

ALL PRO SPORTS MULTI-SPORT VACATION PROGRAMS

GENERAL INFORMATION

December: December 26, 27, 28
Tuesday-Thursday*
9:00 a.m.-3:00 p.m.
Gideon Welles Gym
*Single Day or All 3 Days

February: February 20
Tuesday
9:00 a.m.-1:00 p.m. OR
9:00 a.m.-3:00 p.m.
Gideon Welles Gym

April: April 9-12
Monday-Thursday
9:00 a.m.-1:00 p.m. OR
9:00 a.m.-3:00 p.m.
Smith Gym

THE STAFF

A site director will oversee this program with assistance from additional instructors and or named athletes. The participant to staff ratio is 12:1. Staff consists of individuals who have had experience in the various sports.

DROP-OFF/PICK-UP

We can only guarantee that supervision will be provided beginning at the start of the program and end of the program as indicated above. Please be advised that the Parks and Recreation Department reserves the right to charge a \$15 late fee to parents picking up 10 minutes later than the scheduled pick-up time.

SIGN IN/OUT

Upon arrival, parents must check in their child with the site director. At the day's end, parents must sign their child out. For your child's protection, we ask that you provide us with a written notice for the following reasons:

- If you plan to pick up early.
- If you are authorizing someone, other than you or anyone listed on the Information/ Medical Emergency form, to pick-up or drop-off your child.
- If your child walks or bikes to the program. Walkers/bikers must remain until closing unless you inform us otherwise.

WHAT TO BRING

Please put your name and phone number on all equipment and belongings

- Appropriate Clothing
- Filled Water Bottle (water fountain on-site)
- Sneakers

- Snack for program that ends at 1:00 p.m.; Lunch and snack for program that ends at 3:00 p.m.

HEALTH/MEDICAL

The Information/ Emergency form must be completed and brought with your child on the first day of the program. This form provides us with essential information about your child that the staff need to know before the start of camp. **YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT A COMPLETE FORM.** Please make us aware in writing prior to the start of the program of any other special needs your child might have.

If your child becomes ill or injured while at the program, the parent/guardian listed on the form will be contacted immediately. If we are unable to reach a parent or guardian, the emergency contact will be called next, and so on down the list until we are able to reach someone. Please inform your emergency contact people of their responsibilities and be sure they are readily available.

If your child is on medication, or requires medication in the event of an emergency (i.e., food allergy, asthma, etc.), you must request and complete an Authorization of Administration of Medication Form and return it to the Parks and Recreation Office prior to the start of the program. You may also be required to provide a written treatment form from your physician with specific instructions detailing how and when medication is to be given.

BEHAVIOR

Safety, respect for others, and a positive experience are our most important priorities. At the program, staff will discuss their expectations for appropriate behavior and the consequences if they are not followed. We will attempt to curb any inappropriate behavior, however, situations may still occur. If a problem continues, the director of the camp will discuss the situation with you and attempt to come to some solution. While it is not our policy to discourage participation due to behavior problems, we are limited as to what we may be able to do to work with you to improve the situation. In cases where there is no marked improvement, your child may be asked to stay home a day and/or be removed from the program.

Talk with your to make sure he/she is having a positive experience. Please inform the site director of any problems as soon as possible.

GLASTONBURY PARKS AND RECREATION DEPARTMENT
ALL PRO SPORTS MULTI-SPORT VACATION PROGRAMS
CHILD INFORMATION/EMERGENCY CONSENT FORM

This form will provide Parks & Recreation staff with the information needed to care for your child in the event of an emergency. For your child's safety and protection, it **MUST** be completed and returned with him/her on their first day of attendance at the program.

ANY CHILD THAT ARRIVES WITHOUT A COMPLETED FORM WILL BE SENT HOME. THEY MAY RETURN WHEN THE FORM IS COMPLETED AND ON FILE.

CHILD INFORMATION

Child's Name _____ Date of Birth _____

Address: _____ Home Phone _____

PARENT/GUARDIAN INFORMATION

Please provide us the name of the Parent/Guardian and where they may be **REACHED** during the program hours in case of a problem and/or emergency.

1) Mother/Guardian _____ Home Phone _____ Cell Phone _____

Name of Employer _____ Day Phone () _____

2) Father/Guardian _____ Home Phone _____ Cell Phone _____

Name of Employer _____ Day Phone () _____

SPECIAL NEEDS

In order to better accommodate your child, please make us aware of any special needs he/she may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

OTHER INFORMATION

Use this space for any additional information that you feel might be helpful to the staff working with your child.

(CONTINUED ON BACK)

CHILD'S NAME _____

EMERGENCY STATEMENT

If in the opinion of program staff, emergency medical services are required, 911 will be called. Should emergency transportation to a hospital be required, it will be coordinated by Emergency Medical Services (EMS). Parents/Guardians will be notified by the numbers provided under the "Parent/Guardian Information" on the front of this form, as soon as possible. If a child is transported by ambulance, a staff member will accompany them until a Parent/Guardian arrives at the hospital.

MEDICATION AT CAMP

If your child is on any medication or requires medication in the event of an emergency (i.e. food allergy, asthma etc.) **YOU** must obtain and complete an **Authorization For Administration of Medication** form **prior to the start of the program**. Forms are available at Parks & Recreation Office or from our website (www.glastonbury-ct.gov) Click parks & recreation website, downloadable forms, medication).

Does your child require medication at camp? Yes No

MEDICAL INFORMATION

This information is needed to care for your child in the event of an emergency.

Medical History: _____

Known Allergies: _____

All Medications Currently Taking: _____
(Included Medications taken at home)

EMERGENCY/OTHER CONTACTS

Please provide us the name of the person(s) you want us to contact in the event the Parent/Guardian cannot be reached. Every effort will be made to contact Parent/Guardians first but if you cannot be reached the following will be contacted. Be sure to provide phone numbers where these people may be **REACHED** during the day.

1) Name: _____ Home Phone _____ Cell Phone _____
Relationship to Child _____ Day Phone () _____

In an emergency, I give permission for the above person to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified. Yes No

2) Name: _____ Home Phone _____ Cell Phone _____
Relationship to Child _____ Day Phone () _____

In an emergency, I give permission for the above person to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified. Yes No

Name: _____ Relationship: _____

Signature: _____ Date: _____