

# Brackenridge Kiddie Camp

July 2023 at Brackenridge Recreation Complex in Edna, Texas

Participants Name:	Please circle age: 5 6 7 8
Mailing Address:	City, State, Zip:
Parent/Guardian:	E-Mail:
Home/Cell Phone:	Work Phone:

I hereby give permission for my child to participate in the Brackenridge Kiddie Camp. My child agrees to follow the Brackenridge Recreation Complex Youth Program Code of Conduct while at camp. I understand that once enrolled, no refunds will be offered.

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

## Camp Information:

- Kiddie Camp will be limited to 24 participants. Spots are only reserved once registration forms and fees are received. Pre-registration is **REQUIRED**.
- Parents and guardians will be responsible for transportation to and from camp.
  - The following people are authorized to pick up my child from camp:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- Participants are not to arrive at camp before 8:15 a.m. each morning.
- The fee will be \$50.00 per camp.
- Scholarships may be available. Please contact Cammie Pearson, Recreation Manager at (361) 782-5229.
- Snacks and drinks will be provided during camp, but campers must bring their own sack lunch.
- Participants need to bring: closed toe shoes (no flip flops or sandals), hat, sunscreen, sunglasses (optional), lunch. We highly recommend your child wears clothing and shoes to camp that could possibly get stained or muddy because there will be some outdoor activities.

X	Camp Sessions	Time	Location	Cost
	July 18-20	8:30 am to 1:00 pm	Texana Community Education Center	\$50
	Camp T-Shirt (FREE)	Please circle size: YXS YS YM YL AS AM AL AXL		

Please return this form, the BRC Youth Program Code of Conduct, Medical Release Form and Liability Release Forms with payment in person to the Texana Community Education Center or by email at cec@LNRA.org. For additional questions, please call 361-782-2070.

*Office use only:*

Date Received	Received By	Amount Received	Confirmation Sent

# **Brackenridge Recreation Complex Youth Program Code of Conduct**

## **Purpose**

The purpose of the Brackenridge Recreation Complex Youth Program (BRC YP) is the positive development of youth. We believe in creating a fun and safe environment that encourages youth to spend time outdoors with nature. We expect all persons involved in the Brackenridge Recreation Complex Youth Program to practice behaviors that foster this purpose.

In order to provide the best camp experience for your child, we ask that prior to registrations, you consult with the camp director regarding any special needs of your child. Due to the fact that there are some medical or behavioral circumstances that our staff is not trained nor qualified to perform, children will be enrolled on an individual basis. We will make every attempt to serve all children.

## **Code of Conduct**

- Participants are encouraged to attend all program sessions. Participants should engage themselves in the activities being made available as part of the BRC YP.
- Participants are expected to arrive prior to the start time and be picked up at the end of the day.
- Participants are asked to remain at the program through entire session. If a participant should need to leave early, only those designated on the registration form may pick up the participant.
- Participants are expected to respect and follow the directions of the program director, staff and volunteers.
- Participants should respect the property of others and be responsible for themselves and their own property. Deliberate destruction or damage of facilities or equipment will not be tolerated. Financial responsibility for any damages caused by deliberate action will be assumed by the participant and/or the participant's parents/guardians. The same applies to the property and personal items of other participants.
- Participants should dress appropriately based upon the guidelines established.
- Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at BRC YP.
- Animals and pets should be left at home unless needed to accommodate a disability.
- Cell phones will be allowed at BRC YP. If the phone become a distraction, the device may be taken up and returned to the participant at the end of the program day.
- Any conduct not specifically covered by this Code of Conduct, but deemed inappropriate by the program director, will be addressed at the end of the day.

## **Consequences**

Unacceptable behavior during a Brackenridge Recreation Complex Youth Program will result in consequences to the participant. Consequences may include:

- Early release from a BRC YP daily session.
- Removal of participant from the current year's program.
- Denial of future participation in BRC YP.

**I have discussed and reviewed this Code of Conduct with my child. I understand that failure to abide by this Code of Conduct may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the program and pick up my child, at the request of the program director.**

**Parent/Guardian's Signature:** \_\_\_\_\_

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

## Parent's Release of Liability, Hold Harmless Agreement and Acceptance of Risks

In consideration to participate in any way in the Brackenridge Recreation Complex Youth Programs, I, represent that I am the participant's parent and/or legal guardian and that I understand the nature of the activities and the participant's experience and capabilities and believe that participant to be qualified to participate in the registered activities.

I understand that there are inherent risks associated with the registered activities and conditions that might be considered dangerous to my minor child at the complex which may include hazardous snakes and insects, depth and temperature of water, weather conditions, and the use of sporting equipment, including but not limited to paintball guns, fishhooks, canoes, and kayaks.

In consideration for my minor child being allowed to participate in Brackenridge Recreation Complex Youth Programs, I, for myself and on behalf of my heirs, assigns and personal representatives, and next of kin, hereby release Brackenridge Recreation Complex, Lavaca-Navidad River Authority and any partnering organizations or individuals from all liability, claims, demands, losses or damages (whether to person or property), whether caused in whole or in part by the negligence of the indemnified party. I further release Brackenridge Recreation Complex, Lavaca-Navidad River Authority and any of the partnering organizations or individuals from any liability regarding transportation of my child during participation in these programs.

**By signing this agreement, I acknowledge that I have read and fully understand the terms of this agreement and have signed it freely and without any inducement and assurance of any nature and intend the release and indemnity contained herein to be a complete and unconditional release of and indemnification against all liability to the greatest extent allowed by law. I agree that if any portion of the agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.**

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

## Parent's Photo Release

I give permission and consent for \_\_\_\_\_ (insert minor's name) to allow photographs to be taken during the Brackenridge Recreation Complex Youth Program activities. I further give permission and consent that any such photography may be published and used by Brackenridge Recreation Complex and its agents, to illustrate and promote the youth program experience at the Brackenridge Recreation Complex.

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

# Medical Release Form

Instructions: A parent/guardian must complete this form for the camper. Attach any additional needed information, including a copy of health insurance cards, or other needed information. If your camper has any special conditions, needs, or limitations, you must speak with the Camp Director before being accepted into the camp program.

## Camper Information

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

## Emergency Contacts

Custodial Parent/Guardian: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Second Parent/Guardian: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Medical Insurance** This camper is covered by health/accident insurance or Medicaid. YES \_\_\_ NO \_\_\_  
Insurance Carrier/Plan Name: \_\_\_\_\_ Policy Number \_\_\_\_\_  
Primary Care Provider: \_\_\_\_\_ Phone \_\_\_\_\_

**Allergies:** Please list allergies and describe previous reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Allergy Emergency Medications:**

Does this camper have allergy medication: YES \_\_\_ NO \_\_\_

## **Asthma Emergency Medication:**

Does this camper has asthma medication. YES \_\_\_ NO \_\_\_

**Medication:** List all medication taken on a daily basis. Make a note if any needs to be taken at camp.

\_\_\_\_\_  
\_\_\_\_\_

**Will the camper require limitations or restrictions to activity while at camp? YES \_\_\_ NO \_\_\_**

If "Yes", what limitations/restrictions do you recommend? Attach additional information if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Insect Repellant:**

May the camp staff apply insect repellant to your child. Yes \_\_\_ No \_\_\_

**To better care for your camper:** Provide any additional information about the camper's behavior or physical, mental, emotional, and social health that you think is important or that may affect the camper's ability to participate in the Camp program (shyness, learning style, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_