

Yes! It's that time again, New Bern Parks and Recreation is sponsoring our 2017 Y.E.S. Summer Camp session for children ages 5yrs-14yrs. **Registration fee is \$20.00 for one child and \$15.00 per additional child for City residents and \$30.00 for one child and \$25.00 per additional child for Non-City residents.** Fees must be paid before any child can enter into the camp program. Your child is not considered enrolled in the program until the registration fee is paid. Each site enrolls a maximum of 30 participants and is not closed until the maximum capacity is reached.

# 2017

## Y.E.S. Camp



**Camp Length-** Camp will last eight (8) weeks June 19<sup>th</sup> -August 11<sup>th</sup>, 2017. The hours of operation will be Monday-Thursday 9:00am-4:00pm and Friday 9:00am-2:00pm.

**Activities-** include bowling, skating, field trips, arts and crafts, games, sports, canoeing, movies, cookouts, fun day and much more. A detailed list will be provided each week with activities and times. Lunch will be provided by Summer Food Program.

Y.E.S. Camp  
Youth Enjoying Summer Camp  
2017 registration Form

Session: June 19<sup>th</sup> – August 11<sup>th</sup>

City Resident: \$20.00 for one child; \$15.00 per additional child  
Non-City Resident: \$30.00 for one child; 25.00 per additional child



Check One Camp Site:

5-7 year old     8-11 year old     12-14 years old

**\*\*Early Drop Off: no earlier than 7:45am\*\***

**\*\*Early Drop off for both sites will be at Stanley White Rec Center only.\*\***

Name of Child \_\_\_\_\_  
(Last) (First) (Middle) (Age)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Work# \_\_\_\_\_ Mother's Work# \_\_\_\_\_

Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

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

Emergency Contact 1 \_\_\_\_\_  
Name Number

Emergency Contact 2 \_\_\_\_\_  
Name Number

# Getting to know your camper...

"Your camper along with the staff members will enjoy weeks full of cultivating experiences that will stimulate growth in ways that you cannot imagine..."

Camper's DOB \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ T-shirt size \_\_\_\_\_

Does your camper have any known allergies? \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_  
\_\_\_\_\_

Are there any behavioral issues that need to be brought to the attention of your camper's coordinator? \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_  
\_\_\_\_\_

Does your camper require any reasonable modifications to participate in this program? \_\_\_ No \_\_\_ Yes, explain \_\_\_\_\_  
\_\_\_\_\_

Name of camper's dentist/phone \_\_\_\_\_

Name of camper's primary physician/phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

## CAMPER PICK-UP

If you are unable to pick up your camper, please give the name(s) of person(s) to whom your camper can be released. Anyone who picks up your camper must have a valid I.D and sign the check-out sheet provided. \_\_\_\_\_  
\_\_\_\_\_

I understand that in an emergency situation, 911 or the local emergency phone number will be called and the parent, guardian, or emergency contact person will be contacted. In the event no one can be reached, transportation will be provided to an appropriate medical facility. Staff will not administer any type of medication without specific instructions from the camper's parent/guardian. Signing this consent form gives your authorization for emergency health services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Caution: FUN AHEAD...

It is our dream for your camper to leave this camp with life long memories that are full of excitement and adventure. In order for this dream to become reality we need help from you!

## **Discipline and Behavior Management Policy**

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this center will follow proper discipline and behavior management policies.

### **RULES OF DISCIPLINE**

In order to provide a safe environment for all children, we have to follow rules.

1. No unruly behavior
2. No abusive or foul language
3. Respect property, equipment and grounds
4. Respect camp leaders and each other

If these rules are ignored:

1<sup>st</sup> offense - Behavior will be discussed with the camper

2<sup>nd</sup> offense - Parents will be notified by a note or phone call

3<sup>rd</sup> offense -The child will receive a (1) day suspension

If unacceptable behavior persists, the child will not be allowed to return to camp.

Any severe offense is automatically grounds for immediate removal from camp. **NO REFUNDS!**

I, the undersigned parent or guardian of \_\_\_\_\_  
Child's full name

do hereby state that I have read the center's Discipline and Behavior Management Policy and I understand the policy and I agree to abide by the set policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Photo Release

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the New Bern Parks and Recreation Department, its contractors, and the Media, either individually or as part of a group, which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.

2. I understand that the NEW BERN PARKS AND RECREATION DEPARTMENT will own all rights in the Recordings of me that the NEW BERN PARKS AND RECREATION DEPARTMENT or a NEW BERN PARKS AND RECREATION DEPARTMENT contractor takes or records ("NEW BERN PARKS AND RECREATION DEPARTMENT Recordings"), and that the NEW BERN PARKS AND RECREATION DEPARTMENT will have the exclusive right to use, or allow others to use Recordings in any medium for any purpose consistent with the New Bern Parks and Recreation and City of New Bern's mission statement.

3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.

4. I understand that I am waiving any and all rights that may preclude the New Bern Parks and Recreation and City of New Bern or the Media's use of the Recordings as described above.

5. I acknowledge that neither the NEW BERN PARKS AND RECREATION DEPARTMENT nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.

Agreed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

I, being the parent or legal guardian of a minor under the age of 18 years signing above, having also read the above agreement and fully understanding its contents, approve of said minor's participation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**NORTH CAROLINA**

**RELEASE FROM LIABILITY AND  
HOLD HARMLESS**

**CRAVEN COUNTY**

**AGREEMENT**

In consideration of the opportunity to participate in YES Summer Camp (referred to hereafter as the "Activity") to be conducted at various YES camp sites located in New Bern NC, on June 19<sup>th</sup> -August 11<sup>th</sup>, 2017 (dates and times) I (the "Participant") hereby agree to release, defend, indemnify, and hold harmless the City of New Bern ("City") and its employees, agents, representatives, and public officials, from and against any and all claims, damages, losses, costs, responsibility or liability for personal injury, including death, and damage to or loss of property, whether or not arising from the negligence of the City and/or its employees, agents, representatives, and public officials, that I may incur arising out of my participation in the Activity, or arising out of my travel to and from the Activity's destination, or arising in connection with or resulting from any negligent acts or omissions of any third party, including but not limited to other participants, contractors or suppliers who render services on behalf of the City in connection with the Activity. I assume all risks associated with my participation in the Activity including, but not limited to, falls, bodily injury, contact with other participants, effects of the weather (including extreme cold, rain, wind and other weather related conditions), and all conditions of the site of the Activity, all such risks to be known and appreciated by me.

The City shall not be liable for any loss, damage, or expense resulting from any Activity delay or cancellation. If the City cancels the Activity, any payment made by or on behalf of the Participant will be fully refunded. If I cancel, my cancellation shall be subject to the City's existing refund policy. The City shall not be responsible for any other expenses incurred by the Participant including, without limitation, all expenses assessed by a third party.

The terms of this agreement shall also be binding as to any other persons, including all family members, heirs, executors, or administrators. I understand this is a binding contract that supersedes any other agreements or representations, and is intended to provide a comprehensive release of liability but is not intended to assert any defenses that are prohibited by law. If any part of this agreement is deemed unenforceable, all other parts shall be given full force and effect.

I have carefully read and understand this agreement, and I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue.

I sign this agreement of my own free will.

I, the undersigned, am legally competent to sign this release. I have read the release and understand its contents. (If participant is under age 18, parent or legal guardian must sign.)

Agreed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

I, being the parent or legal guardian of a minor under the age of 18 years signing above, having also read the above agreement and fully understanding its contents, approve of said minor's participation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

# YES Camp Refund Policy

## Y.E.S. Summer Camp Refund Policy

Prior to 1 <sup>st</sup> week of summer camp*	.....100% refund
During 1 <sup>st</sup> week of summer camp*	.....50% refund
After 1 <sup>st</sup> week of summer camp*..	.....0% refund

**(\*Refund policy is based on the date that application is paid\*)**

After camps has started, if a child is to be withdrawn from the program, the Summer Camp Coordinator is to be notified in writing one week (5 weekdays) in advance before the date of withdrawal. In cases of emergencies the Summer Camp Coordinator will contact the Center Supervisor.