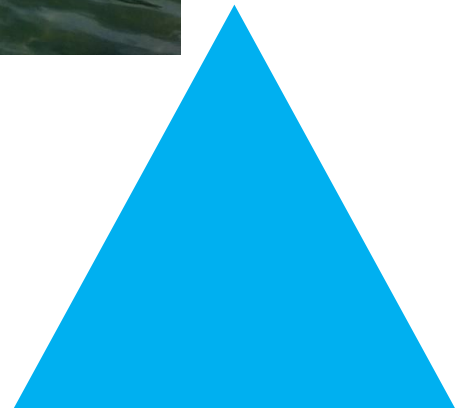


CAMP HORIZON

PARENT HANDBOOK



Camp Horizon

Summer Day Camp Welcome Letter

Dear Parents and Guardians,

Welcome to Camp Horizon! We hope this letter finds you and your family well. As we begin the new camp season, we would like to welcome all of our new summer families; and would also like to extend a great welcome back to each of our alumni families! As our camp population continues to grow, we are excited to meet the interests of all campers with newly improved programming. Our qualified staff will do their best to introduce your campers to visual arts, athletics, performing arts, fitness, technology, adventure and more. The dedicated staff at Windy Hill Community Center is looking forward to having another great summer!

Carefully review all of the information in this packet and call (770) 528-2562 with any questions or concerns. You may also visit our website at: www.cobbparks.org and choose Therapeutic Services to locate Camp Horizon on line registration.

Please make sure you fill out all your forms and return them before camp begins. Your child may not attend camp unless you have completed your current year required paperwork. Last year's forms are not acceptable to admit your child to camp this year.

We thank you in advance for giving us the opportunity to service your summer camp needs where our goal is to have fun, have more fun, and create great ever lasting memories!

Sincerely,

Ann Bonds

Ann Bonds, Recreation Programmer Specialist
Windy Hill Community Center

Summer Camp Policies

At Cobb County PARKS, we are committed to providing every camper the best and safest possible camp experience. From our **programming to our policies, everything we do is steeped in our philosophy "Cobb County.... Expect the best"**. We strive to building holistically healthy kids through engagement with understanding, caring & professional counselors laying the foundation for a fun, exciting summer.

Summer Camp Policies:

- **Behavior &** Discipline Policy
- Illness & Lice Policy
- Inclusion Policy
- Policy on Electronics, Toys, Trading Cards & Pins
- Toilet Training Policy
- Sunscreen Policy
- Refund & Credit Policies

DISCIPLINE POLICY

Camp Horizon staff uses the positive techniques of guidance, including logical or natural consequences applied in problem situations, redirection of children to more acceptable behavior, anticipation of and elimination of potential problems and encouragement of appropriate behavior rather than comparison, competition or criticism. Consistent and clear rules are established. Staff members encourage children to solve problems rather than imposing solutions and help **children to recognize and respect one another's feelings**. Counselors encourage pro-social behavior such as cooperation, helping, taking turns and constructive verbal communication to solve problems. The goal is to help children internalize rules and become self-directed in their behavior.

Camp Horizon reserves the right to dismiss a child for consistent behavior that makes it difficult or impossible for the staff to meet his/her needs and/or the needs of other children in the group. This will occur without a refund (or portion thereof) or credit towards a future program. This will occur only after parent/staff discussion has occurred.

ILLNESS & LICE POLICY

Camp Horizon should be notified by phone (770) 528-2562 or email if a child is ill, especially if the illness is communicable. Internally, we keep track of the instances of communicable diseases at camp, and when appropriate will notify the parents of all children that may have been exposed, while respecting the confidentiality of campers and families involved.

Communicable Diseases

Campers who have communicable diseases will be sent home and may not return to camp until the illness has been treated successfully and the camper is symptom free.

Lice

Campers who have signs of head lice (itching, head irritation, etc.) will be removed from their group and escorted to the camp office by the Camp Administrator. If we believe there is a possibility of head lice, we will ask the family to pick their camper up from camp. In order to return to camp, a camper must have had all active lice removed from his or her hair & and no longer show any signs of infestation, itching or irritation.

INCLUSION POLICY

Cobb County strives to provide a safe and supportive environment for each camper as they work to discover and grow with us regardless of race, gender identity, ethnicity or background. Our goal is to create an atmosphere where campers feel secure enough to expand their comfort zones, try and discover new passions and stretch themselves. We have a diverse camper and staff base, and work to ensure that all of our staff have the appropriate training and emotional intelligence to effectively support our campers along their journey. Incidents that involve any demographically-based or

historically charged language or actions that **may jeopardize a camper or staff member's physical or emotional safety will** be immediately escalated to our Leadership Team and could result in dismissal from camp without a refund or credit.

POLICY ON ELECTRONICS, TOYS, TRADING CARDS & PIN

Camp Horizon strives to provide a program free from video games, cell phones, audio players, toys and other distractions. Please do not permit your child to bring any of these items to camp as they will be busy throughout the camp day and these items also tend to get lost or misplaced when brought to camp. Campers who use electronic devices for self-soothing and calming frustration may be allowed to utilize their devices after review by the Camp Director.

TOILET TRAINING POLICY

All campers attending Camp Horizon are expected to be fully toilet-trained by their first day of camp. We ask that families provide an extra set of clothes with campers, if a camper has a history of bathroom accidents. If an accident occurs during camp hours, **the Staff and Camp Administrator will notify the camper's primary parent/guardian.**

SUNSCREEN POLICY & PROCEDURE

Camp Horizon's policy is to do everything possible to protect our campers from excessive exposure to the sun, while still allowing them to get the most out of our outdoor games and activities.

SUNSCREEN

Parents/guardians should provide sunscreen for use during the camp day. Sunscreen sent to camp should be placed in a **sealed plastic bag and labeled with the child's first and last name.**

Families are responsible for applying the first layer of sunscreen prior to morning drop-off and provide it for use during the camp day.

During the camp day, Camp staff will take all reasonable and appropriate steps to help each child reapply sunscreen to exposed skin— including the face, the tops of ears, and bare shoulders, arms, legs, & feet— **prior to campers' participation** in outdoor programs. Counselors will not apply sunscreen when skin is broken or an adverse reaction has been observed. When staff notices these reactions, they will report them to their Supervisor and Camp Coordinator who will contact the camper's family. If, for any reason, counselors cannot apply sunscreen on a camper, she/he may not be able to participate in outdoor activities for his/her own protection. If parents/guardians have more than one camper attending camp, we ask each camper have their own supply of sunscreen so that it is readily accessible throughout the camp day. Camp Horizon has sunscreen available for use by any camper who does not supply their own.

REFUND & CREDIT POLICIES

Registration fees are 100% refundable when the department cancels the activity. A participant wishing to withdraw from an activity that has not been cancelled by the department must provide a written request at least seven days before the scheduled start of the activity. They may receive 100% credit to the family's account or may request a refund. Within the week prior to the scheduled start of a class refund/credits will not be given except for verified medical/hardship cases. Refunds for payment made by cash or check will be received approximately 2-4 weeks after the refund is requested. Therapeutic Recreation Services Special Events and Trips are non-refundable.

If you wish to cancel your camp registration or apply for a credit to another week of camp, you must do so in writing by contacting our office by email TO: ann.bonds@cobbcounty.org or kassandra.joseph@cobbcounty.org . The following policies and timeline apply.

General Information

Age Range

Kid's camp is designed for ages 7-21. Campers over age 21 may be accepted with approval of the Camp Director.

Camp Dates

The Camp Horizon program has 9, one-week sessions starting on Tuesday May 26, 2020 and ending on Friday, July 24, 2020. **(See Summer Camp Themes for weekly breakdown)**

Registration Dates

Registration starts on March 18, 2020 at 10:00 am. You may register in person or online. Registration continues each day thereafter until camp is full.

Camp Hours

Camp starts at 9:00am and runs until 4:00pm. Parents can drop off their campers at the Windy Hill Community Center location ONLY between 7:30am - 9:00am; and pick-up their campers between 4:00pm - 5:30pm. Drop-off and pick-up times are included in the cost of camp. **If transportation is provided from satellite locations (Ward Recreation Center and Fullers Recreation Center), drop-off time is 8:30 am and pick-up time is 4:30pm ONLY.**

Dress Code / Attire

We strongly encourage campers to wear athletic shoes and comfortable clothing. Most of our activities and events include physical activity both indoors and outdoors.

Drop-Off / Pick-Up

All Campers who are dropped-off OR picked-up **must be escorted by a parent or guardian** for signing in/out procedures. Signing-out requires a form of ID. No exceptions, this is a safety precaution!!

Extended Camp Hours

Extended hours care begins at 7:30 am and ends at 5:30 pm. Late pick-up (after 5:30pm) is not offered. In the case of excessive late pick-ups, you may be asked to withdraw your camper(s) from camp.

Fees

Summer Camps registration fee is \$125 per week for each camper. However, if you are registering multiple campers (siblings) it is half off or (\$62.50) per week for each additional camper. You must register in person to receive the discount or you may be refunded should you choose to register on-line and make payment in-full (on-line registration does not offer the multiple registration discount). **All Payments are due upon registration, No Exceptions. Payments must be entered into the database BEFORE any camper may attend Camp Horizon.**

Field Trips & Special Events

Field trips are an **additional weekly cost** and it is the Parent's or Guardian's responsibility to pay for their Camper(s) trip(s). These fees must be paid in advance weekly upon signing-in, and are paid directly to the vendors. Information about Special Events and Field Trips will be sent home in the weekly newsletter. ***Please note Fieldtrips are subject to change due to availability with limited prior notice.***

Lunch & Snacks

Parents must provide lunch, drinks, and snacks daily. Please pack a hefty lunch and two snacks due to increased activity at camp.

Staff

Camp is supervised by the Camp Director and Counselors. Everyone is first-aid and CPR certified. The Counselor-to-Camper ratio is 1:5, not to exceed 1:12.

Valuables

We recommend all valuables be left at home including, but not limited to: cell phones, hand-held video game devices, MP3 players, cameras, trading cards and silly putty. We will not be held responsible for lost or stolen items.

Frequently Asked Questions

Q: Does the Summer Camp have Pre and Post Care?

A: Yes, Constructive play time starts at 9am and ends at 4pm. Pre-Camp is 7:30am - 9:00am; Post-Camp is 4:00pm - 5:30pm.

Q: What should you do upon arrival to camp?

A: Make sure that you sign your camper in daily. Their names will be listed on a roster in alphabetical order at the front desk.

Q: What should you do if your campers name is not on the sign-in roster?

A: Please speak with a staff member to make sure your camper is properly registered.

Q: What is the camp registration fee?

A: The registration fee is **\$125** dollars for the first camper and **\$62.50** for additional campers (siblings) registered under the same family account.

Q: What should I do if I am running late and can't pick my camper up before 5:30pm?

A: Late pick-up (after 5:30pm) is not offered. In the case of excessive late pick-ups you may be asked to withdraw your camper(s) from camp. Call (770) 528-2562 ahead of time to notify staff so that accommodations can be made.

Q: Will camp registration fees be prorated if I register my camper after the program has started?

A: No, camp registration fees are assessed per week and will not be prorated after registration is completed (i.e. – You registered successfully for the full five days and your camper missed three of those days. **No fees will be prorated**)

2020 Summer Camp Theme

	FIELD TRIP	TRIP FEE
<u>Wk1 (MAY 26-29)</u> "Memorial Day Celebration" Barcode: 16346	Picnic in the park	free
<u>Wk 2 (JUNE 01-05)</u> "Incredible Edibles Week" Barcode: 16347	Candy Factory	\$15
<u>Wk 3 (JUNE 08-12)</u> "Music Makers Week" Barcode: 16348	Six Flags	\$35
<u>Wk 4 (JUNE 15-19)</u> "Back to the Future Week" Barcode: 16349	Hyde Farm	free
<u>Wk 5 (JUNE 22-26)</u> "Around the World Travelers Week" Barcode: 16350	McDaniel Farm	\$12
<u>Wk 6 (JUNE 29-JULY 02)</u> "Under the Sea Week" Barcode: 16351	GA Aquarium	\$15
<u>**CHILDREN'S HARBOR (JUNE 29-JULY 02)</u> Barcode: 16355**		
<u>Wk 7 (JULY 06/10)</u> "Reptiles & Amphibians Week" Barcode: 16352	on site animal visit	TBD
<u>Wk 8 (JULY 13-17)</u> "Weird, Whacky, & Wonderful Week" Barcode: 16353	Wright Property	free
<u>Wk 9 (JULY 20-24)</u> "Sports & Beyond Week" Barcode: 16354	The Battery Tour	\$15

**** (Although not a requirement, Campers will be nominated by their peers and staff for this trip) ****



Additional Information:

1. On fieldtrip days, **Tuesdays and Wednesdays**, please drop campers off before **9:00am** to allow timely departure.

2. If your camper(s) have any food allergies or restrictions, please let us know.

Daily Item(s) to bring:

- ☐ Lunch, drink & two snacks
- ☐ A water bottle
- ☐ Sunscreen
- ☐ Medications *If needed with appropriate administration form
- ☐ Change of clothing

How to Register for Camp Online

1. Log on to cobbparks.org
2. Click the “register or reserve” tab
3. Create an account at the top left-hand side of the screen, or log into your family account
4. Click “Therapeutic Services” tab
5. Click “Camp Horizon”
6. Select the weeks (including fieldtrips + fees) you wish your camper to attend “add to cart” and “checkout”
7. Please answer the few prompts that pop up prior to completing your payment.
8. Select your method of payment and allow system to process.

****If you do not email completed forms, please bring in the completed forms on the following page to the office along with method of payment. Payments for camp and fieldtrips are due **PRIOR TO ATTENDANCE**. Campers who have not registered, returned all required completed paperwork, and paid will not be able to attend camp.****

The screenshot displays the Cobb Parks website interface. At the top, there is a navigation bar with icons for 'I WANT TO...', 'DIRECTORY', 'LOCATOR', and 'SOCIAL MEDIA'. Below this, a secondary bar contains 'Log In/Create Account', 'Catalog', 'Policies', and 'Help'. A 'Cart Empty' icon is also visible. The main content area features a horizontal menu with categories: Adult Sports (31), Aquatics (331), Arts (511), Camps (313), and Gymnastics (100). Below this, a list of services is shown: Outdoor/Nature (2), Senior Services (500), Tennis (333), Therapeutic Services (52), and Memberships (65). The 'Therapeutic Services' category is highlighted in red. On the left side, there are filters for Location, Category, Age Group, and Days of the Week. The main list of Therapeutic Services includes: TRS - Fitness Classes (15) for \$0 - \$30, TRS - Social Clubs (9) for \$45, TRS - Ambassadors Program Daily (1) for \$0, TRS - Ambassadors Field Trips and Classes (9) for \$0 - \$20, TRS - Camp Horizon (8) for \$125, TRS - Special Olympics (4) for \$0, and TRS - Special Events (6) for \$5 - \$45.

Navigation Bar:

- I WANT TO...
- DIRECTORY
- LOCATOR
- SOCIAL MEDIA

Secondary Bar:

- Log In/Create Account
- Catalog
- Policies
- Help
- Cart Empty

Horizontal Menu:

- Adult Sports (31)
- Aquatics (331)
- Arts (511)
- Camps (313)
- Gymnastics (100)

Service List:

- Outdoor/Nature (2)
- Senior Services (500)
- Tennis (333)
- Therapeutic Services (52)**
- Memberships (65)

Filters:

- Location:** Cobb County Civic ..., Fullers Recreation ..., Ward Recreation C..., Windy Hill Commun...
- Category:** Therapeutic Service..., Therapeutic Service..., Therapeutic Service..., Therapeutic Service..., Therapeutic Service..., Therapeutic Service...
- Age Group:** Youth, Adult, Senior
- Days of the Week:** Mon, Tue

Therapeutic Services - CLASSES

- [TRS - Fitness Classes](#) (15) \$0 - \$30

Therapeutic Services - SOCIAL CLUBS

- [TRS - Social Clubs](#) (9) Social Clubs are designed to EMPOWER ... \$45

Therapeutic Services - AMBASSADOR'S PROGRAM

- [TRS - Ambassadors Program Daily](#) (1) The Ambassadors Day Program is a com... \$0
- [TRS - Ambassadors Field Trips and Classes](#) (9) Fees for field trips and classes are in addi... \$0 - \$20

Therapeutic Services - CAMP HORIZON

- [TRS - Camp Horizon](#) (8) \$125

Therapeutic Services - SPECIAL OLYMPICS

- [TRS - Special Olympics](#) (4) Overall Description of Special Olympics - ... \$0

Therapeutic Services - SPECIAL EVENTS

- [TRS - Special Events](#) (6) \$5 - \$45

2020 CAMP HORIZON REGISTRATION

CAMPER'S NAME _____ Date of Birth _____ Registration Date _____

PARENT'S NAMES _____ Parent E-MAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ MOM WORK _____ MOM CELL _____

DAD WORK _____ DAD CELL _____

ALTERNATE EMERGENCY CONTACT & PHONE _____

Camper E-MAIL _____

Will camper take medication at camp? Yes _____ No _____

Does camper require assistance with every day activities? (personal care and hygiene) Yes _____ No _____

Does camper require wheelchair accessibility? Yes _____ No _____

PLEASE CHECK 2020 DATES / SESSION(S) CAMPER WILL ATTEND:

SESSION 1 **MAY 26-29** _____

SESSION 2 **JUNE 01-05** _____

SESSION 3 **JUNE 08-12** _____

SESSION 4 **JUNE 15-19** _____

SESSION 5 **JUNE 22-26** _____

SESSION 6 **JUNE 29-JULY 02** _____

CHILDREN'S HARBOR **JUNE 29-JULY 02** _____

SESSION 7 **JULY 06-10** _____

SESSION 8 **JULY 13-17** _____

SESSION 9 **JULY 20-24** _____

Before care needed? Yes _____ No _____ After care needed? Yes _____ No _____

Payment for all sessions is due upon registration. Make checks payable to: **Cobb County PARKS**

Please check the camp location your camper will attend

Fullers Recreation Center - Pick up only

_____ 3499 Robinson Road, Marietta, GA 30067

Ward Recreation Center - Pick up only

_____ 4845 Dallas Highway, Powder Springs, GA 30127

Windy Hill Community Center - Camp Horizon Physical Location

_____ 1885 Roswell St. SE, Smyrna, GA 30080

.....
For Staff Use Only: Camp 1 (Ratio 1:10) _____ Camp 2 (Ratio 1:7) _____ Camp 3 (Ratio 1:3) _____ Date Received _____

Receipt # _____ Amount Paid _____ Staff Initials _____

COBB COUNTY PARKS DEPARTMENT - CAMP HORIZON MEDICAL INFORMATION

This information is good for **one** year. **It is imperative you notify us of any changes in condition or medications during the year.** If registering for more than one camper, please complete a form for **each**.

CONTACT INFORMATION

Camper's Name (LAST):_____ (FIRST):_____

Address:_____ City/Zip:_____

Female___ Male___ Birthday:_____ Last Grade Completed:_____

Home Phone:_____ Email:_____

Mother's Name:_____ Father's Name:_____

Mother's Cell Phone:_____ Father's Cell Phone:_____

Mother's Work Phone:_____ Father's Work Phone:_____

Alternate Emergency Contact Name:_____

Alternative Emergency Contact Phone:_____

School Last Attended:_____

Type of Class: (i.e. Resource, Self-Contained, Inclusive, Typical)_____

Class Ratio (children: teacher: aide, i.e. 1:1, 5:1)_____

Does your child have a one-to-one aide? ___Yes ___No

Type of services & frequency received (i.e. OP/PT 2x week, speech 1x week)_____

Extracurricular activities (i.e. afterschool, clubs, religious, sports)_____

Is child toilet trained? ___Yes ___No Toileting assistance required? ___Yes ___No

If yes, please explain:_____

Does child have history of physical or aggressive behavior? ___Yes ___No

If yes, please explain:_____

Please describe child's social interaction with a) peers b) adults c) siblings_____

Please describe child's behavior when he/she is having difficulty (not getting his/her way, medication wearing off etc):_____

Please describe method of discipline you use:_____

Inappropriate activities we should be aware of:_____

Under what circumstances, if any, can participant be without supervision:_____

Is a bus aide required for transportation? ___Yes ___No

Release of information permission for **CC PARKS** to contact school concerning the camper's needs: Yes ___No ____.

Other pertinent information: _____

Circle all that apply: Mild Intellectual Disability Moderate Intellectual Disability Severe Intellectual Disability

Other Impairment Orthopedic Impairment Hearing Impairment Visual Impairment Other Health Impairment

Speech-Language Impairment Pervasive Developmental Delay Traumatic Brain Injury

Attention-Deficit Hyperactivity Disorder Fragile X Syndrome Autism Asperger's Syndrome Down Syndrome

Diabetes Shunts Braces/Canes/Walker Hearing Aid Ear Tubes Glasses

Needs Interpreter (type): _____ Wheelchair (type): _____

Allergies (food, medication, etc): _____

SEIZURES: Yes___ No___ Epilepsy Yes___ No___ Are seizures controlled by medication? Yes___ No___

Date of last seizure: _____ Type of seizure and treatment: _____

MEDICATION: Type, Dosage/Time: _____

Type, Dosage/Time: _____

A permission form must be obtained, signed, and returned to **CC PARKS** for staff to assist with medication administration. Contact **CC PARKS** TRS Unit to obtain a form.

SAFETY: CC PARKS is committed to conducting programs with the utmost safety and concern for participants. Those registering for programs must recognize, however, that there are potential risks of injury when participating in recreation programs. **CC PARKS** continually strives to reduce such risks and provides safety rules and instructions to protect participants.

INSURANCE: CC PARKS carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive, therefore it is the responsibility of each individual or family to **provide their own medical insurance** **CC PARKS** must have the following information, however, in case of an emergency.

Name of Individual Carrying Primary Insurance: _____ Relationship to Camper: _____

Medical Insurance Company: _____ Policy Number: _____

EMERGENCY MEDICAL RELEASE AGREEMENT

1. In the event of illness or injury, I hereby authorize the staff of Cobb County to initiate any required medical or first aid procedure, or to obtain emergency medical treatment as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment.
2. To my knowledge, I do not have any medical or other condition which would prevent me, or my minor child, from participating in the program/activity. I also acknowledge that if I have any reservations or concerns about my, or my minor child's, medical condition, it is my responsibility to consult with the appropriate medical personnel prior to participating in the program/activity.
3. I am providing this authorization in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Cobb County to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that every effort will be made to notify the individual indicated as the emergency contact beforehand by telephone.
4. I further agree that the execution of this release shall not constitute a waiver by Cobb County, its officers, agents, and employees of the defense of governmental immunity, when applicable, or any other defenses recognized by the courts of this State or any Federal court under state or federal law.
5. I acknowledge, acceptance of this release is not to be construed as an admission of any liability whatsoever by Cobb County, Georgia and/or any of its officers, agents, and employees. This release and hold harmless agreement shall constitute full and complete release of any and all claims.

I, the undersigned, have carefully read the foregoing release and know and understand the contents thereof. I sign this release voluntarily as my own free act, with full knowledge of its significance, intending to be legally bound thereby.

Participant Signature

Name of Participant (Print)
(if Participant is under 18)

Print Name

Date

Signature of Parent/Guardian

Date

PHOTO RELEASE

I understand that, I, as a program participant and/or my minor child listed below, may be photographed for purposes of publication, and I hereby authorize Cobb County, Georgia to publish photographs of our names and likenesses, for use in its printed and online publications (such as newsletters, annual reports, websites, social media and blog posts). I, in both an individual and representative capacity, hereby release Cobb County, Georgia, its Board of Commissioners, its officials, employees, agents, representatives and volunteers, and any third parties involved in the creation or publication of printed and online publications (such as newsletters, annual reports, websites, social media and blog posts) from liability for any claims by me or any third party in connection with my participation or the participation of the minor child listed below.

Signature

Name of Participant (Print)
(if Participant is under 18)

Print Name

Date

Signature of Parent/Guardian

Date

_____ I do not authorize Cobb County, Georgia to publish photographs taken of myself and/or the minor child listed above.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

For and in consideration of **my participation in any Cobb County program or activity** I, _____, do hereby enter into the following covenant:
(please print name)

I do hereby agree not to sue Cobb County, Georgia their officers, agents, employees, or assignees for any reason arising from my participation in such activity.

This covenant not to sue shall be binding upon myself, my heirs, the administrator or executor of my estate or upon any others acting on behalf of myself or my estate. It is expressly understood that this covenant not to sue is entered into for the purpose of avoiding litigation and is a prerequisite to my participation in such activities. This covenant to sue shall be a defense to any action or proceeding which I may bring, or which may be brought, instituted, or taken by my heirs, the executors or administrators of my estate, or any others on my behalf of my estate, against any of the parties listed in the first portion of this document.

I expressly assume all risks and hazards associated with the activities and assume all responsibility, including but not limited to financial responsibility, for any injury, including death, that I may receive while in, or upon the premises where the activities are being conducted.

This covenant not to sue covers, but is not limited to acts of negligence, either by commission or omission, of any type, kind or nature whatsoever.

I hereby state that I am under no disability to contract and have read and understand this covenant not to sue and have entered into it voluntarily.

This covenant not to sue is made and entered into on this the _____ day of _____, 20____, in Cobb County, Georgia.

Signature

Name of Participant (Print) (if Participant is under 18)

Print Name

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date

In order that the Department assures compliance with ADA (American with Disabilities Act), if you have a specific physical or service accessibility need, please make the staff who work with the program/facilities aware so that we can reasonably accommodate your need.
--

Permission to Administer Meds

NAME _____ DATE _____

Times	Medication / Dosage	Notes
7:00 am		
8:00 am		
9:00 am		
10:00am		
11:00am		
12 Noon		
1:00 pm		
2:00 pm		
3:00 pm		
4:00 pm		
5:00 pm		

All medications should be sent in the **ORIGINAL PACKAGE / CONTAINER** with the time of day to be given and dosage clearly marked. **DO NOT SEND ANY MEDICATIONS IN UNMARKED CONTAINERS!** Medication not in clearly marked prescription container will not be accepted.

I, _____, authorize the staff of the Cobb County PARKS Department to administer medication to my child/children.

Permission to give my child Tylenol if needed Yes _____ No _____

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date