

Off Track Camp Registration Packet



Enrollment Date ___/___/___

Child's Name	Last Name	Male/Female	B-day

Child's School _____ Track _____

Home Address _____

Home number _____

Mother/Guardian name _____ Phone # _____

Employer _____ Work # _____

Father/Guardian name _____ Phone # _____

Employer _____ Work # _____

Emergency contacts/authorized people to pick up your children. (Other than parents)

<u>Name</u>	<u>Relationship to child</u>	<u>Address</u>	<u>Phone</u>
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____

please check here if there are no authorize individuals to pick up child other than parents.

#3 Please provide an out of area contact if available.

In case of an emergency or serious illness, when parents or contacts can not be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency transportation for my child.

Sign _____ Date _____

RELEASE, INDEMNIFICATION & HOLD HARMLESS:

The undersigned recognizes and acknowledges that there are certain inherent hazards and risks connected with activities and programs of the South Jordan Parks & Recreation. The undersigned hereby (1) knowingly and voluntarily assumes full responsibility for such risks and hazards and, (2) agrees that I am bound by all terms and conditions of the South Jordan City rules and procedures. The undersigned is aware of the content of the programs and activities of the Parks & Recreation Department and hereby represents that the undersigned is physically, mentally and emotionally fit and capable of safely participating in such programs or activities. I agree as a condition of participation in programs or activities of the Parks & Recreation Department to release, defend, indemnify and hold harmless South Jordan City, its officers, agents, employees and volunteers harmless from and against any and all loss, judgments, damage and expense incurred by reason of any claim or liability based upon (1) personal injury (including death) or property damage to any person arising out of the negligent or intentional action of the undersigned, or (2) personal injury (including death) or property damage to the undersigned, except to the extent that such injury or damage is directly caused by the negligent acts or omissions of South Jordan City, its officers, agents, employees or volunteers.

Sign _____ Date _____

Child Health Assessment

(One per Child)

Name of Child: _____ Birthdate ___/___/_____

Check all that apply:

Does your child have any known allergies or sensitivities to:

	No	Yes	if yes please list:
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Illnesses or Medical Conditions:

Does your child have any of the following:

	No	Yes	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

List any additional health information or special instructions you feel we need to be aware of:

List any regular medications your child takes _____

Name of Child's Medical Provider _____

Parent/ Guardian Signature _____ / _____ / _____
Date

This form must be reviewed and renewed annually by parent or guardian and changes must be noted.

Reviewed and/or updated ___/___/___ Parent/Guardian Signature: _____

Reviewed and/or updated ___/___/___ Parent/Guardian Signature: _____

Reviewed and/or updated ___/___/___ Parent/Guardian Signature: _____

Reviewed and/or updated ___/___/___ Parent/Guardian Signature: _____

Reviewed and/or updated ___/___/___ Parent/Guardian Signature: _____

Off Track Camp Parent Sheet

Thank you for your interest in our Off-Track Program. We are excited to have your child with us. For the most enjoyable experience possible while here at Camp, please read the following information carefully.

1. Off Track Camp Activities:

We would like to inform you of some of the fun and exciting activities your child may be involved in here at Off Track Camp.

Crafts—your child will be involved with a number of different craft activities.

Swimming—Tuesdays and Thursdays are our swim days. If your child is attending camp on either of these days they will have swim time so please provide appropriate swimming attire and towel as these items WILL NOT be provided. Lifeguards are on duty during the swim time, and all camp leaders will be in the water with the children at all times. DO NOT dress your child in their swimwear as they will need dry clothes and under clothes to change into.

Field Trips- Your child may be taken from the South Jordan Fitness & Aquatic Center to do such activities as: Mulligan's Golf and Game, South Jordan History Center, Library, Children's Museum, Ice Skating, Fire/Police Stations, and other field trips.

2. Off Track Camp Registration information:

- We will have a maximum number of 40 kids. There will be at least 1 camp counselor per 20 children.

3. Day-to-day items to be aware of:

- Children MUST be picked up at 4:30pm, unless signed up for extended care. (All children must be signed in and out with photo ID so coming into the building is required).
 - You are required to provide a list of authorized individuals who can pick up your child. They must provide photo ID at the time of pick up. If individuals are not on your list or they do not have photo ID your child WILL NOT be released to them. You may only add people to your list in person. Phone add on's will not be accepted.
 - It is necessary to make sure you can arrange your child's drop off and pick up during these times.
 - The earliest your child may be dropped off is 8:00 am. Camp leaders are not available prior to this time.
 - The latest your child can be picked up is 4:45 pm, unless you pay for extended care (\$2.00 per hour.) **No extended care available on Friday's**
- Your child will need to be provided with their own lunch, drinks and snacks.
- Be sure your child is appropriately dressed according to athletic activities and weather.
 - Your child may get dirty.
 - Appropriate footwear. **No Heelys.**
 - Provided with, but not dressed in Swimming Suit (on swim days).

4. Camp Rules: We want all children participating in the Camp to have an enjoyable time. In order to accomplish this, there must be respect given and shown by both leader and child.

Always listen to camp leaders and always respect others.

Clean up after playing a game or eating.

You **must** have permission before getting a drink or going to the bathrooms.

No **running** in the hallways.

Quick Info:

Dates: Monday-Friday

Times: 8:30am – 4:30pm

Or 10:00am- 3:00pm

Extended care available from
4:30-7:30

Ages: 6-12 year old

Fee Options:

1 Day = \$25

1 Week = \$100

Full Track = \$275

½ Day = 15

1 week = 70

3 weeks = 200

Extended care \$2 per hour

Participants may register for

any of these options; however

specific days must be noted and

followed.

Speak with kind words. No swearing, no verbal abuse and no hitting or kicking whatsoever.

Pool Rules

1. Do **not** get in the pool until leaders are in the pool.
2. If you are younger than 8 years old, you must stay near a leader while swimming in the pool.
3. Shower before getting in the pool.
4. Share all the pool toys and put them back in the splash room every time you are done using them.

Gym Rules

1. When entering the gym, go immediately to the circle to listen to further instructions.
2. Never leave without a leader or without permission from a leader.

Consequences

*Failure to follow rules or listen to leaders may result in *

1. Having to sit out of activities
2. A time out
3. Writing rules down

If behavior does not change you may receive...

1. A call to your parents
2. 1 behavioral notice
3. 2nd written warning and you will **NOT** be allowed back to camp.

5. Pictures Policy: By signing this form you agree to release any pictures, video or other electronic recording taken by South Jordan City of myself or my child while participating in activities at South Jordan City or at any City sponsored event. You authorize the City to use any pictures, video or other electronic recording taken by City staff or myself or my child in advertising, promotion or informational publication designed or used by the City.

6. Participation in Activities: By signing this form you give permission for your child to participate in any and all activities during Off-Track Camp and give permission for your child to be transported to and from all field trips.

7. Transportation Policy:

- By signing this form you give consent for us to transport your child to and from all field trips.
- Children riding in a motor vehicle shall be restrained when the vehicle is in motion by using seat belts and/or care seat if needed.

8. Refund Policy:

- A full credit or refund will be given if the camp is cancelled. If the refund request is made prior to the session, a full credit will be issued. If the request is made after the session has ended a refund will not be given due to the fact that we are holding a spot of your child. Refunds will only be given in the form of a credit to your account unless prior arrangements have been made with Tiffany.
- Please note: NO CREDITS will be given for any missed days including vacation and sick days unless Tiffany was informed prior to missed day.

**These policies, rules, and regulations may change at any time. We will do our best to inform you of any changes as soon as we possibly can. **

Signature of Parent/Guardian

Date

Tiffany Parker
Youth Program Coordinator
tparker@sjc.utah.gov

Emergency and Disaster Notice

For the South Jordan City

Off Track Camp

The facility's evacuation site is located at the front entrance of the Recreation Center. All of the gas, electricity, and water will be shut off by the appointed persons of the South Jordan City Recreation Center, not by the off track employees.

The procedures for evacuating will be as follows. If we must evacuate the facility we will meet in the front of the recreation center in the grassy area. If this area is unsafe then we will walk next door to the fire station. In case of evacuation the teacher of the camp will bring the following items; sign in sheet of the children that are attending for the day, an emergency contacts list, and a first aid/ emergency supply kit.

The front desk employees will be available for assistance in case of an emergency to help will escorting the children out of the building and helping them to safety.

All teachers and parents will read and sign this form upon enrollment so they will be aware of what will happen in an emergency.

Signature _____ Date _____

Tobacco, Alcohol, Drugs and

Sexually explicit Materials

The use of tobacco and alcohol will not be allowed in or within 25 feet of the center. We will monitor this by frequently checking the facility and the surrounding 25 feet. Any persons found using tobacco or alcohol will be made aware of the rule and will be asked to comply or vacate the premises. If the same person is caught a second time they will be asked not to return to the facility.

The use of illegal drugs will not be tolerated! Initial drug tests will be performed on all employees of South Jordan City. If any persons near the facility are using illegal drugs the police will be notified.

No medications (prescriptions or over the counter) will be allowed in the center with the exception of medical emergency medication such as epipin or asthma inhalers. Teachers are not to administer medications to children unless it is an emergency medication. All other medication should be given at home or be kept in Tiffany's office with proper labeling.

To avoid any child ingesting any substance all medications and unsafe chemicals such as cleaning supplies will be kept in a locked cupboard that children cannot reach. All materials in these cupboards will be put away at all times unless in use.

Any vulgar or sexually explicit items (including words as well as pictures) will not be tolerated in the facility. Any employee wearing clothing with vulgarity will be asked to change will be considered for disciplinary action. Any parent or non-employee to come into the center with any kind of vulgarity will be asked to leave. If it happens a second time they will be asked not to return to the center.

All teachers and parents must read and sign this form upon enrollment.

Signature _____ Date _____

South Jordan City

CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT

(ATHLETE/PARENT)

The purpose of this acknowledgement form is to confirm that you have read the Concussion and Head Injury Policy and Concussion and Head Injury Fact Sheet. Specifically, that you understand the information provided to you, by South Jordan City, related to potential concussions and head injuries occurring during participation in a sporting event.

(Please Print)

I, _____, as a participant of a South Jordan City sport/recreation program;

(Please Print)

and I, _____, as the parent/legal guardian of the above named participant; have read the informational material provided to us by South Jordan City, related to concussions and head injuries occurring during participation in a youth sport/recreation program, understand its contents and warnings and agree to abide by the concussion and head injury policy.

Signature of Participant

Date

Signature of Parent/Legal Guardian

Date

Received a copy of:

South Jordan City Head Injury Awareness Policy
South Jordan City Concussion and Head Injury Fact Sheet

South Jordan City

CONCUSSION AND HEAD INJURY FACT SHEET

WHAT IS A CONCUSSION?

A concussion is a traumatic brain injury that alters the way your brain functions. Effects are usually temporary, but can include problems with headache, concentration, memory, judgment, balance and coordination.

Concussions are common, particularly if you play a contact sport. This injury needs time and rest to heal properly.

SYMPTOMS OF A CONCUSSION

- Headache
- Nausea
- Dizziness
- Blurry Vision
- Sensitivity to Noise and/or Light
- Feeling Groggy
- Confusion

SUSPICION OF CONCUSSION/HEAD INJURY

A child must be immediately removed from a sporting event, when the child is suspected of sustaining a concussion or traumatic head injury. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports. Children, who return to play too soon, while the brain is still healing, risk a greater chance of having a second concussion. Additional concussions can be very serious.

HOW TO PREVENT A CONCUSSION

- Follow your coaches rules for safety and the rules of the sport

- Practice good sportsmanship at all times
- Use the proper sports equipment, including personal protective equipment (helmets, padding, shin guards and eye and mouth guards)
- Use the proper sports equipment for the game, position or activity
- Wear sports equipment correctly and that fits well
- Wear sports equipment every time you play

WHEN CAN A CHILD RETURN TO PLAY

The child must receive medical clearance, from a qualified health care provider trained in the evaluation and management of a concussion, and provides the sports organization a written statement that the child is cleared to resume participation in the sporting event.



South Jordan City

CONCUSSION AND HEAD INJURY AWARENESS POLICY

Consistent with the requirements of UCA Section 26-53-201 and 26-53-301

Adopted by Resolution R2011-35

Policy:

South Jordan City recognizes that concussions and head injuries are commonly reported injuries in youth who participate in sports and other recreational activities. We acknowledge the risk of injuries when a concussion or head injury is not properly evaluated and managed. Therefore, a child must be immediately removed from a sporting/recreational event, when the child is suspected of sustaining a concussion or traumatic head injury and seek medical attention. The child must receive medical clearance, from a qualified health care provider, who has within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion, and provide South Jordan City a written statement that the child is cleared to resume participation in the sporting/recreational event.

Individuals, 18 and under, participating in South Jordan City sport/recreation programs receive a copy of this policy and a copy of the Concussion and Head Injury Fact Sheet. They must annually submit a signed head injury and concussion acknowledgement form to the City, indicating that they have reviewed, understand and will abide by the information provided, before they participate in a sport or recreational activity.

South Jordan City requires staff, coaches and volunteers, involved in South Jordan City sport/recreation programs, to undergo a training program for the management of concussions and head injuries.

Any questions regarding this policy may be directed to South Jordan City at (801) 254-3742.

South Jordan City
1600 West Towne Center Drive
South Jordan, UT 84095
(801) 254-3742
www.sjc.utah.gov

