



2025 CAMP ROCK REGISTRATION PACKET

1605 Cromwell Bridge Road
Baltimore, MD 21234
www.camprockmd.com

Office Number: 410-665-7461
Fax Number: 410-882-7163
E-mail: office@camprockmd.com

Please carefully read and complete each page of this registration packet.
Print and sign where appropriate. Please provide photos of individuals authorized to pick up your child(ren) from camp.

PACKAGE CHANGES FOR 2025!

Please Note: Email is our primary form of daily communication. Please submit a valid email that is checked daily.

Camper's Full Name: _____

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Primary Parent/Guardian Registering Camper:

___ both parents ___ mom ___ dad ___ other: _____

Camper's Address: _____

City: _____ State: _____ Zip: _____

Please Circle T-Shirt Size: YXS YS YM YL AS AM AL

Biological Gender (at birth): ☐ Male ☐ Female

Gen 1:26-27 We believe that God wonderfully and immutably
creates each person as male or female.

Work Phone: _____ Who? _____

Mother/Guardian's Cell: _____

Father/Guardian's Cell: _____

Best E-mail Address: _____

Second E-mail: _____

Employer: _____

Birthday ____/____/____ Age in June 2025: _____

Grade Fall 2025: _____ School: _____

Enrolled Siblings/Friends: _____

How did you hear about Camp Rock? Please be specific. _____

Pick Up Authorization List

The following individuals have my permission to pick up my child from Camp Rock **(must have photo ID on file)**

Name	Relationship	Best Phone	Vehicle: (Color, Make, Model)

Emergency Contact List

The following individuals have my permission to be contacted in the event of an emergency:

Emergency Contact: _____	Relationship to Camper: _____
Cell Phone: _____	Work Phone: _____ Home Phone: _____
E-mail: _____	

Emergency Contact: _____	Relationship to Camper: _____
Cell Phone: _____	Work Phone: _____ Home Phone: _____
E-mail: _____	



CAMPER HEALTH HISTORY & LIABILITY WAIVER

CAMPER IMMUNIZATION INFORMATION

All campers must have current immunizations, see www.EDCP.org (Immunization)

Camper's Name: _____ Date of Birth: _____

1. Date of Camper's last Tetanus (or DTP) shot: _____ month _____ year

HEALTH & WELLNESS QUESTIONNAIRE

Answering these questions will help our staff understand how to best meet your camper's needs.

Does the camper have any medical concerns, special needs, emotional, physical, psychiatric or behavioral needs?

☐ NO

☐ YES, Please Explain: _____

Is the camper currently on medication? *If yes, a Medication Authorization Form will need to be completed. Please note: We are unable to provide daily medication administration at camp.*

☐ NO

☐ YES, Current Medications: _____

Does the camper have any allergies, or dietary restrictions of any kind? *If yes, please complete Food Allergy Checklist and Medication Authorization Form for your camper's allergy medications.*

☐ NO

☐ YES, Allergies or Dietary Restrictions: _____

Is Camp Rock and its representatives authorized to administer first aid and/or approve medical treatment for the camper if necessary?

☐ NO

☐ YES, Camper's Physician's Name: _____ Telephone: _____

Is the camper covered by personal/family medical insurance?

☐ NO

☐ YES, Insurance Provider: _____ Policy Number: _____

Is your camper allowed to have sunscreen applied by our Camp Rock staff?

☐ NO, my camper is allergic to the following brand of sunscreen: _____

☐ YES, all brands of sunscreen can be applied to my camper.

By signing below, I affirm that I am the legal parent/guardian of the child listed on this Camp Rock camper registration, and that I authorize Camp Rock and its representatives to administer First Aid and/or take my child to a medical facility for treatment. I understand that I am responsible for any medical or dental costs not covered by my insurance. I acknowledge the risk of physical injury to my child or possibility of my child acquiring a communicable illness by participating in all activities at Camp Rock, or wherever they may take place, including off-site field trips. I accept personal financial responsibility for any illness, bodily or personal injury sustained or associated with all activities at/or sponsored by Camp Rock on or off-site. Further, I agree to hold harmless Camp Rock and its representatives for illness, injury related to or sustained during all activities at Camp Rock or during off site activities sponsored by Camp Rock or its partners. I understand that Camp Rock is a Christian summer camp and adheres to the tenets of faith of Rock City Church, Inc. I understand that Camp Rock has a No-Refund Policy. Refunds will not be issued for any reason, including dismissal for behavioral concerns, dissatisfaction, health concerns, financial concerns, natural disasters, national emergencies, or providing misleading information on camper's applications. I understand that I have a concern that is unable to be resolved by the camp director, I may write and mail a letter to "ATTN: Camp Rock Board of Directors, 1605 Cromwell Bridge Rd. Baltimore, MD 21234." I understand that I am solely responsible for all legal fees and other fees arising from legal proceedings that I may pursue against Camp Rock or its representatives. I understand that it is my responsibility to communicate about any individuals who may not be able to contact or pick up my child from camp and will provide the necessary documentation to explain any custody arrangements or protective orders. I consent to my child engaging in all activities offered by Camp Rock, including field trips off-site and the Camp Rock Adventure Course, Zip Line, & Giant Swing. Lastly, I understand that my child's photograph may be used for promotional endeavors including but not limited to magazines, brochures, flyers, web publications, and media presentations.

Signature of Parent/Guardian: _____ Date: _____



2025 Camp Packages

- **Lunch:** Campers may purchase a Weekly Lunch Pass or bring their own lunch. Campers who pack a lunch will not be able to heat their food.
- **Camper Options:** Can be added to any package where not included
- **Registration Reduction:** Enroll in a minimum of six weeks or more to receive our lowest "Full-Time" registration rate! Part-Time sessions (2-5 Weeks) available for an additional rate of \$20 per week.



PROPOSED 2025 FULL TIME CAMPER REGISTRATION OPTIONS

2024 Camper Packages

"Daily Adventure"
Standard Camp Activities
Standard Camp Package

"Extend My Day"
Extended Care Included
Deluxe Camp Package

"Premiere Adventure"
All-Inclusive Features for
(Campers Ages 6-11)
Premium Camp Package

Look!! Premier Adventure Camp is our best value!

\$50 Value

\$90 Value

✓ Weekly Tuition Rate =Package Includes		\$276/\$296 (6+ Week Rate)	\$310/\$330 (6+ Week Rate)	\$363/\$383 (6+ Week Rate)
<input type="checkbox"/>	Daily Snack	✓	✓	✓
<input type="checkbox"/>	Theme-Based Activities	✓	✓	✓
<input type="checkbox"/>	Swimming & Water Activities	✓	✓	✓
<input type="checkbox"/>	Summer Bridge Academics	✓	✓	✓
<input type="checkbox"/>	Extended Day Care (7-8 a.m.) \$30 (4-6 p.m.) \$50	Add-On Option	✓ (\$80 Value)	✓ (\$80 Value)
<input type="checkbox"/>	Weekly Specialty Lesson- \$15	Add-On Option	Add-On Option	✓ (\$15 Value)
<input type="checkbox"/>	Camper "Snack Shack" Weekly "Go-Pass"- \$10	Add-On Option	Add-On Option	✓ (\$10 Value)
<input type="checkbox"/>	Weekly Lunch Pass- \$35	Add-On Option	Add-On Option	✓ (\$35 Value)
<input type="checkbox"/>	Field Trips- \$40	Add-On Option	Add-On Option	✓ (\$40 Value)
<input type="checkbox"/>	NEW: Adventure Ropes, Giant Swing & Zip Line- \$30	Add-On Option	Add-On Option	Add-On Option

- **Specialty Camps-** Campers may participate in each week's Specialty Camp Activities (see schedule)
- **"Snack Shack" Weekly "Go Pass"**- This pass enables campers to receive discounted cold treats (snowballs) and a complimentary "standard" snack item from the "Snack Shack" each day.
- **Weekly Lunch Pass-** This pass provides campers with a daily lunch.
- **Field Trips-** Campers ages 6-12 will have the opportunity to attend select field trips. Space is limited.
- **Adventure Course-** Treetop canopy ropes course, zip line, & giant swing (Ages 6+)
- **Horsemanship-** Horsemanship may be added on select weeks for campers ages 6-12 yrs. (\$60/wk.)

Camp Rock Enrollment Selections For: _____

(Camper's Name)

Directions: Check the box for each week that your child will attend Camp Rock. Be sure to check the type of tuition package that you'd like for each week and any additional services. If your package includes **a weekly Specialty Lesson, or you would like to add this feature a-la-carte, please select this option.** Specialized Activities are subject to minimum enrollment and availability. Please be sure to add additional services such as Field Trips, Horsemanship, or the Camp Rock Adventure Course. Specialty Lessons and additional activities will occur for 30-45 minutes at least one time throughout the course of the week.

 <h2>2025 Camp Rock</h2> <h3>Mini-Sessions & Weekly Themes</h3>					Specialty Lesson (\$15 PER WK)	Swim Lessons (\$15 PER WK)	Horsemanship (+\$60 PER WK)	Adventure Course (+\$30 PER WK)
MINI SESSIONS	✓	WEEKLY THEMES & ENROLLMENT DATES	Select a Package Mix or Match!	Before/After Care				
Welcome to Camp <input type="checkbox"/>	<input type="checkbox"/>	Week 1: June 9-13 Theme: "Summer Fun Camp" Trip: <i>No Field Trip</i>	<input type="checkbox"/> Premium <input type="checkbox"/> Extended <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC	n/a	n/a	n/a	<input type="checkbox"/>
Mini-Session 1: "CREATIVE CAMPERS" Specialty Lesson: Week 2: Cooking Week 3: Makerspace	<input type="checkbox"/>	Week 2: June 16-20 Theme: "Culinary Camp" Trip: "Farm to Camp"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Week 3: June 23-27 Theme: "Creators Camp" Trip: Makerspace Workshop	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Session 2: "ART & EXPLORATION" Specialty Lesson: Week 4: Animals Week 5: Art	<input type="checkbox"/>	Week 4: June 30- July 4 Theme: "Explorers Camp" Trip: <i>No Field Trip</i>	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Week 5: July 7-11 Theme: "Art & Design Camp" Trip: Art in the Park Experience	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Session 3: "SPORTS & SCIENCE" Specialty Lesson: Week 6: Basketball Week 7: STEM	<input type="checkbox"/>	Week 6: July 14-18 Theme: "Basketball & Cheer Camp" Trip: Players Fun Zone	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Week 7: July 21-25 Theme: "STEM Camp" Trip: Skates & STEM	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Session 4: "FUN FOR EVERYONE" Specialty Lesson: Week 8: Shark Tank Week 9: Martial Arts	<input type="checkbox"/>	Week 8: July 28- Aug 1 Theme: "Innovators Camp" Trip: Museum of Industry	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Week 9: Aug 4- Aug 8 Theme: "Martial Arts & Dance" Trip: Go Kartz & Mini Golf	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Session 5: "DISCOVER YOUR TALENT" Specialty Lesson: Wk. 10: Flag Football Week 11: Acting	<input type="checkbox"/>	Week 10: Aug 11- Aug 15 Theme: "Sports Camp" Trip: Sports Adventure	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Week 11: Aug 18- Aug 22 Theme: "Music & Theater" Trip: Theater Trip	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC <input type="checkbox"/> Trip	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>

Select your specialty class & additional activities here! Field Trips, Horsemanship & the Adventure Course can be added with your camper package.

Total # Weeks Selected: _____ Total # of Field Trips Attending: _____ Total # Specialty Lessons: _____

*Please Note That Field Trips, Horsemanship, and the Camp Rock Adventure Course are available for campers ages 6+
 Field Trips, Horsemanship, and the Camp Rock Adventure Course can be added to your camper's package a-la-carte.

2025 Summer Camp Agreement

Camper's Full Name: _____

- **Registration:** All applications are subject to approval. Applying does not guarantee placement or availability in the camp. As a Christian Camp, we reserve the right to reject any applicant whose values, beliefs, and conduct violate our faith principles. We request that first time families tour the campus and interview prior to enrolling. Parents are responsible for knowing when their child's school system ends and knowing dates of vacation and other activities when making enrollment selections. Camp Rock does not refund for any reason. _____(Initial)
- **Statement of Faith:** I understand that Camp Rock, Inc. is a non-profit, Christian Summer Camp. I understand that Camp Rock, Inc. adheres to all the tenets of faith as listed in the by-laws of Rock City Church, Inc. I understand that these tenets guide the vision of all programs and policies surrounding admissions, employment, and participation in all opportunities or activities offered by Camp Rock, Inc. _____(Initial)
- **Policies & Procedures:** Prior to starting camp, each parent/guardian will receive a Camp Rock Handbook. It is the parent/guardian's responsibility to read the Camp Rock Handbook and be familiar with the contents. If a parent has a concern that is not able to be resolved by the Camp Director, a letter may be written and mailed to "ATTN: Camp Rock Board of Directors, 1605 Cromwell Bridge Rd. Baltimore, MD 21234." _____(Initial)
- **Attendance & Lateness:** All campers must arrive no later than 30 minutes after the 8:00-8:30 am camper drop-off time has ended. There is no proration of fees for excused or unexcused absences during the camp season. Lateness Policy: There will be a flat rate of \$20 for campers not picked up by their assigned pick-up time. This fee covers the first 15 minutes. After 15 minutes, there is an additional \$1 per minute fee for families who are late to pick up their child from camp. Cash or credit payment is due upon picking up your child. _____(Initial)
- **Lunch:** I understand that I am responsible for providing lunch for my child daily if I have not purchased a weekly camper lunch pass. Camper's lunch bags/containers should be labeled with their name and packed with cooling aids Please only send food that is easily manageable for your camper, and nut free. Camp Rock does not provide access to heating for lunch items. _____(Initial)
- **Conduct:** We expect all campers to adhere to the Camp Rock standards of conduct. Any severe or ongoing disregard of our standards of conduct may result in progressive or immediate disciplinary action, up to and including disenrollment. Camp Rock does not offer refunds for any reason including dismissal for behavioral concerns. _____(Initial)
- **Health:** No child will be permitted to attend camp without fully completing a Camper Health History Form. I have signed and agree to the medical and liability release statement within this registration packet authorizing Camp Rock and its' representatives to administer First Aid and/or take my child to a physician or hospital for emergency treatment if it becomes necessary. If my child becomes ill at camp, I will pick him/her up within 30 minutes of being contacted by camp staff. _____(Initial)
- **Financial Policy:** I understand that I must pay in full by April 16, 2025, or enroll in the Camp Rock Financing Program (CRFP) for weekly or bi-weekly tuition payments at the time of approved registration to secure my child's placement in camp. I understand that there are additional fees for financing camp tuition through the Camp Rock Financing Program. I understand that I must select the weeks my child(ren) will attend camp at the time of registration and submit a non-refundable deposit for those weeks. I understand that these selections may NOT be changed, transferred, or cancelled. I understand that I am responsible for all late fees and NSF (non-sufficient fund) fees should they incur on my account. Each failed transaction will result in a \$35 fee from Camp Rock in addition to fees your financial institution may charge. I understand that Camp Rock has a no-refund policy. Tuition or registration will not be pro-rated for days or weeks absent from camp. I understand that non-payment of tuition will result in late charges, dismissal from the camp, and reporting to debt collection agencies. _____(Initial)

Signature of Parent/Guardian: _____ Date: _____

Please Print Parent/Guardian's Name Here: _____





Camper's Name _____

2025 CAMPER FINANCIAL WORKSHEET & AGREEMENT

Package Selection (Please select your weekly package)

- Regular Camp Rock Hours 8:00 a.m. to 4:00 p.m. Extended Care services can be added to any package.
- **Full time campers enroll for a minimum of six weeks and pay the lowest tuition rates.** Part time (2-5 week) sessions are available for an additional \$20 per week. There is a minimum enrollment of two weeks.
- All families are responsible for a registration fee (**\$50 Returning Families/ \$100 New Families**). There will be a 3% fee for credit/debit card transactions or recurring transactions.

Choose Your Package (check to select) Full Time Rate/Part Time

- ☐ Standard "Camp Daily Adventure" Package \$276/\$296 wk.
- ☐ Deluxe "Extend My Day" Package \$310/\$330 wk.
- ☐ Premium "Premium Camp Day" Package \$363/\$383 wk.

Extended Care Services (check to select)

- ☐ Before Care Only \$30/wk. (7:00-8:00 a.m.)
- ☐ After Care Only \$50/wk. (4:00-6:00 p.m.)

CAMPER FINANCIAL WORKSHEET

*** A separate Camper Financial Worksheet must be completed for each sibling.**

WEEKLY TUITION PACKAGE RATE:			
<input type="checkbox"/> Tuition Package	\$ _____	X _____ Weeks	= \$ _____
<input type="checkbox"/> Weekly Lunch Pass	\$ 35	X _____ Weeks	= \$ _____
<input type="checkbox"/> Before Care	\$ 30	X _____ Weeks	= \$ _____
<input type="checkbox"/> After Care	\$ 50	X _____ Weeks	= \$ _____
<input type="checkbox"/> Camper Snack Shack "Go Pass"	\$ 10	X _____ Weeks	= \$ _____
<input type="checkbox"/> Camp Adventure Course	\$ 30	X _____ Weeks	= \$ _____
<input type="checkbox"/> Field Trips	\$ 40	X _____ Weeks	= \$ _____
<input type="checkbox"/> Horsemanship	\$ 60	X _____ Weeks	= \$ _____
<input type="checkbox"/> Specialty Classes	\$ 15	X _____ Weeks	= \$ _____
Tuition & Additional Services Total: (+) \$ _____			
Per Family Registration Fee (Circle: \$50 Returning Families/ \$100 New Families): (+) \$50 or \$100			
Subtotal of Tuition & Registration Fees Due \$ _____			
Sibling Discounts & Referral Special: (-) \$ _____			
Total Tuition & Registration Fees Due: \$ _____			
Payment Type: CASH CHECK CREDIT		Date: _____	Payment Received: (-) \$ _____
Total Balance Remaining: \$ _____			

I understand that I am financially responsible for the services calculated above. I understand that failure to pay in full or enroll in CRFP will forfeit my child's space in Camp Rock. I understand that Camp Rock does not offer refunds for any reason. Declined credit card transactions or declined CRFP payments will result in my child's dismissal from camp and a \$35 failed transaction fee. Full payment may be required for consideration of camper reinstatement as well as any failed transaction fees.

Parent's Signature: _____ Date of Registration: _____

PAYMENT: Full payment or CRFP (Camp Rock Financing Plan) enrollment due before April 16, 2025.

- ☐ I would like to request a Camp Rock Financing Plan Application (CRFP) for weekly or bi-weekly payments.
- ☐ I will pay for camp in full on _____ (date) using the following acceptable form of payment below:
 - ☐ Debit or Credit Card (Please immediately process the card listed below). Amount to Process: \$ _____

Type of Card (Please check): _____ MASTER CARD _____ VISA _____ DISCOVER _____ AMERICAN EXPRESS

Card # _____ - _____ - _____ Exp Date _____ / _____ SEC # _____ Zip Code: _____

Billing Name on Card: _____ Billing Address: _____

Cardholder's Signature: _____ Print: _____ Date: _____

OFFICE USE ONLY: Registration Verified by: _____ Date: _____ Payment Processed By: _____



2025 CAMP POOL SAFETY & LIABILITY FORM

1607 Cromwell Bridge Road
Baltimore, MD 21234

www.camprockmd.com

Office Number: 410-665-7461

Fax Number: 410-882-7163

E-mail: office@camprockmd.com

Please carefully read through and complete this form. Attach a wallet size photo of your child to this pool safety & liability form in the designated area. Our lifeguards will be provided with a copy of this form. The pool will be available for campers who are able to pass a swim test. Campers who are not able to pass a swim test will not be permitted to use the pool. They will have access to inflatable water activities outside of the pool area.

Swimmer's Contact Information

Camper's Full Name: _____

Camper's Nickname: _____ M ☐ F ☐

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Camper's Home Phone: _____

Parent/Guardian Work Phone: _____

Mother/Guardian's Cell: _____

Father/Guardian's Cell: _____

Who Should Be Notified First in the Event of an Emergency?

Years Camper Has Been Swimming? _____

Please Place Your
Child's Photo in This
Space



Camper Swim Assessment Results (Lifeguard will Complete)

Date Assessed	Passed	Failed	Swim Instructor's Signature	Notes

By signing below, I affirm that I am the legal parent/guardian of the child listed on this form. I authorize Camp Rock and its representatives to administer First Aid and/or take my child to a medical facility for treatment. I acknowledge the risk of illness, physical injury, drowning, or even death associated with swimming, swim lessons, and water activities. I accept personal financial responsibility for any bodily or personal injury sustained or associated with all activities at/or sponsored by Camp Rock. Further, I agree to hold harmless Camp Rock and its representatives including staff, swim instructors, and lifeguards for illness or injury related to or sustained during all activities at Camp Rock or off-site during Camp Rock field trips. I understand that Camp Rock has a No-Refund Policy. Refunds will not be issued for any reason, including dismissal for behavioral concerns. I understand that I am solely responsible for all legal fees and other fees arising from legal proceedings that I may pursue. I understand that my child's photo may be used for future camp promotions.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian's Printed Name: _____



2025 CAMP POOL HEALTH & SAFETY RULES

*Campers are expected to always follow the Camp Rock Pool Health & Safety Rules.
All staff and campers must follow the Pool Health & Safety Rules or be excluded from the pool.*

POOL HEALTH & SAFETY RULES

- All individuals using the pool must have a Pool Safety & Liability Form completed. The form will include the swimmer's name, contact information, photograph, and swim test results.
- Campers may only swim when a lifeguard is present. Campers are never allowed in the pool area without being in the direct supervision of camp staff.
- All campers will be evaluated to assess their swimming ability. Swimmers must demonstrate that they are able to do the following:
 - Maintain upright balance in the water.
 - Swim the length of the pool and back without touching the bottom or side of the pool.
 - Tread water for 1 minute without touching the side or bottom of the pool.
- Campers who have passed the swimming test will be given a wristband. This wristband is to be always worn to access the full pool. Campers may not enter the pool area without the successful completion of a swim test.
- Campers must always follow the directions of the lifeguard(s) and staff. Campers who do not follow the pool rules will be prohibited from swimming in the pool.
- A buddy system will be in place to quickly account for all campers. All campers will be partnered with a swimming buddy. Buddy checks will be conducted every 15 minutes.
- Running, diving, jumping, pushing, roughhousing, and spitting water are PROHIBITED AT ALL TIMES!
- Campers may not get in the pool or use the water equipment with rashes, warts, open wounds or sores. A first aid kit will be available at the lifeguard chair for injuries occurring in the pool area.
- Campers may not enter the pool with visible surface dirt, mud, or creams. Sunscreen should be applied and saturated into the skin before entering the pool. Campers may be asked to rinse before entering the pool.
- Campers may not use the bathroom in the pool. Please use the restroom facilities nearest the pool.

I have read and understand the pool health & safety rules listed above. I agree to always follow these rules to ensure a safe pool environment. Parents may sign for minors who are unable to sign.

Signature of Participant/Swimmer: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Printed Name: _____

Our Campers'
Safety Is Our Highest
Concern!

