

Day/Sports Camp Questionnaire

Club Name:

Effective Date:

Day Camp Services/Junior Golf & Tennis

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| 1. Does the club offer a day camp? | Yes | No |
| Does the club offer Junior Golf or Tennis Programs? | Yes | No |
| Who operates the Camps or Junior Programs? | Club | Third Party Subcontractor |
| If operated by Third Party Subcontractor, does the club: | | |
| Have a written contract with the sub-contractor. (please provide a copy) | Yes | No |
| Confirm the contract has adequate risk transfer/hold harmless language. | Yes | No |
| Confirm the sub-contractor has primary and excess liability coverage in place. | Yes | No |
| Confirm the club obtains a copy of an endorsement naming the club as Additional Insured. (please provide a copy) | Yes | No |
| Confirm the sub-contractor has completed background checks on all their employees. | Yes | No |
| Confirm the subcontractor has written safety protocols and procedures in place. | Yes | No |
| Confirm the employees of the subcontractor are fully trained in safety protocols and procedures. | Yes | No |
| 2. Are camps/junior programs available to members' children only? | Yes | No |
| 3. Any field trips off premises? | Yes | No |
| If yes, please describe: | | |
| Confirm all field trips are taken within a 20 mile radius of the club. | Yes | No |
| How often are field trips taken? (e.g. once a week, twice each summer) | | |
| Are waivers signed by parent/guardian required for each trip? | Yes | No |
| Verify ratios of counselors to children for each trip. | | |
| Does the club offer any overnight field trips? | Yes | No |
| 4. Who provides transportation for off-site field trips? | Club | Third party Transportation |
| If a third party is used for transportation: | | |
| Is there a written contract in place? | Yes | No |
| Has the insured confirmed the Transportation company has proper insurance in place? | Yes | No |
| What is the limit of insurance purchased? (primary and excess) | | |
| Is the insured named as an additional insured on the 3 rd party's auto policy? | Yes | No |

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| 5. | Does the club require a separate waiver for the camps?
Please provide a copy of the waiver. | Yes | No |
| 6. | Describe the activities offered at the camp: | | |

If the Club operates the camp, please respond to the following:

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| 7. | Does the club perform a criminal background check on all counselors/coaches? | Yes | No |
| 8. | Does the club perform a child abuse background check on all counselors/coaches? | Yes | No |
| 9. | Is there protocol in place for more than one adult with children at all times? | Yes | No |
| 10. | Does Staff Training include First Aid/CPR/AED? | Yes | No |
| 11. | Are Medical, Weather and Fire Emergency Protocols in place? | Yes | No |
| 12. | Is staff informed of expectations on supervision of campers? | Yes | No |
| 13. | Is there a cell phone policy in place for all counselors/coaches/lifeguards? | Yes | No |
| 14. | Are there Missing Child protocols in place? | Yes | No |
| 15. | Does each age group have a counselor that is 18 years or older? | Yes | No |
| 16. | Are Trained and Certified Lifeguards on hand for all swim activities? | Yes | No |
| 17. | Is swim test protocol in place to assess swim levels of campers? | Yes | No |
| 18. | Is a Buddy Check system in place? | Yes | No |

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| 18. | For Day Camps:
What is the counselor to children ratio? (example - 1 counselor to 6 children) | | |
| | Does club allow children under 4 at camps? | Yes | No |
| | Number of children in the following age groups: | | |
| | 4 – 6 | 7 – 10 | 11 - 14 |
| | How long do the day camps run? (example – Last 3 weeks in July) | | |
| | What are the daily hours? (example – 9 to 2 Monday through Friday) | | |

Signature

Date