Camp Korp Parent/Guardian Handbook & Waiver

Thank you for your registration. Please take the time before camp to read all enclosed materials carefully.

Please note that there will be Covid 19 updates posted on our website, www.CampKorpSouthington.com

Locations and Hours of Operations

Sessions 1-8: Western LL,
665 Spring Street
Southington, CT 06489

Prior to your Child's start date, **completed and the signed Forms 1-3** (**Physical, Medical, and Parent/Guardian Forms**) can be emailed to campkorp@Gmail.com

These forms can be found: https://www.campkorpsouthington.com/forms

The **Weekly Camp & CIT hours:** 8 a.m. – 4 p.m. We encourage drop off between 8-8:30AM and pickup at 3:45PM
The **Little Friends hours:** 9 a.m. –1 p.m. We encourage drop off between 9-9:30AM and pickup at 1PM

Drop off and pick-up procedures

Participants MUST be escorted to their counselor and **must be signed in and out by our Nurse or responsible caretaker who is *at least 18 years of age. All State and Town Covid 19 procedures will be followed***

- If a participant is going to be late to Camp Korp or will not be attending that day, a phone call should be made by 9:30 a.m. 203 715-3774.
- If a participant needs to leave camp prior to 3:00 p.m., the Camp Director should be informed in advance.
- Participants will not be allowed to leave with anyone who is not designated on their pickup form, **secret code always required**.
  Please notify the camp director of any changes
- **Camp Staff will check photo ID at pickup DAILY**. Pick up is at the end of the cul-de-sac in front of the storage house on the left. We encourage parents to talk to their child's counselor about their day.

Camp Communication

On the first day of each camp week, parents will be made aware of any special instructions for the week. **It is both the parent's and staff's responsibility to communicate daily reports regarding the children, concerns, issues, camp information, etc.**

Inclement Weather Days

Camp Korp Southington will contact you the night before or that morning indicating Camp will be held at **All Access Plainville, due to Covid Protocols, the indoor facility is limited to the first 100 campers that signed up for that week.** By signing the below, you're giving consent for your child to attend All Access Plainville. Drop off/pickup will be at All Access, no transportation will be provided. Please have your camper dress accordingly for the weather. Daily scheduled activities

may be subject to change due to weather. In the unlikely event of a cancellation, a day pass will be provided for use later, valid for 1 year from date of cancelation. No cash/monetary refund will be given if day pass is not used within specified timeframe above.

Gear up for camp!

On the first day of the program, you will be greeted by the Camp Director and Nurse, at this time our **Physical, Medical, CT Covid Informed Consent Form, and Parent/Guardian Forms must be signed** or campers will not be permitted and no refunds or cancelation will be given. These forms can be found: https://www.campkorpsouthington.com/forms.
We would appreciate your support with regards to your child's responsibilities while at the program. Participants are to be responsible for their own belongings, hand washing before meals and after use of bathroom, the use of sunscreen, cleaning commonly used areas, and most importantly their own behavior.

When dressing child for camp, remember this is camp, and there is a lot of fun in getting dirty.
Participants are to bring the following items to camp daily:

- A refillable water bottle
- Lunch
- Two nutritious snacks
- Sunscreen (Campers will apply and staff will remind them to reapply)
- Bug spray
- Bathing suit and goggles if needed
- Towel
- Hat (sun protection)
- Make sure the campers **have closed toed shoes**, as we are very active most of the day.
- Water shoes can be worn during the swim portion of day.
- Change of clothes (don't forget socks!) optional
- **We encourage labeling** your campers belongings

There may also be times where we request special clothing for camp (t-shirts for tie-dying, etc.) This information will be included in the camper's newsletter.

Pictures

Pictures/videos from our Summer Camp will be used on our website, Facebook, Instagram page, by signing this document, you're agreeing to the previously stated use for photos, pictures, and videos.

Lunch

Labeled lunches should be brought to summer camp in a Ziploc style bag, CT requires ALL food to be refrigerated. Ice pack and cooler style tote is a must.

Snack and Water

A filled water bottle every day is an absolute must for every camper! With the hot summer days and all the great camp activities campers need to stay hydrated!

Camp Korp will provide a frozen snack daily.

Health and Safety

For the health of all of our participants, you are required to notify the Camp Korp Director or Nurse of all communicable diseases your child may have contracted (i.e. chicken pox, head lice, pink eye, etc.) along with any Covid 19 related symptoms (fever, headache, loss of smell, aches, pains, etc.) Specific information will be kept confidential; however, we must notify all participants of the situation. See above for Covid Check in Protocol.

The health and safety of our campers is our number one priority. To be a licensed youth camp in the state of Connecticut we are required to have a registered nurse (RN) on site. Any other medications a camper needs while at camp must be brought to camp in the **original container** and be accompanied by a Medication Authorization Form that is signed by both a parent/guardian and the prescriber. All medications, other than emergency medication such as Epi-Pens and asthma inhalers, must be kept in the designated area by our Camp's RN.

Medication

If you have any questions, speak to Camp Korp's Nurse and complete the Medical Form.
*Epi-pen, inhaler, and any medicine listed on the completed Medical Form must be provided, this includes over the counter and prescriptions) – CT requires **all** medicine to be labeled with your child's name, our Nurse cannot administer without proper documentation. **Please document your child's allergies on out Medical Form.** The more information that we have the better we can serve your children this summer.

Sunscreen

Sunscreen is not considered a topical ointment in the State of Connecticut and is regulated in its use. Recreation staff is not authorized to apply topical ointments unless several lengthy regulations similar to those with medication administration are followed. Due to the number of participants in the Sunrise Day Camp program, it would take hours to administer to each one. SUMMER CAMP STAFF IS NOT AUTHORIZED TO APPLY SUNSCREEN.
Please see the suggestions below:

1. Purchase a sunscreen that is waterproof and has a duration period of six hours. Apply the sunscreen at home prior to arriving to camp.
2. Instruct your child on how to properly apply sunscreen and if need be, have them bring their own sunscreen to camp. Put your child's name on their sunscreen. THEY ARE NOT TO SHARE IT WITH ANYONE ELSE.
3. If your child has a strong reaction to the sun, we suggest you consult with your physician for a possible prescription sunscreen.

Illness/Injury/Covid Waiver

Parents will be asked to pick up their child in the event of: a temperature of 100 degrees or higher, diarrhea, vomiting, serious cough, or signs of head lice, chicken pox, rashes, etc. In the event of a serious injury, 911 will be called, first aid will be administered, and parents will be notified immediately. We will not transport any child in a personal vehicle and will call an ambulance in the event of an emergency.

In consideration of being allowed to participate in any way and/or enter upon, use and/or engage in sports activities by EKJA, LLC and Camp Korp Southington, LLC, including participation in practices, events and/or other uses of the indoor and outdoor facility at 665 Spring Street Southington, Maxwell Drive Southington, and 1505 West Street Southington Connecticut and their athletic/sports programs and related events and activities (collectively referred to herein as "Activities"), the undersigned acknowledges and agrees to the following, on my own behalf, on behalf of any minor accompanying me, and on behalf of my personal representative, heirs and next of kin, agents and principals: In the unlikely event of an emergency, all will be sent to our State of CT approved emergency facility located at 1505 West Street in the Gymnasium. This facility will only be utilized in an emergency situation.

1.The novel coronavirus, COVID-19, also known as "severe acute respiratory syndrome coronavirus 2 ("SARS-CoV-2") has been declared a worldwide pandemic by governments and public health agencies. SARS-CoV-2, COVID-19 and/or any mutation or variation thereof (hereinafter "COVID-19") is extremely contagious. COVID-19 and other communicable, contagious and /or infectious diseases, and (collectively, "Disease ") can be spread by exposure to people or otherwise.

2. The unavoidable risk exists that I will become exposed to and/or infected with Disease, and could suffer resulting and/or related death, disability, illness, sickness, infection, disease, syndrome and/or other undesirable health condition, whether now known or unknown from Disease.

3. I am aware that my participation in the Activities and my presence at Facility/Location may cause me to be near and/or in contact with people and/or things that could raise the risk to me and others of exposure to Disease.

4. I know the risks of exposure cannot be eliminated no matter the degree of care exercised by anyone affiliated with Facility or Activities.
No amount of protective measures or devices can guarantee freedom from Disease. By being at Facility, including, without limitation, participating in Activities, I know I could suffer personal injuries, or become ill, temporarily disabled and/or die (collectively "Afflicted") from Disease. I voluntarily assume these risks and accept sole responsibility that I may be exposed to and/or Afflicted by Disease by entering Facility or participating in Activities.

5. Knowing the foregoing risks, including the fact that there are unknown risks, I voluntarily choose to enter, and be at Facility and to assume these risks of my own free will. I will not seek to hold any Release as defined below responsible if I am Afflicted by Disease.

6. If I choose not to assume these risks, I will neither enter Facility nor participate in Activities, and by staying at Facility I affirm my continuing acceptance of all such risks.

7. I understand that being Afflicted by Disease may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Releasees as defined below.

8. HEALTH & SAFETY DECLARATION and CONTINUING OBLIGATION. I attest and certify that I do not have and have not tested positive for or suffered from any symptoms of COVID-19 infection including without limitation cough; shortness of breath or difficulty breathing; fever; chills; repeated shaking with chills; repeated shaking with chills; generalized muscle pain; headache; sore throat; new loss of sense of taste or smell; fatigue or other flu-like symptoms (collectively the "Symptoms"), or have been exposed to any person exhibiting such Symptoms or, traveled outside the United States or to a location known to harbor such disease, in the past thirty (30) days. I am not under any quarantine orders. By my signature hereto I also agree to immediately inform the Facility if I subsequently suffer such symptoms and to refrain from entering until I provide satisfactory medical clearance to the Facility and am granted further permission to enter, subject to the terms and conditions of this agreement.
9. PERSONAL PROTECTIVE EQUIPMENT AND DISTANCING. I will provide and use my own personal protective equipment and practice social distancing (current CDC guidance is at least 6 feet from others whenever possible & wearing a protective face covering) and follow all other hygiene and infection control methods, as prescribed by applicable authorities such as the United States Centers for Disease Control, state and local health officials, or otherwise in effect at this Facility, to help protect myself and others from Disease.

10. LEAVING IF ILL. If while at Facility I feel or experience any Symptoms I agree that I will immediately leave Facility to seek medical attention (or seek emergency medical attention at Facility) and that I promptly will notify Facility officials of same.

<u>Contact Information</u>

If you have any questions or concerns, you may contact the following people: Camp Korp

Director - Director	203 715-3774
Camp Korp Nurse	860 919-1835
Jordan Andrews - Business Manager	860 670-0510

Communication is the key factor to a great summer had by all. Please communicate any needs, questions, or concerns with our Camp Directors. We are experienced camp professionals and are here to make sure your camper, is a happy camper!! I welcome you to contact me with any issues or concerns you may have at (203) 715-3774 or campkorp@gmail.com

Signature: _____

Date: _____