

Teen Scene 2010



PARENT PACKET

SOUTHLAKE PARKS AND RECREATION

400 N. White Chapel

Southlake, Texas 76092

817-748-8019

www.SouthlakeParksAndRec.com

CITY OF
SOUTHLAKE



Welcome to Teen Scene!

Dear Parents,

Thank you for enrolling your child in the Southlake Parks and Recreation Teen Scene Camp. At Teen Scene we want your child to create memories and make new friends, but most importantly we want them to have a safe, fun time!

We know your fear and we understand the anxiety of sending your teen to camp. We are confident that our staff will provide a safe, fun experience for your child. Our staff will have contact with other staff members by radio or telephone at all times. Our staff have been trained in first aid and other emergency measures. Each of us takes our responsibility very seriously.

Enclosed you will find camper information and forms. This packet of information will help to introduce you to the Teen Scene program and serve as a source to help you understand what we do and why we do it.

If you have any questions or concerns, please feel free to contact me at 817-748-8186.

Sincerely,

Steve Moore
Recreation Superintendent
Southlake Parks and Recreation Department

Teen Scene Mission

In conjunction with the Southlake Mission, the Teen Scene Mission is to: Provide campers with new opportunities, encourage camaraderie, and serve as an opportunity to grow physically, emotionally, and mentally in a safe and fun setting.

Teen Scene Goals

1. **Have fun!** – Create memories and enjoy being a teen!
2. **Carpe Diem** – Seize the day! Take advantage of the time we spend together and make it the best possible.
3. **Meet new people**– Whether it is another camper or a counselor, encourage your teen to introduce themselves.
4. **Step up to the challenge**– Try new things at least once and set goals for yourself.

Camp Staff

A great staff makes great programs. Our staff is carefully chosen and characteristics we look for include the following:

- *Good role model
- *High moral values
- *An outgoing personality
- *Leadership ability
- *Experience working with children

In addition, each staff member is trained in Adult and Pediatric CPR and First Aid.

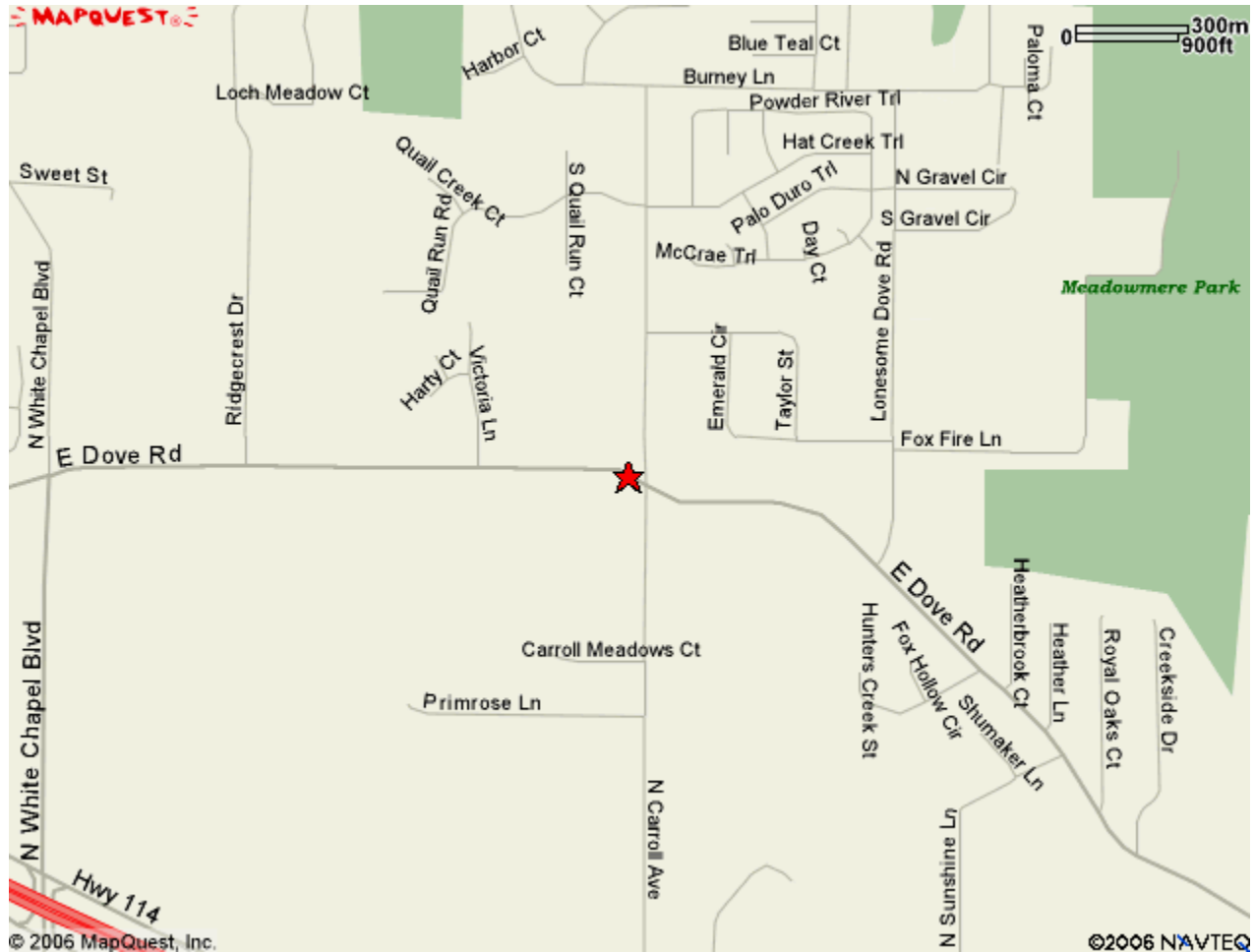


Teen Scene Address and Location

Teen Scene will meet at the Carroll Middle School gymnasium on the southeast side of the school.

Carroll Middle School: 1101 E. Dove ~ Southlake, Texas 76092

PLEASE DO NOT DROP OFF/PICK UP CHILD WITHOUT SIGNING THEM IN/OUT!



Telephone Numbers

Community Services Office: 817-748-8019 or 817-748-8203

Perry Glaze, Recreation Coordinator: 817-748-8022

Steve Moore, Recreation Superintendent: 817-748-8186

Teen Scene onsite counselor phone: available the first day of camp

Example of our daily schedule:

(Subject to change depending on planned daily activities)

8:00-9:30 Drop-off
9:30-10:00 Drive to Destination
10:00-12:00 Destination
12:30-1:00 Lunch
1:00-1:30 Drive to Destination
1:30-3:30 Destination
3:30-4:00 Return to School for Pick-up

Payment/Fee

Payments may be made online at www.SouthlakeParksandRec.com or at the Community Center. There will be no late registration accepted. **No registrations will be accepted at camp.** Online registration will not be accepted after 3:00pm the Friday prior to a camp session.

The registration fee covers admissions to all field trip destinations and transportation unless otherwise stated. The registration fee does **not** cover snacks, lunches or souvenirs.

Extended Care

In an effort to make Teen Scene fit a variety of schedules, the Parks and Recreation Division offers morning and afternoon extended care with no additional fee.

~Before Camp Care~

Mon-Fri: 8:00am-9am

~After Camp Care~

Mon-Fri: 4pm-6pm

Regular camp hours are 9am-4pm

Parents are required to sign-in and sign-out their children. If someone other than the parent or guardian needs to pick up your child, that person must be designated on the registration form. **A photo ID is always required.**

**THERE WILL BE A LATE CHARGE OF \$1 PER MINUTE AFTER 6:00PM,
PLEASE BE ON TIME!**



Survival Tips

What to wear

We ask that teens be dressed in comfortable clothing. Teen Scene involves the teens in a wide variety of activities, so please have your teen keep this in mind. When Teen Scene ventures out to water parks a **one piece swimsuit** is required for the girls and swimming trunks are required for the boys. A weekly agenda will be given out as a reminder on the first day of camp.

What to send with your teen

Teens need to bring a brown bag lunch each day or money to purchase lunch. Certain days a brown bag lunch will be required. Please be advised that the teens are responsible for their money. **Staff will not hold money.**

Lost and Found

If your teen leaves an item at Teen Scene the item will be taken to the lost and found at the Community Center at Bicentennial Park.

Safety

Teen Scene has an average staff to camper ratio of 1:10. Other safety measures include:

- Our pre-camp training includes certification in emergency techniques which include CPR and First Aid, and recognition of signs of dehydration, heat exhaustion, or heat stroke.
- Our counselors use risk management techniques to minimize the occurrence of accidents.
- We require the parents/guardian/authorized adult to sign in/out the child when arriving/departing.

Sign-in/ Sign-out

Following sign-in/sign-out procedures is extremely important when it comes to protecting your teen. Always remember, photo I.D. is required – no exceptions!

Sign-in

Please fill out the sign in form completely listing the teen's name, time and who dropped your teen off, contact number, and who will pick your teen up.

Never drop off your teen and allow them to enter the building alone.

Sign-out

Please complete the sign-out form which is the same sheet you used during check-in. Please sign your name and time of pick up.

If someone other than the parent or guardian needs to pick up your teen, the person must be designated on the registration form. Persons designated to pickup your teen must be 18 or older.

No camper is allowed to leave school grounds without being signed out by a parent/guardian. Please do not make arrangements with your child to have him/her walk home or to neighboring schools or areas.

No individual may pick up a teen if he or she is not on the registration form as an authorized person to take your teen. No exceptions, other than a note from a parent dropped off at check-in, will be accepted. **Phone calls are NOT acceptable!**

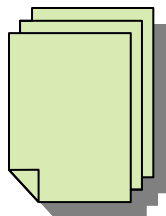
Transportation

15 passenger vans will be used to transport teens to field trip destinations. We require that staff be at least 21 years of age to drive the vans. All vans are equipped with seatbelts and we require that all teens and staff wear them at all times.



Forms

All forms **must** be turned in by or at sign-in the first day of camp, **NO EXCEPTIONS.**



**CITY OF SOUTHLAKE PARKS AND RECREATION DEPARTMENT
MEDICATION POLICY AND PROCEDURES**

The City of Southlake Youth Programs will administer medicine only with written parental permission and will only administer medication as stated on the label directions or as amended by the physician. We urge parents to check with their child's physician to see if alternate medications can be dispensed at home. Our preference is that our camp not be responsible for assuring that campers take medication(s). However, if a camper does require medication during camp hours then all prescription medications will be given in accordance with the following policies:

A medical release form must be completed for each prescription the child receives while at the program. Medicine forms are available at the Parks and Recreation office and at each program site.

Parents must provide a letter from the prescribing physician stating the diagnosis and confirming the need for medication during camp hours. Included in the letter must be the physician's prescription for all medication the camper will be taking at camp. Any changes in medication, dosage, or time it is given must be documented in writing by the prescribing physician.

Medications must be in their original container, labeled with the child's name, the date (if prescription), include directions on how to administer, and include the physician's name (if prescription).

Inhalers and peak flows must have instructions.

The City of Southlake Youth Program staff will not administer any type of injection (with the exception of the Epi-pen).

Parents are responsible for removing medication at the end of the Program or when the child is withdrawn.

Leaders are responsible for administering medication at the time indicated on the medicine form.

Medications and the completed form will be kept in a lock box with each group.

Staff will be responsible for documenting all actions pertaining to medication at camp.

**SOUTHLAKE PARKS AND RECREATION DEPARTMENT
CONSENT TO ADMINISTER MEDICATION**

My name is _____ and I am the parent/legal
Guardian of _____, who is a
participant in the Teen Scene Camp, run by the City of Southlake Parks and Recreation
Department. The program runs from _____ to
_____.

My child has a medical need which requires that he/she take the following prescription
medication(s):
_____.

However, during the times the program is being conducted, I am not available to
administer the medication to my child. Therefore, I am, by this document, requesting that
staff of the City of Southlake Parks and Recreation Department administer the
prescription medication to my child. I will deliver the medication to the appropriate Parks
and Recreation Department staff prior to the time my child needs it. I understand that the
person(s) who will be administering the medication are not trained medical
professionals, or health care professionals, and have received no special training in
administering the medication that I am asking them to administer to my child. I
understand that Parks and Recreation Department staff will not administer medication
without proper prescription documentation.

**I AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE CITY, ITS
OFFICERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS OR CAUSES OF
ACTION OR LIABILITY ON BEHALF OF ANY PERSONS, FIRM, CORPORATION, OR
AGENCY, AND ITS EMPLOYEES, RELATING TO ANY NEGLIGENT ACT OR
OMISSION OR INTENTIONAL ACT ARISING OUT OF THE ADMINISTERING OF THE
ABOVE DESCRIBED MEDICATION TO MY CHILD.**

Signature of Parent/Legal Guardian

Date

Approximate time(s) to administer medication:

Date through which the consent is valid:

**Southlake Parks and Recreation
Program Release Form**
(Please complete this form and bring it the first day of camp)

Participant's Name _____

Age _____ Date of Birth _____ Gender _____ Grade (in Fall) _____

Address _____ City _____ Zip _____

Home phone _____ E-Mail _____

Mother's name _____ Day phone _____

Father's name _____ Day phone _____

Emergency Contact and Medical Information

Emergency Contact (*other than parents*) _____

Phone Number _____ Relationship _____

Doctor's Name _____ Phone Number _____

Will your child be taking any medications during the program? If yes, please complete the Consent to Administer Medication Form _____

Does your child have any allergies? _____

Does your child have any chronic illnesses? _____

Are you child's immunizations up to date? (*shot record may be required*) _____

Pick-up Information

The following person(s) will be allowed to sign my child out from the school site (***MUST include parents***). Your child will only be released to those listed below. Must be at least 18 years of age and ID will be required.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

LIABILITY WAIVER: I hereby relieve the City of Southlake, its employees, agents, instructors of all liability for damages or injuries to my child while participating in the Southlake Parks and Recreation Youth Programs. Furthermore, I have read and understand the refund policy and understand the City of Southlake may use photographs of participants for promotions.

EMERGENCY TREATMENT RELEASE: In the event I cannot be contacted to make arrangements for emergency medical treatment, I authorize the person in charge to see and obtain emergency medical treatment for my child. I also authorize transportation to the nearest medical facility in the event it should become necessary

SIGNATURE OF PARENT/GUARDIAN

Date