



Howell Nature Center



2017 DAY CAMP (LIT) July 24 - 28

Leader In Training Registration

For Campers Entering 9-12th Grade

Hours: 8:00 a.m. - 4:00 p.m.

1005 Triangle Lake Rd.
Howell, MI 48843
P: (517)546-0249
F: (517)546-1677
www.howellnaturecenter.org

Camper _____ D.O.B _____ Age _____ Grade in Fall _____

Parent or Guardian _____

Email Required _____ Cell Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

How to Register:

To Register, please fill out all forms. Campers must attend the full week with the overnight. A \$30 deposit is required at time of registration, with balance due two weeks before your child attends camp. Early Bird discount does not apply to LIT Training.

July 24-28 - Leader in Training (LIT) Camp with Day Camp - Camper entering 9th-12th Grades. \$150
Calling all veteran day campers! Ready for more adventures? Join us for our LEADER IN TRAINING (L.I.T.) CAMP. We'll blend old camp favorites like gaga ball and high ropes with group challenges designed to help you learn the basics of leadership. Stay overnight on Thursday for night zip lines and campfire stories, and test out our NEW rustic cabins.
In our time together we'll plan a service project to give back to the Howell Nature Center, and put our plans in motion on the last day of camp.

Payment: Deposit of \$30 or Full Payment of \$150 _____ Balance Due July 10, 2017.

Type of payment: Check _____ Money Order _____ Major Credit Card _____ Type _____ Card # _____ Exp. Date _____

Please make Check or Money Order payable to : Howell Nature Center

Name as it appears on Credit Card _____ CVC Code (on back of card) _____

_____ YES! I would like AUTOPAY.

2017 Day Camp Leader In Training Packet

Camper Entering 9th-12th Grades



Howell Nature Center

Dear Camp Parents,

We are very excited that your camper will be joining us at the LIT Training. We are looking forward to a great week of learning, growing and most of all, having fun and making great memories! As campers grow into their teenage years we want to offer leadership opportunities and skills that will positively guide them into young adulthood.

We have included information in this packet to help you plan for training. If you have more questions about camp, please feel free to contact me.

Thank you,

Emily DeLong
Special Programs Coordinator
Cell # 616-796-5106
Email: emilyd@howellnaturecenter.org



PAYMENTS: \$30 Non-Refundable Deposit is due at time of registration. Balance is due Monday, July 10, 2017.

CHECK-IN: 8:00am, Check-in at Pineview Lodge

CHECK-OUT: 4:00pm, Check-out at Pineview Lodge

CAMPER FORMS: Every camper needs to have updated, accurate, fully completed forms on the first day of camp: Health Form, Agreement to Participate Form (waiver), Camper Code of Conduct Form, Parent Agreement Form and Field Trip Permission Slip.

CAMPER RELEASE: The very first day that you check in your camper, you will receive a **PIN CODE CARD** for your camper. This private code must be given/shown to the check-out staff to pick up your camper. Every child will have a code unique to them, siblings will not share codes. **PLEASE ONLY SHARE THIS CODE with ADULTS that you trust** picking up your child. You may text them the code number or send them a picture. You must give the code to pick up your camper.

LUNCH, SNACK & WATER BOTTLE: Please provide a complete lunch, an afternoon snack and a refillable water bottle for your camper.

PARKING LOT AND CAMP ROADS: When parking, please be aware of children and wildlife moving about. **Please respect the 10 mile an hour speed limit on our grounds.**

OVERNIGHT: Thursday dinner and Friday breakfast and lunch will be served as well as an assortment of evening activities. Friday LIT's will be working on their service project. (Campers need to bring a sleeping bag, pillow, flashlight, pajamas, toiletries, and a change of clothes. Pick-up will be at 4:00pm on Friday.

MEDICINE POLICY: Medication must be turned in at check-in to the Health Officer. Emergency rescue medication may need to be carried by camp staff. All prescription medication must be in the original prescription bottle with the camper's name on the label, and by state law, dispensed according to the directions on the label. If the doctor has changed the dosage or directions for administration, submit a signed letter from your physician with the new directions. This letter must include camper's full name, dosage amount and delivery time(s). Campers are not permitted to carry their own medication.

CAMPER SAFETY: Your camper's safety is our top priority and we work to make all of our activities as safe as possible. The camp staff undergoes extensive training to avoid accidents and injuries. All of our staff members have been trained in first-aid and CPR. We also have a Health Officer on site at all times.

PHONE POLICY: Campers are not permitted to have cell phones, iPods, iPads, or any other electronic devices at camp except for digital cameras. All camp staff will have Walkie Talkies and a cell phone to make any calls or emergency contacts as needed. If for any reason you need to contact your camper, you may call the Summer Camp Coordinator Matt Grant at any time throughout the day by calling or texting Cell # 810-599-0367

PARENT NOTIFICATION: The Camp Coordinator will call the parents in the following cases:

- The camper spends more than one hour in the health office.
- The camper needs care from the doctor or medical facility.
- A behavior issue occurs and we need assistance to correct the behavior.
- The camper is experiencing severe homesickness and is not adjusting to the camp environment.

CAMPER CODE OF CONDUCT: To provide campers with a safe, fun and exciting summer, all campers must adhere to the following guidelines.

Our main rule at the Howell Nature Center is **RESPECT**. Respect is a lot of things. It is an attitude, an action, and a way of life. It is showing appreciation for what is good in people, a positive response to living with ourselves, others and nature. It is not hurtful, mean, cruel or destructive in any way. It is building up, rather than tearing down. We believe that everybody should enjoy our camp equally, and feel safe, secure and accepted regardless of color, race, gender, popularity, athletic ability, intelligence, religion and nationality.

1. I will **RESPECT NATURE**: I will walk on trails, enjoy the surroundings but not take souvenirs, dispose of garbage properly, leave wildlife alone, and clean up when I leave.
Traveling through wilderness, humans are the visitors. We are passing through the homes and habitat of wild animals and our behavior should be much like what is expected when visiting another human's home.
2. I will **RESPECT OTHERS**: I will use kind words, listen, be fair, and keep my hands and feet to myself. I will respect their property.
3. I will **RESPECT the FACILITIES**: I will keep the grounds clean, and respect equipment, waterfront, buildings and restrooms. If something is broken, I will tell a counselor.
4. I will **RESPECT MYSELF**: I will think and act in a positive way, make safe decisions, drink plenty of water, and wear sunscreen and bug spray. I will respect my belongings.

BEHAVIOR POLICY: Inappropriate behaviors will not be tolerated. A child exhibiting any of the following behaviors will be immediately suspended from camp: bullying, violence, sexual harassment, endangering the safety of any camper or staff member, any type of discrimination, theft, verbal abuse, and possession of any type of weapon. Incidents will be reviewed by administrative staff and a determination of the child's eligibility for continued attendance at camp will be made. Parents will be notified of the results of this review. Incidents will be handled on a case by case basis. No refunds for any camp fees paid will be issued in the event of disciplinary expulsion.

Discipline will be handled in the following manner:

- Step 1: Counselor will address behavior with camper, helping the camper to understand the rules and take responsibility for changing the behavior.
- Step 2: Senior staff will meet the camper to discuss and implement solutions
- Step 3: The camper will meet the Camp Coordinator. Parental contact and clear objectives will be established.
- Step 4: The camper will be removed from camp without a refund. A parent or guardian will be asked to pick up the camper from Camp Howell as soon as possible.

PACKING LIST: PLEASE MARK ALL ITEMS WITH YOUR CAMPER'S NAME!

- **Backpack** to hold everything
- **Lunch and afternoon snack (nothing that needs refrigeration please)**
- **Water Bottle** – Refillable
- **Swimsuit & Towel** – Plastic bag to hold wet suit and towel after swim.
- **Extra Clothes** including socks and underwear
- **Sun Screen & Bug Spray**
- **Rain Gear** – We go out rain or shine!
- **Hat and Sun Glasses** (optional)
- **Digital Camera** – **Please no Phones or other electronics.**

NOT ALLOWED AT CAMP: Cell Phones, iPods, iPads, electronic games or other electronic devices. Knives and weapons, or anything you can't afford to lose. HNC is not responsible for lost or stolen items. Prohibited items will be held in the camp office until the end of the day.

APPROPRIATE DRESS: The Camp dress code mirrors the policies of most schools. Closed toed shoes are required for the day. (Sandals, flip flops and crocs are not recommended for any activity, except for swim time.)

LOST & FOUND: Please call us right away and we will try our best to locate the items. At the end of each day, please check the lost & found display area near the check-out table. Any items left behind after the end of each session will be donated to charity two weeks after that session.

REFUND/CANCELLATION POLICY: All deposits are non-refundable. Cancellations will be accepted only in writing via, fax, email, or personal delivery in the registrar's office and must be received TWO WEEKS prior to registered day to be eligible for a credit. No Shows will not be allowed to switch days. All refunds are issued in the form of a credit for future days or weeks of camp, subject to availability. Day Camp operates rain or shine, we will offer activities as the weather allows. There will be no refunds issued for changes in the schedule necessitated by weather issues or unforeseen circumstances.

Howell Nature Center 1005 Triangle Lake Road, Howell, MI 48843
517-546-0249 www.howellnaturecenter.org



Howell Nature Center

1005 Triangle Lake Rd. Howell, MI 48843 • Office # 517-546-0249 Fax # 517-546-1677 • www.howellnaturecenter.org

Agreement to Participate for MINORS

Group/School/Camp Name _____ Today's Date _____

Name _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Names _____

Home # _____ Work # _____ Cell # _____

Email Address _____

I understand that at the Howell Nature Center, I am expected to follow all the rules as presented by the Challenge Program facilitator, Ropes staff, & EE staff including, but not limited to: listening and following safety instructions, running is not allowed, no negative comments to other participants, respect for adults in charge and other participants, and positive encouragement given to other participants.

I fully realize that participation in the high ropes, low ropes, initiatives, obstacle, tower, zip line, wall climbing courses ("Courses"), Global Village, and all Environmental Education classes involves psychologically and physically challenging situations and that my participation in the same could result in injuries including but, not limited to: sprains, cuts, rope burns and/or abrasions or more serious injury. I acknowledge that the Howell Nature Center ("HNC") has/will informed me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury.

PARTICIPANT'S SIGNATURE

DATE

I understand that a physician should be consulted before participation in these courses if my child has one of the following conditions: is pregnant, has a back condition, high blood pressure or a heart condition. I understand that an inhaler for exercised induced asthma, an Epi-pen for severe insect allergies or any other medication needed for a chronic medical condition should be brought with my child to the challenge courses. I acknowledge that my child's participation in the Courses means I accept the dangers that are open, obvious and necessary to these activities.

I agree to hold the **Howell Nature Center, its sponsors, agents, representatives, board members, employees, contractors and suppliers harmless for any and all damages which my child might sustain and suffer in connection with my child's participation in the Courses, programs, and activities at HNC.**

The HNC has my permission to secure emergency care for my child if necessary. I accept full responsibility for the cost of any treatment for any injury suffered while participating in the Courses.

AUTHORIZATION FOR AUDIO/VISUAL RECORDS

I understand that the Howell Nature Center may take certain reasonable recording of this camping event. I hereby authorize the HNC to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate HNC records, public relations, and/or advertising.

MEDICAL STATEMENT

I recognize that climbing can be a strenuous endeavor requiring my child to be in good physical condition.

I am listing below those conditions my child has that could restrict my child's participation in the Challenge Courses, and activities while at camp at the HNC.

Medications currently taking: _____

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could restrict my child's participation in this activity.

IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF BOTH PARENTS IS REQUESTED IN ADDITION TO PARTICIPANT'S SIGNATURE.

PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE **DATE**

PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE **DATE**



Howell Nature Center

1005 Triangle Lake Rd. Howell, MI 48843 • Office # 517-546-0249 Fax # 517-546-1677 • www.howellnaturecenter.org

Permission Slip and Health History Form

To be completed by parent or guardian

Dates and Name of Camp Attending _____

Camper Name _____ DOB _____ Age _____ Gender _____

Home address _____
Street address _____ City _____ State _____ Zip _____

Custodial Parent/Guardian _____ Home # _____

Email Address _____

Place of work _____ Work # _____ Cell # _____

Emergency contacts _____

Name _____ Phone _____ Relationship _____
Address _____
Street address _____ City _____ State _____ Zip _____

If not available in an emergency, notify _____

Name _____ Phone _____ Relationship _____
Address _____
Street address _____ City _____ State _____ Zip _____

Insurance Information

Is the participant covered by family medical/hospital insurance? ___ Yes ___ No

Policy Holder's Name _____

Carrier or Plan Name _____ Policy # _____

Name of family physician _____ Phone _____

Address _____
Street address _____ City _____ State _____ Zip _____

Important !! This box must be complete for attendance!

Parent/Guardian Authorizations: I give permission for my child to attend the Howell Nature Center camps. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I give permission for the camp First Aid personnel to provide routine health care, administer prescribed medications, and first aid treatment on site. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child, in the event I cannot be reached in an emergency. I give permission to the physician or the aforementioned camp First Aid personnel to hospitalize, secure proper and/or routine treatment and to order injection, anesthesia, x rays, or surgery for my child in the event I cannot be reached in an emergency. This completed form may be photocopied for trips out of camp. I understand that the Howell Nature Center may take certain reasonable recording of this camping event. I hereby authorize the HNC to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate HNC records, public relations, and/or advertising.

(Signature of parent or guardian) Date _____

(Signature of parent or guardian) Date _____

Diet/Nutrition: (Check one)

_____ This Camper eats a regular diet. (Has no restrictions)

_____ This Camper eats a vegetarian diet.

_____ This Camper has special dietary needs (Please describe) _____

Restrictions: (Circle any restrictions that apply)

Does not eat: Red Meat Pork Dairy Poultry Seafood Eggs Gluten Other: _____

Health History:

Allergies: List all known allergies. Describe reaction and management of the reaction.

Medication Allergies (list) _____

Food _____

Other (insect stings asthma, animal) _____

Medications Being Taken:

This Person takes NO Medications on a routine basis.

Please list all medications (including over-the-counter nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (If prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes medications as follows:

<u>Medication</u>	<u>Dosage</u>	<u>Hours given</u>	<u>Reason</u>

I hereby give permission to administer the over-the-counter medications listed below, or their generic equivalents EXCEPT THOSE I HAVE CROSSED OUT if the Camp Health officers deem it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

- | | | | | | |
|---------|----------|-------------|------------|-----------------|----------------------|
| Tylenol | Benadryl | Cough drops | Tums | Pepto Bismol | Robitussin |
| Motrin | Contact | Eye drops | Aloe Cream | Caladryl lotion | Hydrocortisone cream |

General Questions (Explain "yes" answers below)

- | | | | | | |
|---|------------|-----------|--|--|-----------|
| Has/does the participant: | Yes | No | | Yes | No |
| 1. Had any recent injury or illness or infectious disease?..... | ___ | ___ | | 9. Ever been hospitalized?..... | ___ ___ |
| 2. Have a chronic or recurring illness/condition?..... | ___ | ___ | | 10. Ever had surgery?..... | ___ ___ |
| 3. Have frequent headaches?..... | ___ | ___ | | 11. Ever had a head injury?..... | ___ ___ |
| 4. Ever been knocked unconscious?..... | ___ | ___ | | 12. Wear glasses, contacts or protective eye wear?.... | ___ ___ |
| 5. Ever have frequent ear infections?..... | ___ | ___ | | 13. Ever have seizures?..... | ___ ___ |
| 6. Ever been diagnosed with a heart murmur?..... | ___ | ___ | | 14. Ever had back problems?..... | ___ ___ |
| 7. Have any skin problems? (itching, rash, acne)?..... | ___ | ___ | | 15. Have diabetes?..... | ___ ___ |
| 8. Have asthma?..... | ___ | ___ | | 16. Have a history of bed-wetting?..... | ___ ___ |

Please explain any yes answers, noting the number of the questions. _____

Which of the following has the participant had?

_____ Measles _____ Chicken Pox _____ Mumps _____ German measles _____ Hepatitis A or B or C

My Child's Vaccinations are Up To Date/Current: **YES** **NO** **Please Initial** _____ **Date** _____

Parent/Guardians Initials

What have we forgotten to ask? Please use the space below (attach any extra notes) to provide us with any information that will help your camper be successful while they're at camp. This can include information pertaining to their social behavior, physical needs, or emotional habits. Do they need an aide in school, are they shy, do they need to be reminded to use the restroom, etc. Any information that may affect their participation in camp programs and potential accommodations are useful.

Camper Code of Conduct Agreement



Are you ready to have fun this summer? We are! In order for you to have a fun, exciting and safe summer, everyone needs to follow the same guidelines. Below is a list of the basic rules you will need to follow while you are here at camp. Keep in mind that more specific rules will be explained when you get here. Please read over all the guidelines and make sure that you understand them. You will be expected to follow the guidelines as soon as you arrive at camp.

Please read this with your Parent/Guardian and sign it with them at the bottom.

Camper's Name: _____

Camper's Session: _____

While at camp at the Howell Nature Center our main rule is RESPECT.

Respect is a lot of things. It is an attitude, an action, and a way of life. It is showing appreciation for what is good in people, a positive response to living with ourselves, others and nature. It is not hurtful, mean, cruel or destructive in any way. It is building up, rather than tearing down. We believe that everybody should enjoy our camp equally, and feel safe, secure and accepted regardless of color, race, gender, popularity, athletic ability, intelligence, religion and nationality.

I will **RESPECT NATURE**: I will walk on trails, enjoy the surroundings but not take souvenirs, dispose of garbage properly, leave wildlife alone, and clean up when I leave. *Traveling through wilderness, humans are the visitors. We are passing through the homes and habitat of wild animals and our behavior should be much like what is expected when visiting another human's home.*

I will **RESPECT OTHERS**: I will use kind words, listen, be fair, and keep my hands and feet to myself. I will respect their property.

I will **RESPECT the FACILITIES**: I will keep the grounds clean, and respect equipment, waterfront, buildings and restrooms. If something is broken, I will tell a counselor.

I will **RESPECT MYSELF**: I will think and act in a positive way, make safe decisions, drink plenty of water, and wear sunscreen and bug spray. I will respect my belongings.

What is Bullying: when a person or a group repeatedly and intentionally uses or abuse their power to intimidate, hurt, oppress or damage someone else. It can be secret or cyber-based (happening online through social networks or even through mobile phones). Bullying can be physical or emotional. According to the National Center Against Bullying, there are five different kinds of bullying behavior. They are:

1. **Physical bullying:** when physical actions such as hitting, poking, tripping or pushing, are used to hurt and intimidate. Repeatedly and intentionally damaging someone's belongings is also physical bullying.

2. **Verbal bullying:** involves the use of negative words, like name calling, insults, homophobic or racist slurs, or words used to intentionally upset someone.

3. **Social bullying:** when lies, the spreading of rumors or nasty pranks are used. This includes repeated mimicking and deliberate exclusion.

4. **Psychological bullying:** involves the repeated and intentional use of words or actions which can cause psychological harm. Examples include intimidation, manipulation and stalking.

5. **Cyber bullying:** when technology is used to verbally, socially or psychologically bully. It can occur in chat rooms, on social networking sites, through emails or on mobile phones.

Behavior Policy: Inappropriate behaviors will not be tolerated. A child exhibiting any of the following behaviors will be immediately suspended from camp: bullying, violence, sexual harassment, endangering the safety of any camper or staff member, any type of discrimination, theft, verbal abuse, and possession of any type of weapon. Incidents will be reviewed by administrative staff and a determination of the child's eligibility for continued attendance at camp will be made. Parents will be notified of the results of this review. Incidents will be handled on a case by case basis. No refunds for any camp fees paid will be issued in the event of disciplinary expulsion.

Discipline will be handled in the following manner:

Step 1: Counselor will address behavior with camper, helping the camper to understand the rules and take responsibility for changing the behavior.

Step 2: Camp Coordinator will meet the camper to discuss and implement solutions.

Step 3: The camper will meet the Program Coordinator. Parental contact and clear objectives will be established.

Step 4: The camper will be removed from camp without a refund. A parent or guardian will be asked to pick up the camper from Howell Nature Center as soon as possible.

Camper: By signing this form, I am agreeing to the above guidelines. I understand that more specific rules will be explained to me when I arrive at Camp Howell. I also realized that failing to follow these guidelines will result in disciplinary action by the staff of Howell Nature Center, and may include removal from the Summer Camp Program.

Camper's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

This form **MUST** be completed along with the Health History/Permission Slip Form, Agreement to Participate Waiver Form, Parent Agreement Form and Permission Slip Form in order for your child to participate at Howell Nature Center. All forms must be turned into Howell Nature Center on the first day that your child attends.

Day Camp Parent Agreement Form

Camper (s) Name (s) _____ Date _____

Deposit/Payment Information

- I agree that the session date(s) I have registered for are accurate. Changes after this time, required a "Change Form" and are based on availability.
- I understand that the \$30 Non-Refundable Deposits for each registered week are due at time of registration.
- I understand all balances are due by 4:00 pm on the Monday TWO WEEKS PRIOR to the registered week(s) my child is attending.
- I understand all deposits are non-refundable.** Once your registration form is submitted, there will be a \$10 per "Change Form" fee that requires a two week advance notice. You may add sessions/days two weeks in advance for no charge, provided space is available. Cancellations will be accepted only in writing "Change Form" via, fax, email, or personal delivery in the registrar's office and must be received TWO WEEKS prior to registered day to be eligible for a credit. No Shows will not be allowed to switch days. All changes/cancellations are issued in the form of a credit for future days or weeks of camp, subject to availability. Day Camp operates rain or shine, we will offer activities as the weather allows. There will be no refunds issued for changes in the schedule necessitated by weather issues or unforeseen circumstances.

Health & Waiver Forms

- I understand that my camper needs to have updated, accurate, and fully completed forms on the first day of camp: Health Form, Agreement to Participate Form (waiver), Camper Code of Conduct Form, Parent Agreement Form, and Field Trip Permission Slip.
- In order for my child to have a positive camp experience, before my child starts camp, I know that I must accurately communicate all limitations and behavioral issues so the camp staff can successfully work with my child.
- If your child needs to receive medication, medication must be in its original container and given to the Health Officer.

Lunch/Snack/Water Bottle

- I must provide a lunch, an afternoon snack and a refillable water bottle everyday my child attends camp.

Packing List PLEASE MARK ALL ITEMS WITH YOUR CAMPER'S NAME!

- I understand each day my camper attends they need the following:
 - I understand that the HNC asks that each family donate a bottle of spray on sports-style sunscreen, 50 SPF or higher and a bottle of bug spray for all campers attending for a week or more of summer.
 - I will check LOST & FOUND at the end of each day, which is located near the check-out table. I realize any items left behind after the end of each session will be donated to charity two weeks after that session.
- | | | | |
|----------|------------------|-------------------------|------------------------------|
| Backpack | Swimsuit & Towel | Extra Change of Clothes | Hat & Sun Glasses (optional) |
| Lunch | Sun Screen | Bug Spray | Rain Gear |

Dismissal and Pick-Up Procedures

- I am aware that Day Camp Check-in is between 8:00a.m. - 9:00a.m. and Check-out is between 4:00p.m. - 5:00p.m.
- I will not arrive before 8:00a.m. or after 5:00 p.m. unless my camper is enrolled in the Before Care or After Care Program. (Which is available:7:00a.m. - 8:00a.m. and 5:00p.m.- 6:00p.m.)
- If you have to drop off late or pick up early, we strongly prefer that you drop off or pick up at LUNCH TIME, when the entire group is gathered in one place.
- I know that my child will only be released to people that I have authorized and shared my PIN CODE CARD with.

Behavior Policy

- I understand inappropriate behaviors will not be tolerated. A child exhibiting any of the following behaviors will be immediately suspended from camp: bullying, violence, sexual harassment, endangering the safety of any camper or staff member, any type of discrimination, theft, verbal abuse, and possession of any type of weapon. Incidents will be reviewed by administrative staff and a determination of the child's eligibility for continued attendance at camp will be made. Parents will be notified of the results of this review. Incidents will be handled on a case by case basis. No refunds for any camp fees paid will be issued in the event of disciplinary expulsion.
- I will ensure that my child follows all camp rules and directions of camp staff for their safety, enjoyment, and the smooth operation of the program.
- Please understand that there will be no refunds given to children who are suspended or terminated for behavior issues.**

Electronics Policy

- I understand the following are not allowed at camp: Cell Phones, iPods, iPads, electronic games or other electronic devices. Knives and weapons, or anything you can't afford to lose. HNC is not responsible for lost or stolen items. Prohibited items will be held in the camp office until the end of the day.

Other Policies

- I am aware that my child may be shown PG and G-rated movies that tie into weekly themes or as entertainment on inclement days. I understand I will not be informed in advance and if I have any objections, I will notify the Day Camp Coordinator in writing prior to my child's first day.
- I understand that all children attending camp on a field trip day must go on the field trip. All Field Trips are an additional cost. One complimentary camp t-shirt will be provide to each camper on their first day of camp. T-shirt must be worn on Field Trip Days!

I have read the Day Camp Parent Packet and agree to follow all policies and procedures as stated.

Parent Name (print) _____ Signature _____ Date _____