



# City of Healdsburg Community Services Department Camp HBG 2.0 Participant Information & Release Form

**Child #1 Name** \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

**Medical Information** Does your child have any medical conditions or take any medication?  Yes  No

Does your child have any allergies?  Yes  No Doctor/Clinic: \_\_\_\_\_ Phone# \_\_\_\_\_

If yes, please explain below:

Does your child receive free or reduced-price lunch?  Yes  No Does your child require bus transportation?  Yes  No

**Child #2 Name** \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

**Medical Information** Does your child have any medical conditions or take any medication?  Yes  No

Does your child have any allergies?  Yes  No Doctor/Clinic: \_\_\_\_\_ Phone# \_\_\_\_\_

If yes, please explain below:

Does your child receive free or reduced-price lunch?  Yes  No Does your child require bus transportation?  Yes  No

**Child #3 Name** \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

**Medical Information** Does your child have any medical conditions or take any medication?  Yes  No

Does your child have any allergies?  Yes  No Doctor/Clinic: \_\_\_\_\_ Phone# \_\_\_\_\_

If yes, please explain below:

Does your child receive free or reduced-price lunch?  Yes  No Does your child require bus transportation?  Yes  No

<b>Parents or Guardian's name (s)</b> _____	<b>Primary Phone</b> _____
Address _____	City _____ Zip _____
Work Phone _____	Cell Phone _____ Email _____
<b>Preferred Phone Number for reaching parent/guardian during camp hours:</b> <input type="checkbox"/> Primary <input type="checkbox"/> Work <input type="checkbox"/> Cell	
<b>Emergency Contact:</b> (Other than parent/guardian)	
Name _____	Relationship _____ Phone# _____

Person(s) authorized to pick up your child, other than parents/guardian: **(Person must show picture I.D.)** Password: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

**Please read the Participant Release Form and sign below agreeing to waiver:**

The City of Healdsburg Parks and Recreation Department staff reserves the right to photograph facilities, activities and program participants for potential future use. All photos will remain the property of the City of Healdsburg. In consideration of the acceptance of my application for entry into the event named above and on the reverse I, the undersigned participant (if 18 years of age or older), or parent or guardian of above named participant in the City of Healdsburg community services program(s), hereby agree that the named participant be allowed to participate in the activity(ies), class(es), or event(s) described on this registration form and in the program brochure. I have been informed of the risks involved in such participation, including, but not limited to, temporary and/ or permanent injury to the property, person, and/or death because or on account of such participation. On behalf of myself and the above named participant, I hereby waive any and all claims for damages of any kind whatsoever against the City of Healdsburg, its officers, employees, contract instructors and community organizations co-sponsoring programs, arising out of or incidental to participation in any of the above-named activity(ies), class(es), or event(s). I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I further authorize qualified physicians to render emergency medical treatment or care if they deem necessary for the participant because of illness or accident which occurs during the course of any of the above-described activity(ies), class(es), or event(s).

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

# PARENTS/GUARDIANS

## Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

While COVID-19 can cause mild symptoms in some individuals, it can lead to severe illness and even death in others. **Adults over age 65** and **people of any age with serious underlying medical conditions** including, but not limited to, **HIV, asthma and other respiratory conditions**, and **pregnancy**, may be a **higher risk for more serious complications from COVID-19**.

The City of Healdsburg Community Services Department has put in place preventative measures to reduce the spread of COVID-19; however, the City **cannot guarantee** that you or your child (ren) will not become infected with COVID-19. Further, **attending Healdsburg Community Services recreation programs could increase** your risk and your child(ren)'s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the **CAMP HBG 2.0** and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by attending **CAMP HBG 2.0** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in City programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

---

Signature of Parent/Guardian

Date

---

Name of Parent/Guardian

Name of Participant (Child)



## Camp HBG 2.0 Program Safety Protocol

Community Services Staff is closely monitoring safety protocols set in place by the Sonoma County Health Officer, California Department of Health, Centers for Disease Control (CDC) and communicating with regional and statewide recreation providers to ensure we operate according to the current guidance. To minimize the risk of COVID-19 transmission we have added procedures for staff, participants and families to follow. Your cooperation will help keep the program open and available this fall. Please read this carefully and discuss with your child before arriving.

These protocols are subject to change as additional health orders and/or guidelines are released.

### Group Structure and Expectations

Following Public Health Department guidelines, each group will consist of 12 (or less) participants and consistent staff members. Groups will be stable and not mix with any other group. Staff and participants will remain in the same group throughout each session. **Switching groups will not be allowed.** When engaging in an inside activity, only one group will be in a room at a time. When engaging in an outside activity the group will maintain a minimum of a 6-foot distance from any other group.

- All camp programs will be offered as monthly sessions. Half-day and drop-in options will not be allowed this summer. Participants must remain in the same camp group for the duration of each session.
- Program activities will have an emphasis on keeping physically distant and being outdoors, when not completing school work. Each group will have a designated indoor space, which will only be used by a single group.

### Safety Protocols

- Face Coverings – Staff and program participants are required to wear face coverings throughout the program, except while eating or taking part in an outdoor activity where 6-feet of distance can be maintained.
- Program Groups – Each group will consist of 12 children or less and a set group of staff members. 1-2 staff members at a time, but up to 4 staff per room will be assigned to allow for breaks and hours compliance
- Bathrooms
  - Each group will be assigned to a specific bathroom for use during the session. Bathrooms will **not be gender specific.**
  - Cleaning routines will be scheduled in coordination with bathroom breaks.
- Snack and lunch
  - Snack will be provided for each participant. All food will be single serve containers or whole fruit or veggies. Staff will practice proper hand hygiene and wear single use disposable gloves when handling any food items
  - Participants with food allergies or sensitivities should notify program staff in advance and in some instances provide their own snack
  - Participants that are registered for school district's Free and Reduced Lunch Program will be provided lunch each day. All other participants should bring their own lunch
  - Participants will not be allowed to share snacks with one another
- Facility Signage
  - Signage and distancing demarcations will be placed throughout program facilities to keep participants and parents properly distance during check-in, check-out and, travel throughout the common areas of the facility

- Parents and family members should not enter the classrooms or indoor common spaces. A staff member will greet you outside the room to complete the sign-in/sign-out procedures

### **Daily Health Screenings**

Parents are encouraged to check their child for symptoms prior to sending them to the program each morning. **If your child is ill or you suspect they may have had exposure to an individual with COVID-19, please keep them home.** A daily health check will be performed with each staff member and participant before entering the program

- Staff and parents of participants will respond to the following questionnaire daily upon intake.
  - Do you or your child live with, or have you had close contact with anyone with:
    - a prolonged cough?
    - fever or cold or flu-like symptoms?
    - anyone who has been diagnosed with COVID-19 within the last 14 days?
    - diarrhea or vomiting within the past 24 hours?
  - Do you or your child have a fever, cough and/or shortness of breath?
    - For children, fever is 100.4 degrees for forehead and ear thermometer, 99 degrees or higher with an armpit thermometer, or 99.5 with an oral thermometer.
- Staff will make a visual inspection of the child for signs of infection, which could include flushed cheeks, fatigue, extreme fussiness, etc.
- Staff will conduct temperature screening using the following protocol
  - Perform hand hygiene
  - Wear a face covering and a single pair of disposable gloves
  - Check individual's temperature with a non-contact thermometer
  - Remove and discard PPE (Personal Protective Equipment) after screening has concluded.

Persons who have a fever or other signs of illness will not be admitted to the program. Their absence due to illness will be noted on the tracking chart and the program supervisor will be notified. Communication will continue between staff and the parent on when a return to the program is allowed. Certain symptoms will require clearance from their medical provider.

### **Daily Health Monitoring**

Participants will be monitored for signs of illness throughout the day including:

- Fever with behavior changes, difficulty breathing, uncontrolled coughing, unusually tired
- Headache or tiredness, unable to participate in routine activities or need more care than staff can provide.
- Persistent crying, etc.
- Open sores, rash, signs of infection, etc.
- Runny nose with colored mucus
- Nausea, vomiting or diarrhea

If children are exhibiting any of the above symptoms, they will be moved to a supervised isolation area and their parent will be notified for pick-up. Parents/guardians will be required to pick up their child without delay if they are exhibiting these symptoms.

### **Sanitizing and cleaning**

- Hand Sanitizer dispensers will be available in each room and at centralized locations throughout facility
- Each camp space will be equipped with a "cleaning caddy", consisting of supplies and disinfectants for regular cleaning and sanitizing of frequently touched areas and spot cleaning
- All program facilities will be thoroughly cleaned with approved EPA cleaning supplies at the conclusion of each program day
- Frequent wipe downs of high touch surfaces and shared facilities will occur throughout the day

- All participants and staff will engage in regular hand hygiene throughout the day
- All cleaning materials will be kept secure and out of reach of participants

### **COVID-19 Exposure Protocols**

If there is a suspected or confirmed case of COVID-19 in our program, the following steps will be taken

	<b>Student or Staff with:</b>	<b>Action</b>	<b>Communication</b>
1.	COVID-19 Symptoms (e.g., fever, cough, loss of taste or smell, difficulty breathing)	<ul style="list-style-type: none"> <li>• Send individual home</li> <li>• Recommend contacting physician or public health</li> <li>• If positive test received, see #3, if negative, see #4</li> <li>• Classroom and facility remain open</li> </ul>	<ul style="list-style-type: none"> <li>• Notification of individual's family</li> </ul>
2.	Close contact with a confirmed COVID- 19 case	<ul style="list-style-type: none"> <li>• Send individual home and require quarantine for 14 days from last exposure</li> <li>• Classroom and facility remains open</li> </ul>	<ul style="list-style-type: none"> <li>• Notification of families within the group</li> </ul>
3.	Confirmed COVID-19 case infection	<ul style="list-style-type: none"> <li>• Suspend classroom and notify all families</li> <li>• Notify the local public health department</li> <li>• Disinfect and deep clean classroom and primary spaces where case spent significant time</li> <li>• Classroom closed, facility remains open</li> </ul>	<ul style="list-style-type: none"> <li>• Notification of all program participant families</li> </ul>
4.	Tests negative after symptoms	<ul style="list-style-type: none"> <li>• May return to program 3 days after symptoms resolve</li> <li>• Classroom and facility remain open</li> </ul>	<ul style="list-style-type: none"> <li>• Follow-up to those families initially notified of the exposure</li> </ul>

Staff will continue to monitor health orders/guidelines and the above guidelines are subject to change. All changes will be in accordance with the most recent guidelines and will be communicated to participants and staff.

#### Resources:

- <https://socoemergency.org/order-of-the-health-officer-c19-15-stay-well-sonoma-county/>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
- <https://files.covid19.ca.gov/pdf/guidance-schools.pdf>



## 2020 CAMP HBG 2.0 FEE STRUCTURE

PLEASE CHECK THE SELECTION THAT APPLIES – FINANCIAL ASSISTANCE AVAILABLE\*

- \$200 per week – Total annual household income of \$150K or more
- \$150 per week – Total annual household income of \$100 to \$150K
- \$100 per week – Total annual household income of \$75K to \$100K
- \$50 per week – Total annual household income of \$75K or less

- *15% discount for additional siblings*
- *Financial records may be requested for verification*

***\*We will work with you on your individual financial situation. Please let us know if you have needs beyond these fee steps.***

Child(ren) Name(s): \_\_\_\_\_

\_\_\_\_\_

---

## 2020 CAMP HBG ESTRUCTURA DE PAGOS

FAVOR DE SELECCIONAR LA SECCION QUE CORESPONDA –  
AYUDA FINANCIERA DISPONIBLE\*

- \$200 para semana – Ingreso total anual de vivienda \$150K o mas
- \$150 para semana – Ingreso total anual de vivienda \$100 a \$150K
- \$100 para semana – Ingreso total anual de vivienda \$75K a \$100K
- \$50 para semana – Ingreso total anual de vivienda \$75K o menos

- *Descuento de 15% para hermanos/as adicionales*
- *Registros Financieros pueden ser pedidos para verificar ingresos*

***\*Trabajaremos individualmente con su situación financiera personal. Por favor háganos saber si tiene necesidad más allá de las estas tarifas.***

Nombre(s) de Niño(s): \_\_\_\_\_

\_\_\_\_\_



## HBG CAMP 2.0 PAYMENT PLAN AGREEMENT

Date: \_\_\_\_\_

Number: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Child's  
Name: \_\_\_\_\_

This form confirms that the above participant, or their parents/guardians, acknowledge their enrollment in the Community Services program specified below and agree to pay in full the amount due in installments as follows:

Payment Period:     \_\_\_/\_\_\_/\_\_\_     through     \_\_\_/\_\_\_/\_\_\_

Total Amount Due:     \$ \_\_\_\_\_

Remaining Balance: \$ \_\_\_\_\_

*Payment schedule: Weekly installments. Payments will be processed the Wednesday prior the participants next scheduled program..*

The payment plan is contingent upon receipt of the **signed payment plan agreement** and a deposit of the first week's registration fees due at the time of registration. Furthermore, a credit/debit card must be left on file for staff to process future payments.

All other payments will be processed on the Wednesday prior to your child's next scheduled program. If payments are not able to be processed due to credit/debit card issues, we will make attempts to reach you on Thursday and/or Friday of the week prior to the start of the program. If we have not secured the payment, staff will not admit participants to the program until the current balance is paid. Participants will be admitted upon receipt verification.

Please be sure to check your schedule prior to enrolling in the payment plan. Once you have signed up for the payment plan **refunds or program transfers will not be permitted.** Please make sure that you have recorded the correct information on this document.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**Check which session/s**

<input type="checkbox"/> <b>Session 1</b>	<u>Payment Received</u>	<u>Date</u>	<u>Staff Initial</u>
Week 1 – 8/19/20-8/21/20	_____	_____	_____
Week 2 - 8/24/20-8/28/20	_____	_____	_____
Week 3 – 8/31/20-9/4/20	_____	_____	_____
Week 4 - 9/7/20-9/11/20	_____	_____	_____
Week 5 – 9/14/20-9/18/20	_____	_____	_____
Week 6 – 9/21/20-9/25/20	_____	_____	_____
<input type="checkbox"/> <b>Session 2</b>			
Week 7 – 9/28/20-10/2/20	_____	_____	_____
Week 8 - 10/5/20-10/9/20	_____	_____	_____
Week 9 - 10/12/20-10/16/20	_____	_____	_____
Week 10 - 10/19/20-10/23/20	_____	_____	_____
Week 11 - 10/26/20-10/30/20	_____	_____	_____
<input type="checkbox"/> <b>Session 3</b>			
Week 12 - 11/2/20-11/6/20	_____	_____	_____
Week 13 - 11/9/20-11/13/20	_____	_____	_____
Week 14 - 11/16/20-11/20/20	_____	_____	_____
<input type="checkbox"/> <b>Session 4</b>			
Week 15 - 11/30/20-12/4/20	_____	_____	_____
Week 16 - 12/7/20-12/11/20	_____	_____	_____
Week 17 - 12/14/20-12/18/20	_____	_____	_____

Credit card

Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

CVV: \_\_\_\_\_

Expiration date: \_\_\_\_\_

- Accepted Cards: Visa, Mastercard or American Express

**Do you have more children enrolled in the program?**  Yes  No

**Child's Name:**

\_\_\_\_\_

**For additional children- Check which sessions you would like and fill in the box at the bottom. You just need credit card information on one sheet**

**Check which session/s**

<input type="checkbox"/> <b>Session 1</b>	<u>Payment Received</u>	<u>Date</u>	<u>Staff Initial</u>
Week 1 – 8/19/20-8/21/20	_____	_____	_____
Week 2 - 8/24/20-8/28/20	_____	_____	_____
Week 3 – 8/31/20-9/4/20	_____	_____	_____
Week 4 - 9/7/20-9/11/20	_____	_____	_____
Week 5 – 9/14/20-9/18/20	_____	_____	_____
Week 6 – 9/21/20-9/25/20	_____	_____	_____
<input type="checkbox"/> <b>Session 2</b>			
Week 7 – 9/28/20-10/2/20	_____	_____	_____
Week 8 - 10/5/20-10/9/20	_____	_____	_____
Week 9 - 10/12/20-10/16/20	_____	_____	_____
Week 10 - 10/19/20-10/23/20	_____	_____	_____
Week 11 - 10/26/20-10/30/20	_____	_____	_____
<input type="checkbox"/> <b>Session 3</b>			
Week 12 - 11/2/20-11/6/20	_____	_____	_____
Week 13 - 11/9/20-11/13/20	_____	_____	_____
Week 14 - 11/16/20-11/20/20	_____	_____	_____
<input type="checkbox"/> <b>Session 4</b>			
Week 15 - 11/30/20-12/4/20	_____	_____	_____
Week 16 - 12/7/20-12/11/20	_____	_____	_____
Week 17 - 12/14/20-12/18/20	_____	_____	_____

Name of the additional child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check which session/s**

<input type="checkbox"/> <b>Session 1</b>	<u>Payment Received</u>	<u>Date</u>	<u>Staff Initial</u>
Week 1 – 8/19/20-8/21/20	_____	_____	_____
Week 2 - 8/24/20-8/28/20	_____	_____	_____
Week 3 – 8/31/20-9/4/20	_____	_____	_____
Week 4 - 9/7/20-9/11/20	_____	_____	_____
Week 5 – 9/14/20-9/18/20	_____	_____	_____
Week 6 – 9/21/20-9/25/20	_____	_____	_____
<input type="checkbox"/> <b>Session 2</b>			
Week 7 – 9/28/20-10/2/20	_____	_____	_____
Week 8 - 10/5/20-10/9/20	_____	_____	_____
Week 9 - 10/12/20-10/16/20	_____	_____	_____
Week 10 - 10/19/20-10/23/20	_____	_____	_____
Week 11 - 10/26/20-10/30/20	_____	_____	_____
<input type="checkbox"/> <b>Session 3</b>			
Week 12 - 11/2/20-11/6/20	_____	_____	_____
Week 13 - 11/9/20-11/13/20	_____	_____	_____
Week 14 - 11/16/20-11/20/20	_____	_____	_____
<input type="checkbox"/> <b>Session 4</b>			
Week 15 - 11/30/20-12/4/20	_____	_____	_____
Week 16 - 12/7/20-12/11/20	_____	_____	_____
Week 17 - 12/14/20-12/18/20	_____	_____	_____

Name of the additional child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_