



February 2015

Dear Parents/Guardians and KidFIT camper(s),

My name is Cassie Ring and I am the KidFIT Camp Director. I hope you are getting excited about warmer weather and coming to camp! I wanted to take this opportunity to give you more information and some important reminders to take into consideration prior to the beginning of camp.

Camp sign-in will be located in Campus Center Gymnasium. The Campus Center is located on Hills Beach Road on the left and has a semi-circle drive in front of the building. There is a parking lot across the street from the Campus Center in which you can park to bring your child into camp. It is required that you bring your son/daughter into the Campus Center every morning to check-in and that you pick-up your child from the same location (unless otherwise specified). This is a safety precaution for your child(ren). Please note that we will not allow campers to enter or leave the building unless they have been checked in or out by a parent or guardian, so please plan to take a few extra minutes for drop off and pick up. Campers may be dropped off at 8:30 a.m. and picked up by 4:40 p.m. (camp ends at 4:30) at the latest without additional charges. Written verification from parents is required if anyone other than you is picking up or dropping off campers in addition to a **valid form of identification** from the person(s) picking up your child(ren).

For your convenience, parents who need to bring their child earlier than 8:30 a.m. or pick up their child later than 4:40 p.m., we offer **Pre Care** and **Post Care** services. **Pre Care** begins an hour before camp starts (7:30 a.m.) and **Post Care** lasts an hour after camp ends (5:30 p.m.). If you are planning to utilize this service you **MUST** pre-pay at registration. If you find that after your child has completed registration and something unexpected comes up requiring this service, payment will be required on Monday of the week of service, in order for us to adequately plan for camp staff coverage. The fee is a flat rate, by the week, regardless of whether the service is used for one day or five days. This service cannot be pro-rated. **Penalty Fee:** For every 15 minutes you arrive earlier than 7:30 a.m. and later than 5:30 p.m., you will be charged \$10 per 15 minute increment. This payment will be due no later than your child's arrival the next Camp day. For more information, such as cost, or to register your child for post/pre care please contact the BodyWISE Office at 602-2307, or email [bodywise@une.edu](mailto:bodywise@une.edu).

Every day of camp includes educational games, activities, arts and crafts that address the theme of the week, swimming and some quiet time where each camper can explore their individual interests. There will be an end of the summer gathering on the last day of camp (**August 14, 2015**) with an ice cream social and slide show showcasing camp highlights. Be sure to **save the date!**

The camp staff and I are very excited to see everyone and making it a great summer! Thank you for your registration!

Sincerely,

***Cassie Ring***

Cassie Ring  
KidFIT Camp Director  
602-2246

**Please find the following forms attached. Forms 1-6 need to be submitted to complete registration.**

- 1) Medical Information Form
- 2) KidFIT Camp Indemnification and Behavior Agreement (2 pages)\*\*
- 3) Photo/Video Release Form
- 4) Child Pick-Up Authorization Form
- 5) Permission Slips (Complete only those that apply)
- 6) Camper Behavior & Discipline Policy (initials only)
- 7) Camper Self Administration of Medication By Camper Form
- 8) Camp Medication Policy
- 9) Camp Immunization Policy\*
- 10) Camper Supply Checklist

**\*Please submit a copy of your child's most recent immunization records with the above forms.**

\*\*If your child(ren) is/are in a joint custody situation, both parties MUST initial and sign both the waiver and permission slip forms.

**Medical Information Form (rev. 4/10)**

**PARTICIPANT INFORMATION**

NAME OF CHILD \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

**PERSON(S) TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO CAMPER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO CAMPER \_\_\_\_\_

**MEDICAL INFORMATION AND HISTORY**

PRIMARY CARE PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

LIST ANY MEDICATIONS TO WHICH YOU ARE ALLERGIC: \_\_\_\_\_

LIST ANY OTHER ALLERGIES (FOOD, PLANTS, INSECTS, ETC.) \_\_\_\_\_

NATURE OF REACTIONS \_\_\_\_\_

IF YOU CARRY AN EPI-PEN, DO YOU HAVE ONE WITH YOU NOW? YES NO

LIST ANY ILLNESS OR CONDITIONS FOR WHICH YOUR CHILD IS NOW UNDER TREATMENT OR OF WHICH WE SHOULD BE MADE AWARE:

\_\_\_\_\_  
\_\_\_\_\_

WHAT MEDICATIONS, IF ANY, DO YOU CARRY AND FOR WHAT CONDITION?

\_\_\_\_\_  
\_\_\_\_\_

PLEASE INFORM COUNSELORS OF THE LOCATION OF ANY MEDICATIONS OR EPI-PENS WHILE AT KIDFIT CAMP IN CASE OF EMERGENCY.

I hereby authorize release of this information in the event of a medical emergency.

Signature: \_\_\_\_\_

In the event of a medical emergency, I hereby consent to such treatment for my child.

**FOR MINORS:** I verify that I am the parent or legal guardian of the above named minor and have the authority to release on behalf of the above named minor. I have read and understand the release and agree to be bound by its terms and conditions. I understand that as a parent/guardian, I agree to indemnify the University of New England and all of the Indemnities as set forth in this release.

**Signature of Parent/Legal Guardian Consent and Release on Behalf of the Minor.**

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

KidFIT Camp  
Indemnification and Behavior Agreement

**The University of New England (UNE) seeks to ensure the health and safety of all participants in University sponsored events and activities. These activities are conducted under the supervision of UNE instructors or staff. Although UNE takes steps to ensure health and safety, no one can guarantee another's absolute safety. In the case of joint custody, EACH parent/guardian is required to initial AND sign this waiver.**

In consideration of \_\_\_\_\_ (**"Child"**) being allowed to participate in UNE's KidFIT Camp program, related events and activities, I/we, \_\_\_\_\_, the undersigned in my/our capacity as \_\_\_\_\_ (**parent/guardian**) of Child acknowledged and agree as follows:

**ASSUMPTION OF RISK:** \_\_\_\_\_ (**initial**) I/we understand that there are certain dangers, hazards, and risks inherent in camp and sports related activities and events, which can cause or result in property damage or personal injury, including the potential for permanent paralysis and death. I further understand that the University cannot and does not assume responsibility for any such personal injury, death or property damage. Notwithstanding the dangers, hazards, and risks involved, and in consideration of participation in the programs, related events and activities, I agree and hereby do assume all risks surrounding participation of Child in the programs, related events and activities; and

**INDEMNIFICATION:** \_\_\_\_\_ (**initial**) I/we further agree to indemnify and hold harmless UNE, its trustees, directors, officers, employees, instructors, staff and any students acting as employees from and against any claims, costs, expenses, damages, liabilities, judgments, or losses, of every kind or nature, including attorney's fees, asserted by any party, including Child, against UNE, its trustees, directors, officers, employees, instructors, staff and any students acting as employees arising out of, or in connection with, Child's participation in the KidFIT Camp program, related events and activities, except to the extent of UNE's or its employees' or students' negligence.

**BEHAVIOR:** \_\_\_\_\_ (**initial**) I/we understand and agree that participation in the programs, events and related activities is voluntary and that my child's behavior or that of my own must not interfere with or disrupt camp/sports activities or other participants. I further understand and agree that UNE, in its sole discretion, may remove my child or me from the program and premises. I further agree that Child must comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself and Child from participation and will immediately bring such hazard(s) to the attention of the nearest counselor.

**MEDICAL CONDITION:** \_\_\_\_\_ (**initial**) I/we certify that I/we have made reasonable medical inquiry and that I/we are aware of no medical condition or other health related reason that prohibits or otherwise restricts Child from participation in the camp, related events and activities. In the event I/we learn of a medical prohibition or restriction, I/we agree that it is my/our responsibility to take all precautions for the safety of Child and the safety of others including without limitation the immediate removal of Child from the camp.

I, \_\_\_\_\_ (Parent/Guardian), have read and understand the conditions and procedures of this letter and I accept the conditions stated herein.

**REFUND POLICY:**

\_\_\_\_\_ (**initial**) I/we understand that once my child(ren) is/are registered, there will be NO REFUNDS and NO EXCEPTIONS to this policy.

**GOVERNING LAW.** This Agreement shall be constructed in accordance with the laws of the State of Maine.

**PARTIAL INVALIDITY.** If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement, then I agree that the validity of all remaining terms and provisions shall not be affected thereby.

By signing below, I/we certify that I/we have read and understand this agreement and that I/we have voluntarily entered this agreement and my/our signature is my/our free act and deed.

---

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

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

\_\_\_\_\_  
Print Name:  
Parent/Guardian

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

Revised: Risk Department 03/21/2012 Original PB 3/27/08

## ***PHOTO AND VIDEO RELEASE***

I hereby grant the University of New England (UNE) permission to use, encode, digitize, transmit and display the photography, video or audio of myself / my child's participation in the event listed below, as well as to use my name, voice, likeness, biographic information and ancillary material in connection with such photography, video or audio without further consideration.

I also understand that once my image is posted on the UNE website or the worldwide web, the image can be downloaded by any computer user on or off campus with Internet access. I understand and agree that UNE is not responsible for any unauthorized use of my likeness through the distribution technologies described above and I agree to hold UNE harmless from all such uses.

### **KidFIT Camp**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PARENT'S SIGNATURE FOR \_\_\_\_\_

CHILD: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

**\*\*For safety purposes, we will be taking photos of your child on their first day of camp. This photo will be used for identification purposes in the event of an emergency. We will also be taking photos periodically during all camp activities.**



## Child Pick-Up Authorization Form

1) Please list the name & phone number of **anyone** who will be picking up your child; a valid form of ID will need to be presented at time of pick-up. Anyone **not** listed below will **not** be allowed to pick up your child, **no exceptions**.

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

X \_\_\_\_\_  
Authorized Signature (parent/guardian completing this form)



### PERMISSION SLIPS

I, \_\_\_\_\_ give my child \_\_\_\_\_  
Parent/Guardian Name Camper's Name

permission to go with the University of New England's KidFIT Camp to the **Children's Museum on Friday, July 10, 2015.** All campers must be at the Campus Center by 9 a.m. The cost of the trip is included in the camp price. The camper should bring a lunch with them and any additional spending money is up to the parent(s). (Your child will need to be responsible for any additional money sent with them). Thank you!

I, \_\_\_\_\_ give my child \_\_\_\_\_  
Parent/Guardian Name Camper's Name

permission to go with the University of New England's KidFIT Camp to **Vacationland Bowling on Friday, July 17, 2015.** All campers must be at the Campus Center by 9 a.m. The cost of the trip is included in the camp price. The camper should bring a lunch with them and any additional spending money is up to the parent(s). (Your child will need to be responsible for any additional money sent with them). Thank you!

I, \_\_\_\_\_ give my child \_\_\_\_\_  
Parent/Guardian Name Camper's Name

permission to go with the University of New England's KidFIT Camp to **Maine Wildlife Park on Friday, July 24, 2015.** All campers must be at the Campus Center by 9 a.m. The cost of the trip is included in the camp price. The camper should bring a lunch with them and any additional spending money is up to the parent(s). (Your child will need to be responsible for any additional money sent with them). Thank you!

I, \_\_\_\_\_ give my child \_\_\_\_\_  
Parent/Guardian Name Camper's Name

permission to go with the University of New England's KidFIT Camp to **Smitty's Cinema on Friday, July 31, 2015.** All campers must be at the Campus Center by 9 a.m. The cost of the trip is included in the camp price. The camper should bring a lunch with them and any additional spending money is up to the parent(s). (Your child will need to be responsible for any additional money sent with them). Thank you!

I, \_\_\_\_\_ give my child \_\_\_\_\_  
Parent/Guardian Name Camper's Name

permission to go with the University of New England's KidFIT Camp to **Smiling Hill Farm on Friday, August 7, 2015.** All campers must be at the Campus Center by 9 a.m. The cost of the trip is included in the camp price. The camper should bring a lunch with them and any additional spending money is up to the parent(s). (Your child will need to be responsible for any additional money sent with them). Thank you!

I, \_\_\_\_\_ give my child \_\_\_\_\_  
Parent/Guardian Name Camper's Name

permission to go with the University of New England's KidFIT Camp to go to **Funtown on August 12, 2015.** All campers must be at the Campus Center by 9 a.m. The cost of the trip is included in the camp price. The camper should bring a lunch with them and any additional spending money is up to the parent(s). (Your child will need to be responsible for any additional money sent with them). Thank you!





## Camper Behavior Expectations and Positive Discipline Policy

At KidFIT, we encourage campers to be the best they can be while having fun and learning. To ensure a safe and positive experience for all campers, we expect that campers will respect themselves and respecting others. Each camper is expected to:

- Be completely potty trained and able to advocate for themselves to the camp counselors when nature calls.
- Be courteous and respectful to all camp staff and other campers. Each camper must follow all of the expectations set by camp and respect the authority of all camp staff.
- Always stay with the group and communicate with camp staff.
- Use appropriate language and tone of voice.

The success of your child's camp experience depends on his or her attitude and behavior. Inappropriate behavior will be discussed with the child when it occurs. Negative behavior affects more than just the camper involved in the misconduct; it affects all of those around them. Parents will be notified any time a child is involved in behavior that interferes with camp and parental input will be vital in our decisions. All behavior will be documented daily in a behavior report.

The following disciplinary framework is a guide and used for any negative misconduct. We understand that each scenario is different and will result in a unique resolution.

**1<sup>st</sup> time** Positive Re-direction

**2<sup>nd</sup> time** Calm Down Period ("Time Out") - Parent Notified

**3<sup>rd</sup> time** Calm Down Period ("Time Out"), Private Discussion with Counselor, and/or Privilege Suspension - Parent Notified

**4<sup>th</sup> time** Parent Meeting with KidFIT Staff to Discuss Behavior and Develop an Action Plan

**5<sup>th</sup> time** Dismissal from Camp

If, in the opinion of the KidFIT Camp Director, your child repeatedly and persistently violates any camp rule outlined above, then your child may be dismissed from the program and not allowed to return. If this situation occurs, there will be no remittance of fees. Prior to this type of situation, the KidFIT Staff will be in constant communication with you regarding your child's behavior.

KidFIT believes in -

- *Guiding children by setting clear, consistent, fair limits for behavior*
- *Stating expectations and consequences in a positive way and providing the rationale for the rules*
- *Giving positive reinforcement that is immediate, sincere, and specific*
- *Redirecting inappropriate behavior to more acceptable activities*
- *Making eye contact and listening*
- *Providing gentle reminders*
- *Post care updates*

*I/We have read, understand, and agree to abide by the above behavior policy.*

*Parent/Guardian Initials \_\_\_\_\_*



### **CAMP POLICY FOR SELF ADMINISTRATION OF EMERGENCY MEDICATIONS BY CAMPERS**

KidFIT Campers are permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) and to self-administer emergency medications only where following conditions are met;

- A. Any KidFIT camper who self-administers emergency medication must have the prior written approval of the camper's primary health care provider and the camper's parent or guardian;
- B. The KidFIT camper's parent or guardian must submit written verification to the camp from the camper's primary health care provider confirming that the camper has the knowledge and the skills to safely self-administer the emergency medication in camp; and
- C. The KidFIT Camp Health Staff will evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp.\*

### **PHYSICIAN PERMISSION FORM**

#### **APPROVAL FOR CARRYING AND SELF-ADMINISTERING EMERGENCY MEDICATION**

As the primary health care provider for (camper's name) \_\_\_\_\_, I order the carrying and self-administering, as medically necessary of the following medications by the above named camper: (Circle all that apply or list other emergency self-medication device.)

a. Asthma Inhaler      b. Epinephrine Pen      c. Insulin pump      d. Other \_\_\_\_\_

Further, I confirm that this camper has the knowledge and the skills to carry and safely self administer the indicated emergency medication in camp.

\_\_\_\_\_  
Primary Healthcare Provider Signature

\_\_\_\_\_  
Date

### **PARENT PERMISSION FORM**

#### **USE OF SELF-ADMINISTERED EMERGENCY MEDICATION**

As the parent or guardian of (camper's name) \_\_\_\_\_ I approve of the carrying and self-administering, as medically necessary of the medications listed above by my child:

Further, I confirm that my child has the knowledge and the skills to safely carry and self administer the above listed emergency medication in camp.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\*The KidFIT Camp Health Staff will receive training from the Camp's Healthcare Provider



#### **CAMP POLICY FOR ALL MEDICATIONS**

Any medications brought to KidFIT Camp must be in its original container including written instructions and permission to administer as directed from camper's parent or legal guardian and/or primary healthcare provider. All prescription medications will be kept under lock and in the possession of the Camp Health Supervisor.



### **CAMP IMMUNIZATION POLICY**

Each camper is required to submit a copy of his or her immunizations record prior to the start of KidFIT Camp. If there are no records available or the child has not been immunized due to personal beliefs, a copy of written verification from the child's primary healthcare provider is required.

If there is an outbreak of communicable disease and the Maine Center for Disease Control recommends immunizations to prevent further spread of the disease, the Camp Health Staff will refer parents, guardians, and campers to their primary healthcare provider.



## CAMPER SUPPLY CHECKLIST

Please be sure to mark everything clearly with your camper's first initial and last name if possible.

### WHAT TO BRING\*:

- ☐ Bagged lunch w/ at least 2 snacks
- ☐ Bathing Suit / towel / extra pair of clothing
- ☐ Hat
- ☐ Sunglasses
- ☐ Backpack
- ☐ Insect Repellent
- ☐ Sunscreen
- ☐ Water Bottle

\*Please DO NOT over pack your child's bag. These do tend to get heavy and difficult to carry.

### WHAT TO WEAR:

- ☐ Sneakers with socks and/or sandals/flip flops
- ☐ T-Shirts or Tank Tops (KidFIT t-shirt on field trip days)
- ☐ Jeans, pants, sweatpants, or shorts

### WHAT NOT TO BRING:

- NO cell phones unless approved by Head Counselor or Camp Director
- Please leave skateboards, skates or roller blades, large radios, handheld electronics, pocketknives & valuables AT HOME.