



Camp Ka-Mee-Lin  
2020 Registration Packet

**Participant Information**

Name

Male          Female

Date of Birth

Age Group (circle one)

Explorers    Adventurers    Voyagers    Navigators  
4 ½ - 6 yrs    7 - 8 yrs    9 - 10 yrs    11 - 13 yrs

Address

City                          State                  Zip

Shirt Size (circle one)

                                Small    Medium    Large  
Adult Small    Adult Medium    Adult Large

**Parent/Guardian Information**

Name

Relationship to Child

Phone (primary)                  Phone (secondary)

Email

Name

Relationship to Child

Phone (primary)                  Phone (secondary)

Email

**Pick-up Authorization**

Name

Relationship to Child

Phone (primary)

Phone (secondary)

Email

Name

Relationship to Child

Phone (primary)

Phone (secondary)

Email

Name

Relationship to Child

Phone (primary)

Phone (secondary)

Email

Circle the weeks your camper will attend (**deposit or full payment must be applied**)

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	

## Health Care Provider Information

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Family doctor's name

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Address

City

State

Zip

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Preferred local hospital

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## Insurance Information

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Insurance carrier

Policy number

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## Medical Information

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Allergies/dietary restrictions

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Medical concerns (past health issues, medications, etc.)

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Does your camper require medication while at camp? Yes \_\_\_ No \_\_\_

**If yes, you are required to complete the Camper Medication Form and submit to Camp Leadership before your camper's first day of camp.**

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Limitations on activities

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Behaviors of which staff should be aware

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How this behavior should be addressed

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Additional Comments

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## Emergency Contacts

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Name	Relationship to camper	Phone (primary)	Phone (secondary)
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Name	Relationship to camper	Phone (primary)	Phone (secondary)
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Name	Relationship to camper	Phone (primary)	Phone (secondary)
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# Camper Medication Form

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Medication Policy

If your child requires medication during the time they are in our care, please notify Camp Leadership as soon as possible. Before any medication (prescription and non-prescription) may be given to the camp staff, a Camper Medication Form must be completed; these are available through Camp Leadership or found in the Camp Registration Packet.

**Both prescription and non-prescription medicines must be in their original container and clearly marked with the child's first and last name, medication name, doctor's name, dosage and other specific directions.** Parents must bring medication directly to a member of Camp Leadership; please review all instructions and any other special considerations with Camp Leadership at this time.

A member of our Camp Leadership team will supervise the storage and self-administration of any medication taken during the camp day. **Our camp staff are not authorized to directly administer any medications.**

## Parent/Guardian Permission Required for Medication Use

**Parent/guardian permission** is required for a camper to use medications that require self-administration to prevent negative health outcomes. These medications should be identified by completing the appropriate boxes below. **A new form must be completed for each individual medication.**

## Medication Information

Name of Medication

Dosage

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Time of Administration

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Reason for Medication

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Comments/Possible Side-Effects

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## Camper Medication Form

To be completed by parent or guardian:

I hereby request that the participant be allowed to self-administer prescribed medication under the supervision of a member of the Camp Leadership team during the time he or she is attending Camp Ka-Mee-Lin. I understand that the medication will be self-administered under the supervision of personnel designated by the Department. I understand that the medication will be self-administered exactly as directed by the written instructions referenced above. I will notify the Department of changes in the medication(s) by completing a new form. Also, I will inform the Department of discontinuance of the medication(s) by written notice.

I acknowledge that the Department owes no duty to the participant regarding his or her health or physical well-being and that any health information provided by me to the Department has been voluntary and I expressly authorize the Department to use this information for medical purposes. I authorize the Department or any of its employees or agents to obtain medical care for the participant as deemed appropriate by the Department. Any expenses incurred by the Department on my behalf are my responsibility.

In consideration for participation in a program conducted by the Department, I waive any rights I, the participant, or any family member may have against the Department, the City of Post Falls, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors concerning the self-administering of the above designated medication(s). I release and discharge the Department, the City of Post Falls, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors of and from all claims, debts, attorney fees, costs, actions and causes of action of any kind connected with the self-administering of this medication(s).

**I have read and understand Camp Ka-Mee-Lin's Medication Policy and the contents of this Camper Medication Form and sign this form voluntarily and knowingly.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# POST FALLS PARKS AND RECREATION DEPARTMENT CAMP KA-MEE-LIN CODE OF CONDUCT

Camper Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please sign and review this document with your youth. This document must be sent in with your Registration Packet to the Camp Director, Carter Casidy, prior to the first day of camp. You may email it to Carter at [ccasidy@postfallsidaho.org](mailto:ccasidy@postfallsidaho.org) or bring it to the Parks and Recreation department at 408 N Spokane Street, Post Falls, Idaho 83854. Please keep the second copy for your records.

## Rules and Expectations

It is the goal of Camp Ka-Mee-Lin to ensure that the rights of all individuals are protected while attending the camp; to establish the safest and best possible learning environment for all camp participants and; to ensure that breaches of the rules and code of conduct are treated in a fair and consistent manner. Please review this with your youth.

### Our rules and expectations are as follows:

- Campers have the responsibility to follow the instructions given by Camp staff
- Campers have the responsibility to treat one another, staff, and property with respect
- Campers have the responsibility to act and behave in a way which does not endanger (themselves or others), intimidate, or interfere with the participation of others

### The following items are terms for immediate dismissal from camp:

- Any child who runs away from the staff or off campus.
  - If the staff cannot convince the child to return, the police may be called
- Any child who harms themselves or another camper
  - This includes both physical and or verbal abuse as well as bullying
- Any child using language which is offensive, profane, sexist, or racist
- Any child who abuses the staff
- Any child who participates in sexual harassment

## Five Point Discipline Policy

The Camp Ka-Mee-Lin staff will use positive means in dealing with discipline problems. Acceptable behaviors will be reinforced. Reasoning, with the assignment of logical consequences will be used with a child to help avert problem situations. If necessary, a supervised “time out” will be utilized. A “time out” is not a punishment, but rather a method of helping a child regain control of their behavior. On top of this, a written warning will be given to the camper and parents by means of a Rough Day Report. Rough Day Reports are kept on file throughout the summer season.

If behaviors are recurrent, we will utilize a five-point discipline policy to determine what action will be taken should a camper not follow the camp rules. These policies are put in place to ensure the safety of our campers as well as our staff.

Point One: This is the camper’s first written warning. The parents or guardian will be notified at the time of pick up.

Point Two: This is the camper’s second written warning. The parents or guardian will be notified at the time of pick up.

Point Three: This is the camper’s third written warning and the parent or guardian will be contacted immediately to be informed of the situation.

Point Four: The parent or guardian will be contacted to pick up their camper immediately and the child will be suspended from camp for the remainder of the day as well as the following day.

Point Five: Parent or guardian will be contacted to pick up their camper immediately and the child will be removed from the camp program and may not be eligible to return.

If you have any questions regarding the Summer Camp Discipline Policy please contact Carter Casidy at [ccasidy@postfallsidaho.org](mailto:ccasidy@postfallsidaho.org).

### Agreement

I have read and agree to adhere to the above Camp Ka-Mee-Lin Code of Conduct. My youth and I fully understand the Rules and Code of Conduct as detailed above and I agree to him/her receiving appropriate disciplinary action should he/she breach them:

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_