



Fins Summer Camp 2021

Please keep this information page at home to reference as necessary.

- Due to current events and guidelines mandated by our Governor, we will offer summer camp for a limited number of campers this summer – 25 per week. If guidelines should change, we will re-evaluate and potentially open additional spots.
- The weekly fee for Fins Summer Camp is \$110 for residents of Christiansburg and \$135 for non-residents. Camp swim lessons are not available this summer.
- Registration will be available online and by phone to meet guidelines and ensure everyone's safety. **Registration for residents will open Wednesday, April 7th 5:30 a.m. and registration for non-residents Friday, April 9th at 5:30 a.m.** until we reach full enrollment. Payment is required at the time of registration to secure your child's spot. The CAC is not permitted to reserve spots without payment. **Paperwork should not be turned in until your camper has been completely registered.**
- Fins Summer Camp is reserved for **rising 1st through rising 4th graders (Ages 6-9)**. While we would like to accommodate younger children, we cannot provide the individual supervision they require in bathrooms and changing areas. Thank you for your understanding.
- **Camp hours are 7:30 a.m. – 5:30 p.m.** Drop off begins at 7:30 a.m. and pick-up will begin at 4:30 p.m. All campers must be picked up by 5:30 p.m.
- **All campers must bring closed toe shoes, sunscreen (labeled with their name), a water bottle, swimsuit and towel, change of clothes, snacks and lunch to camp every day.**
- Campers will have 1-2 hours of free swim every day. Please make sure your child has a bathing suit and towel as well as an extra bathing suit as we may sometimes swim twice. We also recommend goggles. While in the water, all campers will be supervised by our camp staff and lifeguards. A swim test will be conducted on the first day of camp to distinguish safe swimming zones for the campers.
- The CAC will provide your camper with Fins Summer Camp t-shirts. You may pick up the camp t-shirts at the open house or on your child's first day of camp. We ask that your camper arrive every day wearing their bathing suit and camp t-shirt.
- **Open house will take place on Friday, June 4 in designated timeframes.** Time assignments will be emailed out after all registration packets are received and processed.
- **Personal electronic items will not be allowed for use at any time during camp;** including drop-off and pick-up times. We do not recommend bringing electronic devices such as phones, iPads, iPods or tablets to camp in backpacks. We are not responsible for lost or damaged items. These items will not be available for use while at camp at any time, unless there is an emergency situation.



595 North Franklin Street Christiansburg, VA 24073
www.cacpool.com 540-381-7665 ext. 3105



Christiansburg Aquatic Center: Fins Summer Camp Operations Information Summer 2021

Fins Summer Camp will operate with new accommodations and procedures to keep staff and campers safe. Adjustments include registration, program operation, and check-in/check-out procedures. If restrictions are altered, summer camp operation will adhere to the most current protocol.

At this time, Fins Summer Camp will be **limited to 25 weekly participants** running 7:30 a.m. – 5:30 p.m. from June 7-July 30; not occurring the week of July 5. If guidelines should change, we will re-evaluate and potentially open additional spots.

Registration: Online and by phone only. **In-person registration will not be occurring.**

Online registration and phone registration for camp will be available to residents of Christiansburg **Wednesday, April 7 at 5:30 a.m. and non-residents Friday, April 9 at 5:30 a.m. until we reach full enrollment** (an additional ActiveNet processing fee will apply for all online registrations)

- *After registration, the completed camp paperwork must be emailed to jkowalcik@christiansburg.org or printed out & turned in to the Christiansburg Aquatic Center by Wednesday, April 14.*
- Please note that prior to registering for programs by phone or online, a household account must be created on ActiveNet at <https://apm.activecommunities.com/christiansburg> .
- As this can take a little extra time, we recommend that the household account be created prior to the registration dates.
- **If you are a Christiansburg Resident, please call the CAC prior to April 5 to have your account verified and set-up to receive the discounted price of \$110 if registering online.**

Program Operation:

- Parents/guardians dropping off or picking up children will not need to exit their car or enter the facility. Camp staff will be located outside the facility's side door entrance area to assist with our carline drop-off and pick-up. Upon drop-off, camp staff will perform a health question check for admittance into the facility. The main entrance doors to the facility will be locked at drop off. This will allow for space during check-in/check-out to physical distance children prior to entering the facility. **Drop off will begin at 7:30 a.m. and pick up will begin at 4:30pm. If you need to pick up your camper earlier, please call and notify the front desk attendant so staff can have your camper ready (540) 381-7665.**
- Campers will be divided into weekly groups by age. Campers will interact and remain with the same group and will be accompanied by the same camp counselors daily in their designated camp zone. **Our staff will encourage physical distancing and frequent hand washing/sanitizing to the best of their abilities. However, close interaction throughout the day and sharing during certain activities will not be completely avoidable and, with the nature of the program, will happen.**
- Camp staff and campers must wear a face mask when necessary and in compliance with the current executive order.
- Camp staff will carry a backpack complete with a full first aid kit at all times. The backpack will also carry any camper medicines as well as face shields and surgical masks should staff need to provide first aid. Each counselor will also have a radio for communication.

*****The following documents are due upon completed registration prior to attending summer care. Please note admittance will not be allowed without the following steps in place:**

- A summer registration form and entire packet completed by parent/legal guardian
 - Legal documentation is required if indicating legal guardian
 - *School entrance immunization and physical record copies
-

Fins Summer Camp program is exempt from licensure under 63.2-1715 Child Care Program Exemptions:

A program of recreational activities offered by local governments, staffed by local government employees, and attended by school-age children. Such programs shall be subject to safety and supervisory standards established by the local government offering the program.

Participant Name: _____

Parent Name (printed): _____

Parent Name (signed): _____

Registration Form

Participant

Child's Name _____ DOB: MM/DD/YY _____

Address: Street _____ City _____ State _____ Zip Code _____

School: _____ Grade _____ Age _____ Gender _____

Parent

Parent's name _____ Phone Number _____ Email Address _____

Is this your child's first-time attending camp with us? __Yes __No

Camper's t-shirt size:

Youth: Small ___ Medium ___ Large ___ XL ___

Adult: Small ___ Medium ___ Large ___

Behavior Policy

Campers are expected to treat their fellow campers, counselors and CAC staff members with respect. Typical child interactions that involve disappointment, miscommunication, misinterpretation or other contentious situations will undoubtedly occur and are a normal part of kids learning how to manage real life social situations. We will do our best to turn these situations into valuable learning experiences for those involved. We greatly appreciate the positive support from home, as together we seek to help your child further develop in this area of life.

Examples of Unacceptable Behavior

Unacceptable behavior includes, but is not limited to:

- Refusing to follow behavior guidelines or camp rules
- Using profanity, vulgarity or obscenity
- Stealing or damaging property (personal or camp property)
- Refusal to participate in activities or cooperate with staff
- Disrupting a program
- Leaving a program without permission
- Endangering the health and safety of children and/or staff
- Teasing, making fun, or bullying other campers or staff
- Physical violence of any kind

Discipline Procedures

1. Camp counselors will redirect the camper to more appropriate behavior.
2. If inappropriate behavior continues, the camper will be reminded of behavior guidelines and camp rules, and the camper will be asked to decide on steps to correct his/her behavior.
3. If a child's behavior still does not meet expectations and is affecting the experience of other campers, he/she will be referred to the Camp Supervisor or Program Coordinator and the parent will be notified.
4. If inappropriate behavior continues the camper will be dismissed from camp without refund.

*The Program Coordinator and Aquatics Director reserve the right to implement any of the discipline procedure listed above based on the severity of the incident.

I have read the terms of the Christiansburg Aquatic Center's behavior policy and agree to its contents. I have also reviewed these terms with my child.

Parent/Guardian Signature: _____ Date: _____

Camp Registration List

* Once registration with payment is complete, ALL Forms are to be emailed to jkowalcik@christiansburg.org or dropped off at the Aquatic Center by April 14. Once you have turned in your paperwork, you do not have to resubmit it for additional weeks- unless updates need to be made.

Theme	Dates	Days	Course #	Fee
Super Heroes	June 7-11	M/T/W/Th/F	11486	\$110 R, \$135 N
Music Mania	June 14-18	M/T/W/Th/F	11487	\$110 R, \$135 N
Disney	June 21-25	M/T/W/Th/F	11488	\$110 R, \$135 N
Stars and Stripes	June 28-July 2	M/T/W/Th/F	11489	\$110 R, \$135 N
Jurassic Park	July 12-16	M/T/W/Th/F	11490	\$110 R, \$135 N
Mermaid & Shark Week	July 19-22 (No camp July 23)	M/T/W/Th	11491	\$110 R, \$135 N
Summer Olympics	July 26-30	M/T/W/Th/F	11492	\$110 R, \$135 N

- Camp Registration and Payment ()
- Health History Form ()
- Immunization Record ()
- Behavior Policy ()
- Emergency Medical Form ()
- Medication Form ()
- Camper Release Forms/ Approved pick up list ()

Fins Summer Care Camp Health History Form

Participant Information:

First Name: _____ Last Name: _____

Date of Birth: _____

School Attending: _____ Grade: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Emergency Contact Name and Phone #: _____

Health/Medical History

- Does the participant have an illness, condition or disability? Yes No
If YES, please explain: _____
- Is the participant currently taking any medication? Yes No
If YES, please explain and list medications: _____
- Does the participant have any food allergies? Yes No
If YES, please explain: _____
- Does the participant have any allergies to medications or latex? Yes No
If YES, please explain: _____
- Is the participant allergic to bee stings or other insect bites? Yes No
If YES, please explain: _____
- Does the participant use an Epi Pen? Yes No
- Does the participant use an inhaler? Yes No
- Does the participant have diabetes or a related disease? Yes No
If YES, does the participant use insulin? Yes No
 - Does the participant have any dietary restrictions? Yes No
If YES, please explain: _____
- Does the participant have a history of heart related problems or has he/she ever experienced a sudden cardiac event? Yes No
If YES, please explain: _____

(Please see the next page for additional health questions.)

Fins Summer Camp Tentative Daily Schedule

8:15-9am Arrival/Individual game time/Breakfast (cereal provided)

9-9:30am Morning Meet with counselor & team-building activity

9:30-10:20am Virtual Learning/ Side Lot stations/ Indoor Game

10:30-11:30am Pool Time

11:45-12:30pm Lunch

12:45-1:30pm Craft Time

1:30-2:45pm Park activity/ Side Lot stations

2:45-3:15pm Snack (snack provided)

3:15 -4:30pm Indoor Game/ Park Activity/ Side Lot stations

4:30-5:30pm Movie and Clean Up/Departure

***Each Friday will be outside water day (weather permitting).**

Campers should arrive in swim suits with a towel and a change of clothes.

This schedule is a general outline of our planned activities and is subject to change. If you have concerns regarding the camp schedule please address them with the camp supervisor.

Child Emergency Medical Authorization

Name of Child: _____ Birth date: _____

Name of Parent(s) or Guardian: _____

Home Address: _____ Telephone: _____

Place of Mother's Employment: _____ Telephone: _____

Address: _____

Place of Father's Employment: _____ Telephone: _____

Address: _____

The parent/guardian authorizes the Christiansburg Aquatic Center staff to obtain immediate care and consents to the transportation and hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs and he/she cannot be located immediately.

It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses.
2. Medical treatment costs are covered by:

- a. Policy Number _____
- b. Medicaid Coverage Number _____
- c. Other Medical Insurance:
 - i. Name of Insurance Company _____
 - ii. Policy Number _____
- d. No Insurance _____

Child's physician or clinic: _____ Telephone: _____

Date: _____

Signature of Parent/Guardian

This form is to be kept by the care provider and is to be taken to the doctor or treatment facility in case of emergency

Camper Release/ Pick- Up Approval

I give permission for my child, _____, to leave camp with the adults listed below **(please include yourself)**.

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

Please note all adults must **show valid identification** for camper pick-up. Campers will not be released to anyone not listed above.

Emergency Action Plan

I have received a copy of the Emergency Action Plan and staff directory for the Christiansburg Aquatic Center.

Parent/Guardian's name: _____

Parent/ Guardian's signature: _____ Date: _____

Authorization to Give Medication

This section is to be completed only if medicine is to be administered at camp.

Medicine must be in its original container with the child's name clearly marked and the prescription/direction label attached.

Child's name: _____

Medicine name and prescription number: _____

Dosage and time medication should be given: _____

Special instructions: _____

This authorization is effective until: _____

Parent/Guardian's signature: _____ Date: _____

Movie Release

During pick-up time we would like to provide the campers with an opportunity to unwind by playing a movie in the background while still having the opportunity to participate in activities as well. Occasionally movies may be rated PG. In order for your child to be able to watch a PG rated movie, a permission slip must be signed by the parent/guardian.

_____ I give permission for my child to watch the PG movies

_____ I do not grant permission to watch the PG movies

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

RELEASE, WAIVER & INDEMNITY AGREEMENT

The undersigned (hereinafter referred to as "Participant"), being of legal age or signing in conjunction with a parent or legal guardian if not of legal age, desires to enter upon premises owned by the Town of Christiansburg (the "Town"), to participate in recreational programs sponsored by the Town, to use facilities either owned or controlled by the Town, and/or to receive training or instruction from the agents or employees of the Town (collectively, the "Activities"), and being fully aware of the risk of injury and dangers inherent in the Activities, elects voluntarily to participate in the Activities.

Participant acknowledges that Participant has been given notice of the inherent risks and intrinsic dangers of the Activities, including (without limitation) the risks of communicable disease, drowning, malfunctioning equipment, and negligent or improper behavior of others. In consideration of being permitted to engage in the activities, PARTICIPANT KNOWINGLY AND EXPRESSLY WAIVES PARTICIPANT'S RIGHTS TO SUE THE TOWN AND ITS OFFICIALS, EMPLOYEES, AND AGENTS FOR ANY INJURY, DEATH, LOSS, OR DAMAGE CAUSED TO PARTICIPANT OR TO PARTICIPANT'S PROPERTY, PARTICIPANT AGREES TO ASSUME ALL RISKS INHERENT IN THE ACTIVITIES, INCLUDING, WITHOUT LIMITATION, THE RISKS OF COMMUNICABLE DISEASE (e.g., COVID-19), INJURY, DEATH, LOSS, OR DAMAGE TO PARTICIPANT OR TO PARTICIPANT'S PROPERTY.

If Participant is a minor or otherwise under a legal disability, this agreement shall also be signed by Participant's parent or legal guardian. BY SIGNING, THE PARENT OR LEGAL GUARDIAN AGREES (I) TO WAIVE THE PARENT'S, GUARDIAN'S, AND PARTICIPANT'S RIGHTS TO SUE THE TOWN AND ITS OFFICIALS, EMPLOYEES, AND AGENTS, FOR ANY INJURY, DEATH, LOSS, OR DAMAGE CAUSED TO PARTICIPANT OR TO PARTICIPANT'S PROPERTY; (II) TO ASSUME, ON BEHALF OF THE PARENT, GUARDIAN, AND PARTICIPANT, THE RISKS SET FORTH ABOVE, IN ADDITION TO ALL OTHER RISKS OF THE ACTIVITIES; AND (III) TO INDEMNIFY AND HOLD HARMLESS THE TOWN AND ITS OFFICIALS, EMPLOYEES, AND AGENTS FROM ANY LOSS, CLAIM, SUIT, OR JUDGMENT RESULTING FROM ANY INJURY, DEATH, LOSS OR DAMAGE SUSTAINED OR CLAIMED BY PARTICIPANT (OR PARTICIPANT'S PERSONAL REPRESENTATIVE), AND FURTHER TO INDEMNIFY THE TOWN AND ITS OFFICIALS, EMPLOYEES, AND AGENTS FROM ANY AND ALL COSTS OF DEFENDING SUCH CLAIMS, INCLUDING ATTORNEYS' FEES.

The undersigned agree to abide by all rules and regulations of the Town with regard to the Activities, and that the Town is authorized to take, use, and reproduce photos and videos of the Participant for purposes including advertising, promotions, education, and marketing.

Participant is advised to inspect and confirm that all equipment is safe and in good condition and wear appropriate protective gear at all times, and expressly assumes the risk of injury resulting from failure to do so and/or from selecting protective gear that does not adequately protect against injury.

CAUTION: READ BEFORE SIGNING

Participant's Signature: _____
Printed Name: _____
Date: _____

Signature of Parent or
Guardian: _____
Printed Name: _____
Date: _____

**PARENT OR GUARDIAN MUST SIGN IN ADDITION TO
PARTICIPANT UNDER EIGHTEEN YEARS OF AGE.**

Christiansburg Aquatic Center: Fins summer camp

Depot Park Waiver

PARENTAL AUTHORIZATION AND CONSENT FORM

Child's Name: _____

As the parent or legal guardian of the above named child enrolled as a camper at Fins Summer Camp, I hereby authorize and give permission for my child to participate in activities with Fins Summer Camp at Depot Park. I acknowledge that the camp group will walk to and from the park together with counselors and staff.

I hereby agree to indemnify and hold harmless the Christiansburg Department of Aquatics, its successors, assigns, and the Town of Christiansburg from any and all claims for any and all injuries suffered or caused by said member/participant in use of the equipment, facility or programs used and/or held at the Christiansburg Department of Aquatics and Depot Park. It is likewise assumed that the said member/participant will wear the proper clothing and protective equipment when participating in the program and/or using the equipment or facilities at the Christiansburg Department of Aquatics. It is the responsibility of the parent or guardian, if member/participant is under the age of 18, to make sure this criteria is met and parent or guardian will assume all responsibility for any and all injuries to the member/participant or by the member/participant.

Signature: _____

Date: _____

Permission to Apply Sunscreen Waiver Form

Name of Child _____

Camp Name _____

Fins Summer Camp requests that sunscreen be applied to your child prior to them attending camp for the day, and that sunscreen is brought with them with their first and last name on the container.

As the parent or legal guardian of the above named child, I hereby give my permission the staff at **Fins Summer Camp** to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities between the times of 10:00AM and 4:30PM. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

_____ The staff of **Fins Summer Camp** may use the sunscreen of their choice according to package directions.

_____ Only use the following type(s) SPF of sunscreen (parent will provide):

_____ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body:

Parent/Guardian Full Name (Print) _____

Parent/Guardian Signature _____ Date _____