

SUMMER CAMP-Goochland Community Action Application-SUMMER CAMP

Legal Name: _____ Cell Phone Number: _____

Home Phone: _____ Email Address: _____

Physical Address: _____

Mailing Address: _____

Individuals in the home, including yourself:

Marital Status options: Divorced, Married, Never Married, Single, Separated, Widowed

Self	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic, Other: _____
Does your family currently receive SNAP or TANF? (circle answer choice) Yes, No, Case pending If so, which program? SNAP or TANF	

Person 2	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic, Other: _____

Person 3	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic, Other: _____

Person 4	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic, Other: _____

Person 5	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic, Other: _____

PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION:

- I certify that all of the information provided on this application is accurate. Failure to report accurate information will be considered fraud. This includes failing to report all persons living in the household, failing to report all income, from all sources, failing to report all bank accounts, making false statements and withholding information. Failure to comply with program requirements could result in repayment of any benefits you receive and/or being ineligible for additional assistance.
- Payment of camps is based on a first come, first serve basis based on applicants completing a full application AND providing all necessary verifications. There is limited funding for this program.
- It is my responsibility to provide all required documents to the agency within 10 calendar days of submitting an application. This includes accurate addresses and phone numbers. Failure to provide documents will result in this application being denied. Completion of this application gives the agency permission to verify sources of income. Approval of funds is contingent upon meeting Goochland Community Action guidelines and the availability of funds. I fully understand the above statement. Any refund of fees for not attending camp will be returned to the Goochland Community Action program.

Print Name: _____
Signature: _____
Date: _____

Income (Verification required for all income received within the past 30 days)

Name of Person with income	Gross Amount	How often received	Source of Income (employment, SSI, Child Support)
TOTAL HOUSEHOLD INCOME:			

2019- Federal Poverty Level 200%

Size of Household	200%
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

For office use only:

Total number in Family:
 Goochland Resident: Yes No
 Signature:

Total Income:
 Approved Denied
 Date:



Program Registration Form
 Please submit completed form and payment via mail to
 Goochland County Parks & Recreation
 1800 Sandy Hook Road
 PO Box 910
 Goochland, VA 23063

Adult Participant or Parent/Guardian Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Cell Phone _____ Email Address _____

Emergency Contact _____

Allergies/ Medical Conditions _____

Special Accommodations _____

Second Parent (if applicable)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Cell Phone _____

Email Address _____

For Office Use Only	
Staff: _____	
Date: _____	
Time: _____	
Cash <input type="checkbox"/>	Check # _____
<input type="checkbox"/> In Activenet	

I, the undersigned participant/guardian, if under eighteen, desiring to participate in the Goochland County Parks & Recreation programs and all of the special activities, hereby release and agree to indemnify and save harmless Goochland County, the Recreation Department, their employees and any official of the special activity, from any and all claims of any nature or injury or loss that may result from such participation or preparation for such participation. I fully understand the procedures involved in the program and may result from such participation in this event. Further, I certify that the entrant is in good physical condition and capable of participating in the event. **Payment is due at the time of registration**

Signature: _____ **Date:** _____

MEDIA RELEASE Goochland County Parks & Recreation staff may take photographs and video recordings of the participants in Department-sponsored programs and activities and use such materials for recruitment and marketing purposes. If you consent to the Department's use of photographs and/or video recordings of you or your child in its recruitment and marketing efforts, please sign on the following line. Your consent is not required to participate in Department programs and activities.

Signature: _____ **Date:** _____

	Participant First Name	Last Name	Birth Date	Grade	Gender	Program #	Program Title	Location	Fee
1									
2									
3									
4									

Inclusion Statement: Goochland County Parks & Recreation programs and services are open to all, regardless of age, color, gender, race, religion, disability, national origin, political affiliation or any other basis protected by law. We offer reasonable accommodations to enable an individual's successful participation in our programs and services. Please contact the Recreation Team at (804) 556-5854 three weeks prior to the scheduled program to discuss potential special accommodations.



Office Use Only

Initials _____ **Date** _____

In Activenet

This form must be turned in prior to registering for camps.

Last Name _____ First Name _____

Allergies (medication, food, ect...) _____

Medical Conditions, health history or special needs _____

If medicine is needed a Medical Consent Form must be completed.

Persons authorized to pick up this camper:

(Include parent/guardian)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Emergency Contact Information:

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

I have read and reviewed the expectations for Summer Camps provided by GCPR.

Parent/Guardian _____ Date _____

Media Release: *Goochland County Department of Parks & Recreation staff may take photographs and video recordings of the participants in Department-sponsored programs and activities and use such material for recruitment and marketing purposes. If you consent to the Department's use of photographs and/or video recordings of you or your child in its recruitment and marketing efforts, please initial the following line. Your consent is not required to participate in Department programs and activities. Initial _____*

Goochland County Parks & Recreation Expectations for Summer Camps

1. Participants, their parents, and Parks & Recreation staff are to be respectful to each other at all times.
2. All registrants must conduct themselves in a way in which they do not endanger their own safety or the safety of others.
3. Review and abide by the Department's guidelines for discipline.
4. The parent and/or guardian must provide or arrange for necessary transportation for their children both to and from the program sites.
5. Registrants are expected to be dressed appropriately and to properly participate in activities.
6. All personal belongings must be labeled.
7. Each child must bring a lunch, drink, water bottle, and a snack daily. Sunscreen should also be brought.

Inappropriate Behavior

Inappropriate behavior by campers will be documented and a parent/guardian notified of the action. Habitual actions may result in camper being suspended from camp or removed all together. No refunds will be issued if a camper is suspended or removed from the camp.

These types of inappropriate behavior will not be tolerated at camp:

- Use of profanity or any other inappropriate language.
- Obscene gestures towards any camper or staff.
- Horseplay, fighting, slapping, punching, kicking a participant or staff member.
- Bullying or intimidating behavior of any kind.
- Stealing items from equipment bins, camp activity rooms, or another participant's belongings.
- Any behavior deemed inappropriate by Department staff.

Goochland County Parks & Recreation is not responsible for stolen, damaged, or lost items.

Parents and/or guardians are financially responsible for their children's actions when he or she:

- Defaces County property of any kind or type.
- Tampers with or pulls the fire alarm.
- Attempts or commits assault and/or battery of a participant or staff.

Dress Code

Goochland County Parks & Recreation requires campers to wear appropriate clothing at all times. Many days paint, glue, and other items are used that could damage clothing. Please dress children appropriately. Sneakers or rubber soled, close toed shoes are required.

The following items are not permitted:

- Bare feet and/or sandals.
- Shorts and/or skirts more than five inches above the knee.
- Tank tops and other revealing tops.
- Jeans falling below the waistline.
- Articles of clothing with inappropriate content such as slogans, logos or pictures about drugs, alcohol, or tobacco.
- Shoes with built in wheels.
- Clothing that exposes midriff, biker shorts and flip flops.

Lunch, Snacks and Food

Each camp will have a designated time for campers to eat their snacks and lunch.

- It is the responsibility of parents to send a packed lunch, snacks and a drink daily.
- Please label all food containers and drinks to avoid misplacement of food.
- Please pack your child's lunch in a cooler or insulated lunch bag with an ice pack.
- ***This is a 'school safe' nut free environment – please no peanuts.***

Drop Off and Pick Up of Participants

Parents are required to sign their children in and out each day of the program.

Before and After Care – Children cannot be signed in prior to 7:30am and must be picked up no later than 6:00pm. Before and After Care is always held at the Goochland Sports Complex unless otherwise noted.

Camp without Before and After Care – Children cannot be signed in and dropped off prior to 9:00am and must be picked up once the program ends (typically 12:00pm or 3:00pm). If transporting your child directly to the camp site, please drop them off at the actual location that the camp is taking place (i.e. Goochland High School Gym, Swift Creek School of Equitation).

If a child is late being picked up, the first emergency contact will be called. A late notice will be issued after 3:15pm or 6:10pm. Habitual tardiness may result in campers being removed from the program. A refund will not be issued. ***Individuals picking up children should be prepared to show identification*** to verify that he or she is on the approved list of persons authorized to pick up the child.

Illness

Any child needing to receive medication, must have a completed *Medication Consent Form* on file. Any child who is sick with a fever may not attend camps. Children must stay home until they are no longer contagious as approved by a physician.

Parents will be contacted if their child is sick. Once parents or the emergency contacts have been called arrangements must be made as soon as possible.

Accidents

Goochland County Parks & Recreation keeps a first aid kit on site at all times. All accidents to campers are documented and parents will be notified if their child is injured on site. Minor issues will be handled by staff. Emergency authorities will be contacted if Department Staff deems necessary.

Phones and Electronic Communications

On site telephones are for Parks & Recreation staff only. Camp business and emergencies may arise that necessitate the use of telephones. Children are not permitted to use cell phones, pagers, or other portable electronic communication devices while at camp.

Camp Checklist

What to bring:

- Lunch
- Snack
- Drink/water bottle
- Hat (if desired)
- Sunscreen
- Sneakers
- A positive attitude

What not to bring:

- Portable electronics
- Personal items of value
- Any type of weapon, real or fake
- Cell phones
- Any medication without approval
- Inappropriate clothing
- A negative attitude



Goochland County Parks & Recreation

Dear Parent/Guardian,

If it is necessary for a participant 17 years old or younger to have medication(s) available to them during any Goochland County Parks and Recreation program, the medication policy below must be followed. In addition, the attached medication consent forms must be completed and signed by you, the parent or guardian, *as well as the treating physician*. Medication consent forms must be returned prior to the start of the program or, if the need for the medication occurs while a participant is already engaged in a program, prior to the medication being brought to the Parks and Rec program or site. Medication consent forms are good for 6 months; if your child already has a current medication form on file with us, please let us know that you will be bringing medication for him or her for another program. Please return completed forms to the Parks & Recreation Department, attention: Parks & Recreation Manager.

Medication Policy:

All medications **MUST** be in the original container. All medication containers must have a prescription label with the participant's name, dosage, frequency, physician's name and prescription number. With the exception of medications that inherently contain multiple doses, such as inhalers, medication containers should only contain the dosage needed during program hours for one week. Parents are to hand medication directly to Parks & Recreation administrative office staff at the start of the week and must pick up empty container or remaining medication from the office at the conclusion of the week. At all times, non-emergency medications will be locked up and emergency medications will be secure with a staff member on site.

Thank you,

Jessica Kronberg
Parks & Recreation Manager

PO Box 910
Goochland, VA 23063
Phone: (804) 556-5854 * Fax: (804) 556-2763
www.goochlandva.us



Goochland County Parks & Recreation Medication Form

Participant Name: _____

Program Attending: _____

Parent/Legal Guardian Name: _____

Phone (home): _____ (work): _____

(cell): _____

Address: _____

Alternate contact parent/guardian if needed (contact name & phone):

Physician Authorization (*To be completed by Physician*)

I approve use of the following medication for the participant listed above.

Medication Name: _____

Reason for medication: _____

Signs/symptoms or time of day to administer medication:

Medication Instructions/Notes (*Attach additional information if necessary*)

Physician Signature: _____

Date: _____ Print Name: _____

Office location: _____ Phone Number: _____

By signing below I understand a Goochland County Parks & Recreation Department staff member will administer the above medications as directed by physician above.

Parent/Legal Guardian Signature: _____

Date: _____

Department Authorization: _____