Campers must have this form completed and signed by a parent/guardian before they will be allowed to walk to/from summer camp. For safety reasons, we strongly recommend that your child not be allowed to walk alone.

I am aware that by allowing my child to walk I assume the responsibility for their safety. These include, but are not limited to, the hazards of accidents, illness, injury, inclement weather, and etc.

Camper's Name: \_\_\_\_\_

Age:

*Enter a number between 5 and 12*



## **2024 Summer Camp - Registration Packet**

**Gender:**

Male     Female

**Camper's Name:** \_\_\_\_\_

**Age:**

*Enter a number between 5 and 12*

**Gender:**

Male     Female

**Camper's Name:** \_\_\_\_\_

**Age:**

*Enter a number between 5 and 12*

**Gender:**

Male     Female

**Camper's Name:** \_\_\_\_\_

**Age:**

*Enter a number between 5 and 12*

**Gender:**

Male     Female

**Destination Address:**

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Signature of Mother or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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Daytime Phone Number: (       )       - \_\_\_\_\_

Signature of Father or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime Phone Number: (       )       - \_\_\_\_\_

### Pick Up Authorization

#### I. Personal Information (please print)

Today's Date (Required): \_\_\_\_\_

Camper Name (Required): \_\_\_\_\_

Age (Required):

*Enter a number between 5 and 12*

Parent/Guardian Names (Required):

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Home Phone (Required): (       )       - \_\_\_\_\_

Cell Phone (Required): (       )       - \_\_\_\_\_

Work Phone (Required): (       )       - \_\_\_\_\_

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### **II. Authorized Pick Up**

*Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Campers will not be released to persons who fail to provide acceptable identification upon request. I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):*

**1. Name (Required):** \_\_\_\_\_

**Phone Number (Required):** (       )       - \_\_\_\_\_

**Relationship to Child (Required):** \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Phone Number:** (       )       - \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_

**Phone Number:** (       )       - \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**4. Name:** \_\_\_\_\_

**Phone Number:** (       )       - \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**5. Name:** \_\_\_\_\_

**Phone Number:** (       )       - \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_



## **2024 Summer Camp - Registration Packet**

**6. Name:** \_\_\_\_\_

**Phone Number:** (       )       - \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Signature of Parent or Guardian  
(Required):** \_\_\_\_\_

**Parent or Guardian Name (Required):** \_\_\_\_\_