

# ASC-AVONDALE CAMP BEHAVIOR/DISCIPLINE PLAN

## Behavior Policy

The staff at ASC will strive not only to provide fun and learning experiences, but also to stress respect for others. The following procedure will be followed when children misbehave or break camp rules. We reserve the right to bypass one or more steps in the process if a situation warrants. Please review the rules with your child and make sure they are understood.

We believe that you as a parent/guardian will appreciate knowing of any problem that your child may experience. ASC-Avondale reserves the right to suspend or expel any camper from the program who poses serious continual discipline problems, whether or not all of the steps in our discipline procedure have been completed.

## Minor Offenses:

Disrespect of staff or participants, inappropriate behavior or breaking general program rules.

## Consequences:

- \* 1st Offense – Verbal warning followed by a note in file
- \* 2nd Offense – Loss of morning or afternoon activities and notification of parents.
- \* 3rd Offense – Written notice to parent/guardian
- \* 4th Offense – Termination from program or session. This will be up to the Camp Director's discretion. No refunds will be given.

## Serious Offenses:

Endangering another person's well-being, swearing or verbal abuse of staff or participants, stealing or destruction of property, general disregard for coaches, program and regulations. If we need to remove a camper from program immediately, the parent will be notified.

## Consequences:

- \* 1st Offense – Call to parent/guardian regarding the problem.
- \* 2nd Offense – Removal from site, Camper will be with Director, and parent/guardian will be notified to pick child up.
- \* 3rd Offense – Termination from Program, or session. This will be up to the Camp Director's discretion. No refunds will be given.

## **General Rules of Camp. Please review with your child.**

- \* Personal items (DS games, cards, toys, etc.) are NOT allowed at camp unless an activity calls for this. You will be notified in advance if your child can bring these items.
- \* Avoid all forms of horseplay including piggyback rides, wrestling, hitting, kicking, pinching and picking each other up.
- \* Campers are not allowed to walk around the building or any area without a staff person.
- \* Only staff are permitted in equipment areas and office.
- \* Keep hands and feet to yourself – respect fellow campers.
- \* Profanity or negative talk will not be tolerated.
- \* Always show good sportsmanship.
- \* If you do not feel well, tell your coach.
- \* If there is a problem, notify a staff member immediately.
- \* Respect other campers, staff, equipment, facilities and yourself.
- \* Always pick up and put equipment away.
- \* Campers should ALWAYS be with their coach unless they have permission to be somewhere else.
- \* Always ask permission from coach to use restroom or to get a drink from the water fountain.
- \* Stay in program areas with your group at all times.
- \* If a child consistently refuses to follow directions that apply to his or her safety, we will contact the parent/guardian immediately.
- \* Please do not bring makeup, hairspray, body spray, cologne, etc. to camp. These things need to be left at home.
- \* No cell phones are allowed at camp.
- \* Face coverings will be worn at all times.

**I have read and understand the discipline/behavior policy for the camp.**

Camper Name: \_\_\_\_\_

Parent Name(Please Print):

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

AMERICAN SPORTS CENTERS-AVONDALE  
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,  
AND INDEMNITY AGREEMENT ("Agreement")

In consideration of being permitted to be present at, attend, observe, and participate in activities at the facilities of, or provided by, ASC Avondale (the "Activities") I, for myself for and for my child(ren) (collectively referred to herein as "me" "I" or "my"), personal representatives, assigns and heirs:

1. Acknowledge, agree, and represent that I understand the nature of the Activities and that I am qualified, in good health, and in proper physical condition to participate in them. I further agree and warrant that if at any time I believe conditions to be unsafe, or if at any time my health suffers, I will immediately discontinue participation, and leave if appropriate.
2. Authorize ASC Avondale, its respective owners, investors, members, managers, shareholders, agents, directors, officers, volunteers, employees, landowners, subsidiaries, and affiliated companies (collectively, "Releasees") and medical care provider(s) to carry out any emergency medical transport or medical care for me, as may be necessary in their sole discretion, and agree to be fully responsible for any costs associated with such transport and care.
3. Understand that it is my responsibility to comply with all posted and published procedures, including safety and hygiene procedures and protocols intended to lessen the likelihood of the spread of disease among participants and staff. I further understand that it is my responsibility to comply with all laws and other requirements imposed by federal, state, and local authorities.
4. UNDERSTAND THAT THE ACTIVITIES INVOLVE INHERENT AND OTHER RISKS AND DANGERS, including but not limited to falling or loss of balance; striking padded or unpadded surfaces; being injured by equipment; being injured by the actions or inactions of other participants and bystanders; collisions with other participants; falls due to slick or uneven surfaces; equipment failures of any kind; equipment misuse by myself or others; potential exposure to communicable disease (including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors); physical injury or illness as a result of physical activity or being on the premises where the Activities take place; ASC Avondale, which risks may result in SERIOUS INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH (collectively, "Risks"). I understand that the Risks may be caused or contributed to by my own actions or inactions, the actions or inactions of other participants, bystanders or staff, the conditions and settings in which the Activities take place, or the alleged or actual NEGLIGENCE of the Releasees. I understand that the description and list of Risks in this Agreement is not complete, and that I will encounter Risks not described herein, known and unknown, inherent and otherwise, in connection with the Activities. With a full understanding of the foregoing, I VOLUNTARILY AGREE TO ASSUME ALL INHERENT AND OTHER RISKS OF INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of, or in connection with, the Activities.
5. RELEASE, DISCHARGE, HOLD HARMLESS, AND AGREE NEVER TO SUE RELEASEES FOR ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ARISING FROM OR RELATED TO ACTIVITIES, INCLUDING INJURY, ILLNESS, EMOTIONAL DISTRESS, OR DEATH CAUSED IN WHOLE OR IN PART BY THE ALLEGED OR ACTUAL NEGLIGENCE OF THE RELEASEES. I further agree that if, despite this Agreement, I or anyone acting on my behalf makes a claim against any of the Releasees, I will DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the Releasees from any attorneys' fees, losses, liability, damage, or expenses which Releasees may incur as the result of such claim.
6. I understand that this Agreement will apply every time I am on the premises or participate in the Activities. I agree that this Agreement is a contract which will be enforced to the fullest extent allowed by law and will be binding on me, my assignees, subrogors, heirs, assigns, executors, and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE.

Printed Name of Participant: \_\_\_\_\_

Participant's or Guardian's signature: \_\_\_\_\_

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

**Emergency Contact Information Form**

**This information will be extremely important in the event of an accident or medical emergency.**

**Please be sure to sign and date this form**

Camper Name: \_\_\_\_\_

Primary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone # Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone # Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**ADDITIONAL ADULTS AUTHORIZED FOR PICK UP:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information:

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