



City of Fontana  
Community Services Department  
**Day Camp Program 2017**

**Registration Packet**  
**Parent/Participant Rules & Policies**

**Registration**

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- On-line registration takes place beginning Saturday, April 1 at 8:00a.m **residents** only. Prior to this date, you should obtain class registration information including activity numbers, session dates, etc. from the City Brochure, a local neighborhood or community center. This is the best time to decide how many sessions you would like your camper to take part in and register for all sessions desired. Space is limited in each age group and is on a first-come- first served basis.
  - Walk-in registration for **residents** begins at site specific locations on Saturday, May 6 for any remaining spots available after online registration.
  - Walk-in registration for **non-residents** begins at site specific locations on Saturday, May 13 for any remaining spots available after online and resident walk-in registration.
  - Space is limited. Early registration is advised.
  - There are ***no refunds or credits for any Summer Day Camps.***
  - For more information regarding registration, visit [summercamps.fontana.org](http://summercamps.fontana.org).
- PLEASE NOTE – On-line registration is considered complete only with submittal and staff verification of completed registration forms listed below and paid \$2.00 processing fee.**

**Forms**

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- All registration requires the forms below. If you sign up on-line, these forms must be completed and submitted to the program location that you registered your camper for between Monday, **April 3rd – Monday, May 1st**. An additional \$2.00 processing fee is due at the time paperwork is submitted.
- **Campers registered online whose parents/guardians do not complete/submit all required forms with staff verification by Monday, May 1st will be issued a refund (minus any non-refundable fees) and will not be permitted to participate in the program. No Exceptions.**
- Campers registered through walk-in registration process are required to submit completed forms at time of registration. Staff verification also required.

**Required Registration Forms:**

- 1) A signed Registration Packet and Parent Agreement Form
- 2) General Release of Liability Release Form
- 3) Camper Information Form
- 4) Authorization to Pick Up Form & Emergency Contact List
- 5) Facility Late Pick-Up Form
- 6) KFON Video Release Form
- 7) Proof of Date of Birth
- 8) Proof of Residency (if signing up during resident registration)
- 9) Proof of completion of Kindergarten (where applicable)

## **Dates and Times**

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- Most camps are offered Monday through Friday between the hours of 9:00am – 5:00pm. Check specific locations for specified days and times.
- In case of late pick up, a late fee will be charged at the rate of \$1.00 per minute/per camper five minutes past the pick-up time and an outstanding balance will be placed on your account. This fee must be paid prior to your camper returning to the program. After the third offense, the camper will be removed from the program.

## **Attendance and Program Check-in/out Procedures**

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- Parents or those listed on authorization form are required to sign their campers in and out daily with the camp leaders.
- Campers must report to the designated site location for the program upon arrival. It is not required that your camper arrives daily by the designated start time, however, campers are not allowed to be dropped off earlier than the designated start time. Parent/guardian signature and photo I.D. may be required at sign-in.
- Please do not bring campers suffering from symptoms of illness or injury. Campers with obvious signs of illness will not be allowed into camp for that day. A doctor's note is required for those who have been out due to illness longer than a week in order to return to camp.
- At the conclusion of the day, the camper's parent/guardian is required to sign the camper out on the daily check in/out sheet and provide a signature, departure time, and photo I.D.
- If someone other than the parent/guardian picks up a camper from the site, staff will compare his/her photo I.D. with the camper's authorization to pick up form to ensure that person is authorized to pick up the camper. A camper will not be released to individuals who are not listed on the camper's release form or do not have proper photo I.D. All persons authorized to pick up your camper must be 18 years of age and older.
- Campers are **not** permitted to walk home. Campers will not be released from location until an authorized adult signs them out. \*  
\*Teen Camp participants must have "sign in/out release form" on file prior to start of program in order to sign themselves in and out.

## **Dress Code & Personal Items**

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- Camp is an activity based program; as a result, campers will participate in physical activities that may include permanent paint, clay, markers etc. Campers should be dressed accordingly and camp sites will not be responsible for damaged clothing. Offensive or inappropriate clothing is not allowed. Closed toed shoes are mandatory. Even though it is the summer months and we want your camper to remain comfortable and cool, for safety reasons flip flops or backless sandals will not be allowed except for specified activities. Please ensure that all backpacks, lunch boxes, jackets, towels, etc. have your camper's name clearly marked on the item.

## **Snacks/Lunches**

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- Campers will be provided with a daily lunch and an afternoon snack by the Fontana Unified School District Summer Food Program. Check site specific locations for availability. If a camper is requesting a meal accommodation, the site Coordinator must be made aware of it and the parent/guardian of the camper will need to complete the FUSD Special Meal form and have an authorized medical personnel (doctor or nurse practitioner) sign it. Please see the site coordinator for any questions regarding meals. It is encouraged that you provide your camper with a daily morning snack. Participants who wish to bring their own lunch and snack and opt out from the Fontana Unified School District Summer Food Program may do so at their own discretion. We encourage sending your camper with a water bottle as it is warm during the summer months. If you should forget your water bottle we will have water igloos for campers to keep hydrated throughout the day. Please have your camper's name clearly written on their water bottle.

- Please specify any food allergies in the Health History section in the Camper Information Form and inform camp staff and Coordinator of these allergies.
- We ask that you provide a healthy snack. No candy or soda will be allowed.
- While we carefully review camper's paperwork to be informed on food allergies, we cannot guarantee that contact with allergens such as peanuts, dairy, and gluten will not occur.

## **Discipline**

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- Campers must follow the rules of the program. Disruptive, disrespectful, or damaging behavior toward other campers, camp staff, and/or equipment is reason for dismissal. We encourage parents/guardians to discuss concerns with the Community Services Coordinator overseeing your camp.
- Stealing, vandalism, fighting, cursing, foul play, not following directions, etc. will not be tolerated.
  - Conduct Violation Consequences\*:**
  - 1<sup>st</sup> – Written warning, guidance, and parental contact
  - 2<sup>nd</sup> – Disciplinary Action Form, suspension, and camper will be sent home if necessary
  - 3<sup>rd</sup> – Dismissal from program
- Parent/Guardian will be held responsible for any cost/damages inflicted upon facility, park, and/or private property or equipment.

**\*Consequences subject to change due to severity of content.**

## **Inside Rules**

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- Play only in assigned areas.
- Respect all individuals, staff, toys, and equipment.
- No pushing, grabbing, hitting, kicking, or biting.
- No unauthorized running, jumping, or screaming.
- No roughhousing, climbing, standing on, lifting, or carrying of each other, toys, tables, equipment, or furniture.
- No name calling, teasing, or bullying one another.
- No foul language.
- Use "indoor voice" and "walking feet" at all times.

## **Participation**

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- Only individuals who are registered may participate.
- All Summer Day Camps are set up to promote group participation. In order to have a great experience, campers will need to know how to follow instructions and participate in all regularly scheduled activities
- Summer Camp operates using a ratio of campers to staff that does not include individualized supervision; therefore alternate programming will not be provided.

## **Activities**

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- Camp will be filled with many recreational based activities. Campers may be taking part in arts & crafts, sports, swimming, group games, guest speakers, computer lab; all while being supervised by camp staff. Activities will take place throughout the facility grounds including locations with pool areas.

## **Pool/Swim Rules**

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- Some camp locations include swimming during camp hours. Assigned days and times will be determined and provided to you prior to the beginning of camp. All campers swim together in the pool as one group while the pool is open to the public for Recreation swim. All camp participants are supervised by certified lifeguards and staff at all times.
- If your camper will be wearing sun block during Summer Camp, please make sure that it is applied to your camper prior to their arrival and we ask that lotion is not shared with other camp

participants. Your camper may bring sun block for the afternoon and will be given the opportunity to reapply prior to going swimming.

- Proper swimwear must be worn at all times. No t-shirts or baggy swim shorts allowed. Fitted rash guards can be worn in the pools for sun protection.
- A complete head and body shower must be taken first before entering the pool.
- Floatation devices or toys (built in floatation devices, lifejackets, water wings, balls, etc.) are not permitted.
- Hanging on ropes or lane lines in the pool is not permitted.
- Hanging, swinging, and sitting on hand rails is not permitted.
- No gum chewing.
- No food in the pool or on the deck.
- No running, pushing, shoving, or horseplay in the pool or on the deck.
- Chicken fights, intentional splashing, and foul language will not be permitted.
- Please notify camp staff of your camper's swimming skill level.
- Campers will be assessed before going swimming to determine the pool area they will be allowed to swim in.

### **Diving Board Rules**

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- As a safety precaution, a swim test will be performed before using the diving board.
- Only one (1) bounce on boards is permitted.
- Only one (1) person on board and ladder at a time.
- Upon entry, swimmer must swim directly to the closest ladder of the pool to exit.
- Intentionally splashing lifeguards is strictly prohibited.
- The following is prohibited on the diving board
  1. Running on the board
  2. Diving from the side of the board
  3. Swinging on the rails
  4. Horseplay (flips, back dives, etc.)
  5. Jumping off the board while others are in designated diving area.

### **Inclement Weather**

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- Inclement weather including, but not limited to rain, high winds, excessive heat and lightning may restrict outdoor camp activities.
- Poor Air Quality may limit/modify outdoor activities.
  - The City of Fontana receives daily emails from SCAQMD regarding the air quality which may change our daily programming schedule.
  - All activities are subject to change.

### **Personal Belongings**

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- Please keep all personal belongings at home. This includes all electronic devices such as PSPs, iPods, and cell phones. Your camper will NOT have an opportunity to use these electronic devices at camp. Camp staff reserves the right to temporarily confiscate these items and release them to those authorized to pick up at the end of the day. Camp staff will not be responsible for damage or theft of these devices.
- All Campers are responsible for placing their snacks/lunch bags in the designated area at the beginning of the day

# City of Fontana Community Services Day Camp Program

## REGISTRATION PACKET & PARENT AGREEMENT FORM

PLEASE SIGN AND RETURN THIS PORTION

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First M.I.

Camp Location: \_\_\_\_\_

### **PROGRAM POLICIES**

Please initial the following:

- \_\_\_\_\_ I have read and agree to abide by the Parent/Participant Rules and Policies.
- \_\_\_\_\_ My designated person(s) or I will pick up my camper on time at the end of the program each day. As of five minutes past the pick-up time, a late fee will be charged at the rate of \$1.00 per minute/per camper.
- \_\_\_\_\_ All person(s) authorized to pick up my camper are 18 years of age and older and listed on the release form.
- \_\_\_\_\_ I will notify my camper's camp program leader or the site supervisor of any changes to the emergency contact information.
- \_\_\_\_\_ I understand that enrollment is on a "first-come-first served basis" and a list of registered campers will be kept on file as well as those on a waiting list. If my child is on the waiting list, I will await notification as to my child's first day of participation.
- \_\_\_\_\_ I understand that fees must be paid at time of registration and that there are no refunds or credits.
- \_\_\_\_\_ I understand that disruptive, disrespectful, and damaging behavior will not be tolerated and will be a reason for discipline and/or dismissal from the program.
- \_\_\_\_\_ For the safety of my camper, I will make sure they have closed toed shoes daily, unless specified otherwise.
- \_\_\_\_\_ I understand that no electronic devices or toys are allowed such as: iPods, portable games, cell phones, etc.
- \_\_\_\_\_ I understand that I am responsible for ensuring that my camper has a healthy daily snack and lunch if one is not provided by the Fontana Unified School District Summer Food Program.
- \_\_\_\_\_ I understand that my camper may be swimming on assigned days and will send my camper with a swimsuit, towel, and sun block on those specified days.
- \_\_\_\_\_ I understand that at any time campers may be grouped together for activities including but not limited to movies, crafts, sports, swimming, etc.
- \_\_\_\_\_ Parent/Guardian will be held responsible for any cost/damages inflicted by their camper upon city, park, and/or private property or equipment.
- \_\_\_\_\_ I understand that I may not drop off my camper until camp program assigned start time, and I or my designated assignee has signed my camper in.
- \_\_\_\_\_ I understand that no camper will be released to walk home and will make sure to have an authorized person pick-up my camper by assigned pick-up time. \*For Teen Camp, I will have a "sign in/out release form" on file prior to start of program in order to allow my child to sign themselves in and out.
- \_\_\_\_\_ I have read and understand the KFON Video Release form.

***I have read and understand the Registration Packet and Parent Agreement Form and will go over it with my child to ensure they understand and abide by the rules.***

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**City of Fontana Community Services Day Camp Program  
RELEASE OF MEDICAL AND LIABILITY & ASSUMPTION RISK**

Participant's Name: \_\_\_\_\_ Telephone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Medical Release:** I do hereby give permission for any certified professional or health care professional to administer any type of treatment he/she deems necessary to the above child in case of any emergency and in the case that I cannot be contacted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Hospital: \_\_\_\_\_ Telephone: \_\_\_\_\_

Existing Medical Conditions: \_\_\_\_\_

I, \_\_\_\_\_ on behalf of myself or \_\_\_\_\_ my minor child, hereby waive in advance any and all actions or causes of action and claims for injury or property damage which I may have, or which may hereafter accrue to me, my heir or other successors as a result of my participation in any activity, or activities incidental there to (hereafter referred to as the "activity") sponsored by the City of Fontana. This is intended to release and hold harmless the City of Fontana and its elected officials, officers, employees, contractors and agents.

I understand that I must be in good health prior to participation in the activity. I understand that serious accidents occasionally occur to participants during such an activity, transportation to or from such an activity, and during activities incidental to such an activity. Knowing these risks, I expressly assume those risks and agree to under no circumstances will I, or any of my heirs or successors present any claims or action against the City of Fontana.

I also agree to be photographed, and or agree to have my children photographed, and release the use of the photographs for publicity of the City of Fontana publications and other public information material.

**I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program. I personally read and understand this release.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

**SITE DIRECTOR USE ONLY**

Date Application Received: \_\_\_\_\_ Emergency /Health Form Completed: YES\_\_\_ NO\_\_\_

Shirt Size: \_\_\_\_\_ Attended Parent Orientation: YES\_\_\_ NO\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**City of Fontana Community Services Day Camp Program  
CAMPER INFORMATION FORM**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M [ ] F [ ]

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother/guardian's name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/guardian's name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Does your child have a sibling attending camp? YES / NO If yes, name of sibling: \_\_\_\_\_

Has child attended a previous camp program?  YES  NO

If yes, name location of camp and year(s) attended: \_\_\_\_\_

Camper's swimming skill level: Beg. \_\_\_\_ Int. \_\_\_\_ Adv. \_\_\_\_

Does your child have any special medical conditions?  No  Yes (Diabetes, seizures, asthma, etc)

Does your child have any allergies or medication?  NO  YES (If so, please describe)

Does your child have limitations to physical activity?  NO  YES (If so, please describe)

T-Shirt Size Youth  XS  S  M  L  XL Adult  XS  S  M  L  XL

**I hereby authorize City of Fontana Staff and/or emergency first responders to act for me according to their best judgment in any emergency requiring medical or dental attention.**

\_\_\_\_\_  
**Parent/Guardian's signature**

\_\_\_\_\_  
**Date**



**City of Fontana Community Services Day Camp Program  
AUTHORIZATION TO PICK UP and EMERGENCY CONTACT LIST**

(Note: your emergency contact should live within 25 miles of the center your child attends camp. If your child requires an inhaler or special medication, and it is difficult for you to make yourself available, your emergency contact is the person you will leave these items with).

Please list all individuals who are authorized to pick up your child/children.

**MOTHER/GUARDIAN AND FATHER/GUARDIAN MUST BE INCLUDED ON THIS FORM.**

**All individuals must be at least 18 years of age with a valid photo I.D. at the time of pick up.**

*\*Staff will always try to contact a parent first. In the case the parent cannot be reached staff will contact the emergency contact in the order listed.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_ *Is this person an emergency contact?* \_\_\_\_\_ yes \_\_\_\_\_ no

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_ *Is this person an emergency contact?* \_\_\_\_\_ yes \_\_\_\_\_ no

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_ *Is this person an emergency contact?* \_\_\_\_\_ yes \_\_\_\_\_ no

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_ *Is this person an emergency contact?* \_\_\_\_\_ yes \_\_\_\_\_ no

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_ *Is this person an emergency contact?* \_\_\_\_\_ yes \_\_\_\_\_ no

*\*Only individuals listed on this sheet will be authorized to pick up your child. Additional sheets may be attached if necessary.*

**I grant permission for the above mentioned individuals to pick up my child from camp. I release all liability and responsibility from the City of Fontana for any issues that may develop from such persons taking my child from the premises.**



## Facilities Division Late Pick-Up Form

Student Name:

Date:

\_\_\_\_\_ Child(ren) X \$1 X \_\_\_\_\_ mins late = \$ \_\_\_\_\_

Parent Name:

Home Address:

Home Phone Number:

Cell Phone Number:

**Employee**

Print Name

Date

**Parent /Guardian/  
Authorized  
Person**

Name and Signature

Date

**All Late payments must be paid in full before returning to next scheduled program day**

**OFFICE USE ONLY**

Date Inputed:

Staff Name:

Date:

Amount Paid:

**White-Customer**

**Pink-Control Counter**

**Yellow-File**

**According to the City of Fontana Late Fee Policy :**

This fee is to cover costs associated with parents arriving late to pick up their participant at any City Program; \$1.00 per minute/per participant, after first five minutes of program ending.

I understand the policy and will make payment by next scheduled program day.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Photograph & Video Release Form



I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

By signing this release I understand this permission signifies that photographic or video recordings of me or my child may be released to be used in the City of Fontana publications, KFON-TV channel and other electronically displays via the Internet.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

Participant's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

If this release is obtained from a participant under the age of 18, then the signature of that participant's parent or legal guardian is also required.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_