

## **Forebay Aquatic Center Camper Code of Conduct Summer Camp 2024**



Here at Camp Forebay, we are dedicated to providing an excellent summer camp experience for our campers. Campers are expected to behave appropriately and promote a safe, fun, and healthy environment to accomplish this. Our goal is to encourage character values of caring, honesty, respect, and responsibility in all aspects of our camp program. We ask that all campers and parents/guardians read this code together before arriving at camp.

As a camper, I will:

### **RESPECT**

- Be respectful and cooperative and contribute positively to fellow campers.
- Be careful and considerate that my actions will not hurt another camper's feelings or hurt them physically, either intentionally or accidentally.
- Show respect to the camp staff, and cooperate fully with their instructions. Please follow directions at all times.
- Respect the rights and beliefs of others, and treat others with courtesy and consideration.
- Respect the property of others.

### **PERSONAL SPACE AND PROPERTY**

- Be respectful of all camp property and equipment/supplies.
- Never mark, deface, or destroy camp or personal property.

### **BEHAVIOR**

- Conduct myself responsibly.
- Understand that horseplay, inappropriate touching, unwelcome teasing/bullying or any unkind behavior is not allowed and will not be tolerated.
- Communicate in an appropriate manner, which means I will not use foul language, gestures, or harsh words. I will not raise my voice or use verbal threats of any kind.
- Refrain from deliberately causing bodily harm to the campers or staff.
- I understand that pushing, kicking, hitting, or fighting are unacceptable.
- This behavior will not be tolerated and will be grounds for suspension/dismissal from the camp program.

## **SAFETY**

- Campers must have an appropriate pair of shoes at camp. They are required to wear them at all times on campgrounds. (Glass, fishing hooks, and other things could be on the ground)
- Campers need to pay attention to their surroundings and use care in all activities.
- Campers will adhere to all safety rules and regulations for each activity they participate in while at camp.

## **GENERAL**

- Campers are expected to wear appropriate clothing to camp each day. Appropriate clothing entails no jeans. The camper will not be allowed in water.
- Campers must inform the camp staff if they experience a problem with another camper or other issues.
- If a staff member is not informed about a problem, they cannot assist the camper or stop it.
- We expect all campers to have FUN, but not at the expense of others.
- Campers are encouraged to participate in activities to the best of their ability.
- Weapons, look-alike weapons, or objects that may be used to threaten, intimidate, harm others, or damage property may not be brought to camp.
- Cell phones are only permitted for emergency use or with approval from Camp staff. If you bring any valuables, the forebay is not reliable for them. Please try to leave it at home. If you need to get in contact with your child or change pick up or drop off time, please contact the Forebay Aquatic Center camp phone at (530) 774-7934

Violation of the Code of Conduct can be grounds for disciplinary actions, including but not limited to suspension/dismissal. If a camper is suspended during camp, a partial refund will be issued for the week of camp.

**Please sign below if you have read and agree to the above terms and conditions:**

Name of camper and grade: \_\_\_\_\_

Signature of camper: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Signature of parent stating your camper understands the camp rules:

\_\_\_\_\_





**FEATHER RIVER CENTER**  
**A California Nonprofit Corporation**

**Contract, Indemnification, Release and Waiver-Adult or Minor**

The Feather River Center's activities include physically and emotionally demanding activities. We want to make sure you understand the risk of injury before you decide to participate. It is required that you read the following Legal Document, very carefully, make sure you understand it, fill in all the spaces, and sign it before you begin our program. No person will be allowed to participate without the properly filled out waiver and medical release forms.

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING BELOW, THIS AGREEMENT INCLUDES A  
RELEASE OF CLAIMS.**

I am aware in signing this statement for participation in the Feather River Center's Programs that certain elements are physically and emotionally demanding. This program may include swimming, paddling, crawling, jumping, climbing and other rigorous activities on the water or on the land. I will be working with Feather River Center Instructors and with others in the group. It is possible that I may be injured while participating in the program either because of my own conduct, conduct of others in the group, conduct of Feather River Center Instructors, or the condition of the premises.

In order to be allowed to participate, I voluntarily elect to participate and I affirm that I am free of health conditions that might create undue risk to me or others. I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate.

I agree to indemnify and hold harmless Feather River Center, its agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participating in the Feather River Center programs. I further agree to release, acquit and covenant not to sue Feather River Center for all actions, causes of action claims or damages including but not limited to, claims of negligence by Feather River Center or any 3rd party, damages in law or remedies in equity of whatever kind.

I agree that the site of any lawsuit and the law governing any such lawsuit shall be Butte County, California and governed by California law. I hereby agree that if Feather River Center is forced to defend any action, lawsuit or litigation by myself, my executors, my heirs or on my family's behalf, my heirs or executors and I agree to pay Feather River Center costs and attorney fees if it successfully defends such action, lawsuit or litigation.

The terms of this agreement shall continue to be in effect after participation in the program is ended. Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction the remaining paragraphs or parts shall remain in full force and effect.

I release to Feather River Center the right to use for any purpose any photographic or video recorded image of the participant listed below.

I have adequate health, disability and life insurance for myself and my family.

I hereby give permission for transportation to any medical facility or hospital, and I authorize for any qualified instructor or medical personnel to render necessary emergency medical care for the participant listed below.

I, \_\_\_\_\_, of my own free will, for my family, my heirs and executors and myself, have read, understand and acknowledge the risks and liability for myself and my family this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ **(Date must be the date of the program)**

PRINT NAME Participant(s) \_\_\_\_\_

Participant/Parent or Guardian Signature \_\_\_\_\_

**(Parent or legal guardian must sign for all persons under 18 years of age. Proof of age may be required)**



# Forebay Aquatic Center

## Medical History Form

The purpose of this form is to provide camp staff with information regarding your child's/participant's current health status. This form is required for treatment if the child/participant should become ill or injured while involved in a FAC Youth Summer Aquatic Camp program.

### GENERAL INFORMATION

Name of Child/Participant:	Age/Date of Birth:	Gender (M/F):
Name of Parent:	Home Phone #:	Cell Phone #:
Home Street Address:	City, State:	Zip Code:
Emergency Contact: Relationship:	Home Phone #:	Cell Phone #:
Physician's Name:	Phone #:	

### ALLERGIES

Please list all allergies to medications, food, insect bites/stings, animals, plants, other, etc. Include the type of reaction and severity and recommended treatment. Please use additional pages if necessary.

Allergy	Reaction/Severity	Recommended Treatment

1. Does your child/participant suffer from Anaphylaxis?      Yes      No

*\* Anaphylaxis is a severe allergic reaction marked by swelling of the throat, hives and trouble breathing.*

2. Does your child/participant require an EpiPen?      Yes      No

3. Does your child/participant require an inhaler?      Yes      No



# Forebay Aquatic Center Medical History Form

## MEDICAL CONDITIONS

Please document any current medical conditions, chronic illness or other health concern that would be needed to assist the staff or medical personnel in an emergency situation. Include any restrictions on activities.

Medical Condition	Effects/Restrictions/Precautions/Limitations

## MEDICATIONS

List any medications your child/participant currently takes; include the dosage schedule and any specific instructions for use. Also, please indicate (Yes/No) if the minor child/participant is allowed to take their medication on their own or if it should be monitored by a camp counselor. This also includes any type of birth control.

Medication	Dose schedule	Specific Instructions	Self-Medicate (Yes/No)

***\* Be sure to bring enough medication in sufficient quantities and in the original containers labeled with the child/participant's name and doctor's contact information. Make sure they are not expired, including inhalers and EpiPens.***



# Forebay Aquatic Center Medical History Form

**Parent/Guardian Authorization:** This health history is correct and complete as far as I know. I agree to notify the Forebay Aquatic Center Youth Camp Coordinator if any change occurs in my child's medical condition before arriving at camp. The person herein described has permission to engage in all camp activities except as noted above. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I give permission to the camp to arrange necessary related transportation for my child. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. I hereby waive and release the Forebay Aquatic Center and its staff from any and all liability for any injury or illness incurred at camp. Final permission is given to use any pictures and video footage of the above mentioned minor for promotional purposes.

Signature of Parent/Guardian

Printed Name

Date