

Application for the City of Loxley
Civic Center
Summer Youth Program 2024

A \$300.00 registration fee for each child. Registration fees must be paid prior to camp starting. This price includes breakfast, lunch and 2 snacks. Your child is more than welcome to bring their lunch or snack. Camp will end at 3:30/extended care is offered up to 4:30 for \$5.00 per day. Breakfast will not be served after 8:30 am/Campers must bring their own water bottle daily

Our doors will not open till 7:30

Parents' or Guardians' Name _____

911 Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Participants' Names:

- 1. _____ Registration Paid
 Age 6 – 8 Camp Age 9 – 12 Camp
 - 2. _____ Registration Paid
 Age 6 – 8 Camp Age 9 – 12 Camp
 - 3. _____ Registration Paid
 Age 6 – 8 Camp Age 9 – 12 Camp
 - 4. _____ Registration Paid
 Age 6 – 8 Camp Age 9 – 12 Camp
 - 5. _____ Registration Paid
 Age 6 – 8 Camp Age 9 – 12 Camp
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List the adults who may pick the participants' up at the end of the day. Note: Only the persons included on this list will be allowed to take the children from the center. In order to pick them up, the person must show valid photo identification. Under relation, state whether the person is a relative, neighbor, or friend.

1. _____ Relation _____
2. _____ Relation _____
3. _____ Relation _____
4. _____ Relation _____
5. _____ Relation _____

Emergency Contact Information

If the emergency contact information is the same for all of the participants, only fill out the first part of the form. You must fill out a medical form for each child.

Child One:

Primary Emergency Contact: _____

Telephone: _____ Cell Phone: _____

Place of Work: _____ Work Phone _____

Secondary Emergency Contact: _____

Telephone: _____ Cell Phone: _____

Place of Work: _____ Work Phone _____

Child Two:

Primary Emergency Contact: _____

Telephone: _____ Cell Phone: _____

Place of Work: _____ Work Phone _____

Secondary Emergency Contact: _____

Telephone: _____ Cell Phone: _____

Place of Work: _____ Work Phone _____

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Emergency Contacts Continued.

Child Three:

Primary Emergency Contact: _____

Telephone: _____ Cell Phone: _____

Place of Work: _____ Work Phone _____

Secondary Emergency Contact: _____

Telephone: _____ Cell Phone: _____

Place of Work: _____ Work Phone _____

Child Four:

Primary Emergency Contact: _____

Telephone: _____ Cell Phone: _____

Place of Work: _____ Work Phone _____

Secondary Emergency Contact: _____

Telephone: _____ Cell Phone: _____

Place of Work: _____ Work Phone _____

Child Five:

Primary Emergency Contact: _____

Telephone: _____ Cell Phone: _____

Place of Work: _____ Work Phone _____

Secondary Emergency Contact: _____

Telephone: _____ Cell Phone: _____

Place of Work: _____ Work Phone _____

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I have read the rules pertaining to the camp and understand them. If I had questions, the rules were explained to me by the camp director. I understand that if my child or ward does not follow the rules as prescribed by the camp, then my child or ward could be removed from the program. I also understand that if my child is removed from the program for a behavior related incident, I will not be reimbursed the \$300.00 registration fee.

I have been informed that breakfast, lunch and snacks will be provided by the camp. My child or ward does not have to participate in the lunch program and may bring their own lunch.

I understand that the children are to be picked up no later than 4:30 PM each day.

I am granting permission for the Summer Youth Program to have my child(ren) treated medically if there is a medical emergency. I understand I will be contacted immediately and my child will not be transported to a medical facility unless the emergency is life threatening. I have given complete and thorough information on the medical information form.

Signature of Adult Applicant

Date

Camp Dates:

June 3, 2024 thru June 28, 2024

The following information, provided by you, will not be given to any other organization, educational, government, or private. This document will be kept in a secure location for the use of the Loxley Civic Center and the City of Loxley only. At the end of the summer youth program, you may request this document to keep or to destroy. If you do not take it, the document will be shredded.

Summer Youth Program 2024 Medical Information Form

Personal Information

Child's Name _____

Parent or Guardian _____

911 Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____

Work Phone #1 _____ Work Phone #2 _____

Which number do we start with in case of a medical emergency? _____

Insurance Information

Insurance Company Name _____

Group # _____ Contract # _____

The Summer Youth Program can use this insurance # in case of a medical emergency to begin treatment at an emergency care facility.

Allergy Information

List any known allergies: _____

List any known drug allergies: _____

The City of Loxley Summer Youth Program will provide immediate first aid in the case of minor scrapes and cuts. The Summer Youth Program will not provide any over the counter medication and will not dispense any pharmaceuticals. It is your responsibility to medicate your child before they come to the program.

I give my permission for the City of Loxley Summer Youth Program to seek emergency medical attention if an injury occurs that, by the administrator's decision, needs to be immediately looked at by a licensed medical practitioner.

I give my permission for the City of Loxley Summer Youth Program to provide immediate first aid in the case of minor scrapes and cuts.

Signature of Parent or Legal Guardian _____

Date _____

Rules and Guidelines

The following rules and guidelines are given so that parents and guardians of the participants can inform their children of the responsibilities expected by the camp. Failure to comply with the rules could result in expulsion from the camp and a loss of the registration fee. The rules are set forth to make sure that the camp remains fun and safe for all participants. The parent will be required to sign the waiver at the end of the application stating the understanding of the policy by both parent and participant. Please read, sign and return.

Rules

1. There will be no bullying. Bullying is considered any act that intimidates another child.
2. There will be no running in the Civic Center.
3. There will be no rough housing, pushing, shoving, hitting, slapping or other violent physical contact by any participant.
4. There will be no use of vile or profane language.
5. There will be no improper reference to sexual behaviors or slurs.
6. Racial or hate slurs will not be tolerated.
7. Tobacco, alcohol, weapons or narcotics of any kind are prohibited. Police will be called if any abuse of these occurs.
8. Participants must stay in their prescribed areas and with their groups.
9. Participants will not be allowed to wander from the group.
10. Counselors are to be given respect and will be listened to. This is not a school setting and the counselors do not have to put up with disrespect.
11. There will be no throwing of food items during the lunch time.
12. Participants are requested not to bring personal games, DVD players, MP3 players, or the like to camp.
13. Participants are encouraged to leave all valuables at home. It is not the responsibility of the Camp staff to look for lost or stolen personal items.
14. No Participant will leave the center until properly checked out.
15. No Participant will get into a car during camp hours unless the participant has properly checked out from the camp.
16. Parents must check their child or ward out at the front desk before taking them off site.
17. No Participant will leave with any adult unless the adult is on the participant's check out list.
18. No person will be allowed to attend camp unless properly registered or without the person cleared by the camp administrator.
19. Stealing will not be tolerated. If you want something, ask.
20. Lying to cover up for someone or for something happening will not be tolerated. Accidents happen.
21. Participants will help their counselor clean up their area at the end of an activity.
22. Participants will clean up after themselves after lunch.
23. Participants must ask to use the restroom. Do not walk away from your group for any reason.

City of Loxley
Summer Youth Program 2024
Dress Code

1. Campers must wear a full cover shoe like a tennis shoe. Crocs, flip-flop, open toed sandals and other shoes of this type are not acceptable.
2. Shorts are acceptable, but short shorts are not. Ask if you have a question about whether your child's shorts are too short. Try to refrain from dressing your child in shorts that have cutesy words across the rear.
3. Full shirts like t-shirts are appropriate, but tube tops, halters, bathing suit tops and others that show skin are not.
4. Shirts should not contain any image that advertises alcohol, tobacco, or drug culture.
5. Hats may be worn and the children are encouraged to wear them as they will be going outside. However, the same rule applies to hats as to the shirts in rule #4.
6. Although dresses and skirts for girls are appropriate for our inside activities, they are not appropriate for outside activities. Try substituting kulots or skorts.