



Welcome to Camp Palm Beach!

Thank you for signing your child up for Camp Palm Beach. We have some exciting things planned this summer with indoor/outdoor games, crafts, special events, field trips to arcades, water parks, zoos, nature centers, museums and so much more!

We are extremely proud of our camp history with over 30 of our previous campers returning to work as camp counselors because of their experiences as campers here. Having campers return to work with us is an indication of the quality of our camp. They provide an invaluable resource and a unique perspective on our expectations of our staff.

We take your child’s camp experience and safety seriously. We deliver an extensive, week long training to provide our vetted staff with the information and resources they need to provide a safe, nurturing, fun and wholesome experience for our campers.

In order to provide the best camp experience possible, please review the enclosed Camp Palm Beach Policies and Discipline Procedures, the Physician’s Authorization of Medication Form and important camp information. The following items must be filled out and returned to the office prior to the start of your child attending camp.

- _ Information and Release Form
- _ Pick Up Authorization & Password Form
- _ Policies & Discipline Procedures Signed
- _ Physician's Authorization of Medication Form (if applicable)

Important Reminders:

Early Camp Drop-Off is being offered for an additional fee. If you are registered for this program, sign-in begins at 8:30am. If you are not enrolled in this program, sign-in begins at 8:50am. Camp runs 9am-3:30pm. There may be days the camp group will be returning after 3:30pm from field trips- these trips are noted in the Camp Connection. Please make sure you review the Camp Connection for the most up-to-date information regarding your child’s camp activities. Extended Camp is offered from 3:30-5:30pm for an additional fee. If your child is not enrolled in extended camp, they must be signed out by 3:40pm to avoid late pick-up fees. Campers enrolled in extended camp must be signed out by 5:35pm to avoid late pick-up fees.

Due to the risk of personal items being lost or broken at camp or on field trips, we encourage all campers to leave toys and electronics (including cell phones and tablets) at home unless specified for a specific camp activity. As always, we plan an active, adventurous and exciting camp each summer so our campers are always on the go leaving little time for electronics use. We feel this allows your camper to power down, unplug and instead, connect with friends this summer!

We look forward to an exciting, enriching summer for our campers and staff. If you have any questions regarding camp, please call the main office at 561-838-5485.

Sincerely,

Dawn M Helton, CPRP
Program Manager

Lauren Bayard

Lauren Bayard
Recreation Supervisor

POLICIES & DISCIPLINE PROCEDURES

Camp & Field Trip Policies:

1. Everyone at camp is to be treated with respect.
2. Campers must be signed in and out with their counselors daily.
3. Profanity or obscene and abusive language or gestures will not be tolerated.
4. All Campers are expected to follow the directions of staff with respect.
5. Fighting under any circumstance will not be tolerated and may be grounds for expulsion.
6. Dangerous behavior, including horseplay, which could cause harm to others is unacceptable.
7. Running in the facility is not permitted.
8. Sitting or standing on any equipment (pool tables, ping pong, etc.) is not allowed. Equipment must be used appropriately and in the designated areas. Campers are responsible for the equipment they use and for its replacement if it is lost, damaged or destroyed in a malicious manner.
9. All Campers must wear their camp shirt on field trips.
10. Personal belongings are the responsibility of the camper. We encourage campers to leave money and valuables at home. Electronics such as cell phones, tablets, etc. should not be brought to camp (some exceptions apply). Campers must have staff permission to use cell phones or smart watches during camp.
11. Campers must stay with their group at all times unless permission has been given otherwise.
12. Campers must follow all field trip location rules and directions of facility and camp staff.
13. Campers must wear attire of appropriate style, fit and length. Bikini's are **not allowed**. Sneakers must be worn daily. Campers may bring water shoes for water activities. Campers **must** wear camp t-shirt in water parks.

Disciplinary Procedures:

The following consequences will result if camp rules are broken. Severity of consequences will correspond to degree of infraction, which will be determined by the Camp Supervisor or other Administrative Staff member.

1. Verbal Warning
2. Time Out/Privilege taken away
3. Time out and meeting with Camp Supervisor
4. Parent Conference
5. Suspension/expulsion from program.

Consistent breaking of rules and lack of cooperation may result in suspension or expulsion from camp.

Your support of this disciplinary procedure is important and will help to ensure the safety of your child while participating in the Recreation Department's Summer Camp Program. Please sign and return to main office.

I have read and fully understand the Town of Palm Beach Camp & Field Trip Policies & Discipline Procedures and the Program Waiver and Release of All Claims, which includes permission to secure treatment and release of photos. I understand payment is due in full at time of registration to guarantee space for my child and a late fee may be charged if my child is picked up after 3:30p.m./5:30p.m. I am also aware of and understand the Transfer & Refund Policy as noted in the Camp Brochure and on the website.

Parent/Guardian Signature: _____ Date: _____

**Town of Palm Beach Recreation Department
Information & Release Form**

Participant Last Name: _____ First: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ D.O.B. _____ Phone/cell phone: _____

Proof of Age is required for youth programs (i.e. birth certificate, passport)

E-mail address: _____

Participant/Parent City of Employment: _____

Child's School: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Person to contact in case of emergency when parent/guardian cannot be reached:

Name: _____ Daytime Phone: _____ Relation: _____

Name: _____ Daytime Phone: _____ Relation: _____

Please list any special medical issues, allergies or instructions you feel staff should be aware of. A medical form (available at the Recreation Department main office) must be filled out by your physician in order to dispense any medication. _____

Additional person(s) **authorized** to pick up your child (Must show valid I.D.): _____

Program Waiver and Release of All Claims:

I agree to waive all claims my minor child/ward or myself may have as a result of participating in the Town's Recreation Program(s). I further agree to fully release and discharge the Town of Palm Beach, its officers, employees, and representatives from and against any and all losses, damages, injuries of any kind as a result of either myself or my minor child/ward's participation in such Recreation Program(s). In the event of an emergency, I authorize the Town of Palm Beach officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of all medical service rendered. I give consent to use any photograph taken of me or my minor child/ward during recreation activities, classes or programs for future recreation brochures and promotional material.

Camp/After School Program Participants Only

I have read and fully understand the Town of Palm Beach Policies & Discipline Procedures and the Program Waiver and Release of All Claims. I also understand payment is due in full at time of registration to guarantee space for my child and a late fee may be charged if my child is picked up after program conclusion. (please initial) _____

My child (Club Teen only) has permission to sign themselves in/out of the Recreation Center Programs (please initial) _____

Signature of Participant/Parent/Guardian

Date _____



Palm Beach Recreation Department

Pick-Up Authorization & Password Program

For the safety and well-being of our program participants, we are implementing a Password Program. This password allows you to call in to make changes to your child's registration forms, authorize pick-ups, request financial information, etc. Please choose a word or phrase easy to remember as you will be required to provide it every time you call. Information or changes will NOT be given out or made without the password. The information provided will be kept confidential.

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

Names of person(s) **authorized** to pick up your child(ren): (Provide first and last names as they will need to show I.D.)

Names of person(s) **prohibited*** from picking up your child(ren) due to court order:

**If you have a court order prohibiting someone from picking your child up from Recreation programs, you must provide a copy of the court order.*

Password: _____

Please provide a question and answer below to utilize in the event you forget your password.

Parent /Guardian Name (Please Print): _____

Phone Number: _____

Parent/Guardian Signature: _____

Please return this form, to the Palm Beach Recreation Department office, 340 Seaview Avenue, prior to the start of camp. If you have any questions regarding this program, please call the office at 561-838-5485.

TOWN OF PALM BEACH RECREATION DEPARTMENT

PHYSICIAN'S AUTHORIZATION OF MEDICATION

Since there is no medical personnel at the Recreation Center to administer medication, careful consideration should be given by the parent or guardian to ordering or administering medication in a manner so that it is not necessary to administer to the participant while at the Recreation Center. **MEDICATION MUST BE IN ORIGINAL CONTAINER.**

NAME OF CHILD: _____ BIRTH DATE: _____

NAME OF MEDICATION: _____ Order Exp.(Date) _____

Desired action of medication (optional) _____

Form of medication: pill capsule inhalation liquid injection/auto injector

Other (specify) _____

Dosage (amount to be given) _____

How often and at what time: _____

Symptoms of adverse reaction to medication: _____

NAME OF MEDICATION _____ Order Exp.(Date) _____

Desired action of medication (optional) _____

Form of medication: pill capsule inhalation liquid injection/auto injector

Other (specify) _____

Dosage (amount to be given) _____

How often and at what time: _____

Symptoms of adverse reaction to medication: _____

The parent knows of this request and has agreed to supply this/these medication(s) as needed. Should the student manifest any of the above symptoms which may be caused by the medication, I understand that the parent will be contacted and the Palm Beach Recreation Department directive relating to emergency care will be followed.

Physician's Name (print) _____ Physician's Signature _____ Date _____

License # _____ Telephone # _____

I hereby give my permission for my child (named above) to receive medication while enrolled in a recreation department program. I understand the Town of Palm Beach undertakes no responsibility for either the administration of the medication or for the failure to administer or to dispense the medication. This medication has been prescribed by a licensed physician. I hereby release the Town of Palm Beach, its officers, agents and employees from any and all liability that may result from my child taking the medication or for the failure to take said medication.

Parent/Guardian Signature _____ Telephone _____ Date _____

(For Administrative Use Only) Names and Titles of persons to administer medication(s)

1. _____ 2. _____ 3. _____

Approved by: _____

(Director's Signature)