

Summer 2026



Camper Information Packet

**Alex Fun & Sports • Aquatics • Camp Adventure
Nature • OSTP Power-On/Power-Up
Specialty Camps • Therapeutic Recreation**

Welcome to the 2026 Summer of Smiles!

We are excited to be able to offer you this service, and it is our goal to make sure that you are satisfied with your experience. Our staff is committed to helping participants build character and gain positive experiences and memories that will last a lifetime.

Please take time to read this information thoroughly. The forms necessary for your child's attendance in camp are included.

Please email the following camp forms **prior to your child's first day of camp:**

- 2026 Camper Information Packet
- Inhaler/EpiPen Authorization Form: For campers who need access to an Inhaler/EpiPen during camp hours.

ADA Accommodations

The City is committed to compliance with the Americans with Disabilities Act, as amended. To request a reasonable accommodation, contact the Therapeutic Recreation office at 703.746.5550 at least 30 days prior to the start of your program.

Holidays

Camps will not be held on Friday, June 19, and Friday, July 3, in observance of Juneteenth and Independence Day.



SCAN ME



DEPARTMENT OF
**RECREATION, PARKS &
CULTURAL ACTIVITIES**

alexandriava.gov/RPCA
RegisterARPCA@alexandriava.gov
703.746.5414

2026 Summer Camps

City of Alexandria

Department of Recreation, Parks & Cultural Activities
Recreation Services Division

Helpful Hints:

- All campers must be signed in and out daily by an adult (18+).
- If swimming is a part of the camp day, please provide: swimsuit/swim trunks, towel, and a change of clothes for each day of swimming.
- Camper's name should be written on their belongings.
- Campers are asked to wear non-restrictive clothing and shoes. Sneakers or tennis shoes are required daily. Open-toed shoes, sandals, crocks, and flip flops are prohibited except during swim time.
- In case of an emergency, parent/guardian(s) will be contacted first. All other listed emergency contacts will be notified if the parent/guardian(s) are unable to be reached.
- Campers are encouraged to bring an extra change of clothing.

Financial Assistance Procedures

To be considered for assistance, the Financial Assistance Application form must be completed and returned, with supporting documentation and a completed Camper Information Packet, to your chosen location or the Lee Center, Registration & Reservation Office, 1108 Jefferson St, Alexandria, VA 22314.

Applicants must submit an official free/reduced school meals letter, SNAP documentation, or TANF documentation. Staff will confirm the payment amount with the applicant based on the documentation provided as referenced above.

Any request for fee assistance without the stated documentation or at a level above and beyond the established discount must include an explanation and be approved at the Division Chief level. This process takes additional time, and registration in the program will be delayed until approval has been secured. For more information, please call 703.746.5414.

Discipline

Discipline shall be constructive in nature, including using limits that are fair, consistent, and appropriate; providing reasons for limits; and using positive word directions. No child will be forced to assume an uncomfortable position, be restricted in movement, be enclosed in a confined space, or be assigned an exercise. In the best interest of the program and its participants, staff members reserve the right to enforce appropriate corrective actions when a participant's behavior disrupts the program. Such actions may include meetings with parents, temporary exclusion from activities, or suspension from the current and/or subsequent programs. At no time will a staff member physically restrain, pick up, or physically move or relocate a program participant. In severe cases, there may be cause to suspend privileges. For a suspension period of more than three days, the parent will receive notification by the Deputy Director of Recreation Services regarding the status of their child in all city recreation programs. Failure to abide by the prescribed restriction on the part of the participant will result in progressive restrictions up to and including suspension of all recreation privileges.

Illness & Injuries

Children who are running a fever, vomiting, or complaining of pain or other symptoms will not be allowed to attend the program. If a child becomes ill during program hours, the parent/guardian must make arrangements for the child to be picked up as soon as possible. An ill child will be separated from their group until a parent arrives. If a child is severely injured or ill (when more than simple first aid is needed), staff will attempt to contact a parent/guardian first or at least one person on the emergency contact list if a parent/guardian cannot be reached. If warranted, staff will call emergency services to attend to the injured/ill child. The City does not provide medical insurance for participants. In the event of an illness or injury requiring treatment, hospitalization, and/or surgery, the family's medical insurance must be used.

AGREEMENTS

NAME OF PARTICIPANT: _____ DATE: _____

Initial each box below.

1. I understand that my child must be registered in the program prior to starting. I also understand that all outstanding balances must be paid in full by the scheduled date in order for my child to continue attending program activities.
2. I understand that any unpaid balance that remains on my account will prohibit enrollment in other RPCA programs and activities for all members of my household.
3. I understand that my child will only be released to adults 18+ and will not be released to anyone except parent/guardian(s) or individuals listed on the authorized pick up list. All adults arriving for pick up must show a valid photo ID before the child can be released.
4. I understand that children are expected to respect center staff, program participants, equipment, supplies, and facilities. Inappropriate behavior, abusive language, physical altercations, physical/verbal aggression, destruction of property, possession of weapons or other unlawful items, and other serious offenses will not be tolerated and will require disciplinary action up to and including suspension from the program. Staff will make every effort to work with parents to assist youth with behavior issues affecting their participation in the program.
5. I understand that it is my responsibility to keep emergency forms updated with current contact information and any other pertinent information.
6. I give the Department of Recreation, Parks, and Cultural Activities, Recreation Services Division, permission to acquire emergency treatment, at my expense, for my child.
7. I understand that checks returned for insufficient funds will be assessed a \$35 fee by the City of Alexandria, in addition to bank charges.
8. I agree to comply with the program policies outlined in this agreement and give my child permission to participate fully in the program.
9. I understand that participants enrolled in the summer program must be signed in and out daily by a parent, guardian, or authorized adult (18+), and that timely pick-up at the end of each program day is their responsibility. I acknowledge that repeated late pick-ups may result in removal from the program.
10. My signature reflects my understanding of the responsibilities listed above and my responsibility to advise other individuals designated to pick up my child.

Parent/Guardian Signature

Date

Swimming Release:

I give permission for my child to participate in the swimming activities, should this apply to my camp.

Parent/Guardian Signature

Date

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Select all that apply.

Camp Name & Location: OSTP Power-On/Power Up | June 15 - August 7, 2026

Charles Barrett	Charles Houston	Douglas MacArthur*	John Adams*	Leonard Chick Armstrong
Mount Vernon	Patrick Henry	William Ramsay	Mini Camp Adventure	Youth Camp Adventure
Camp Adventure on the Rise	Power-Up at Chick Armstrong (MS)	Power-Up at Patrick Henry (MS)		
Power-Up at William Ramsay (MS)	*ACPS locations subject to change (MS) - Middle School programs			

Camp Name & Location:

Week 1: June 15-18*	Week 2: June 22-26	Week 3: June 29-July 2*	Week 4: July 6-10	Week 5: July 13-17
Week 6: July 20-24	Week 7: July 27-31	Week 8: August 3-7	Week 9: August 10-14	*4 days

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Please Print.

Name of Participant _____ Preferred Name or Nickname _____

Birth Date _____ Age _____ Gender _____ Preferred Pronouns _____ Home Phone () _____

Address _____ City _____ State _____ Zip _____

School _____ Fall Grade Level (2026-27) _____

PARENT/GUARDIAN INFORMATION:

In the event of an emergency, we will contact you in the order listed.

Parent/Guardian Name #1 _____ Work # () _____ Cell # () _____

Email address(es) _____

Parent/Guardian Work Location _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name #2 _____ Work # () _____ Cell # () _____

Email address(es) _____

Parent/Guardian Work Location _____

Address _____ City _____ State _____ Zip _____

Emergency Contact #1* _____ Cell () _____

Address _____ City _____ State _____ Zip _____

Emergency Contact #2* _____ Cell () _____

Address _____ City _____ State _____ Zip _____

***Emergency Contacts must be someone other than the parents and available during program hours.**

PERSON(S), OTHER THAN PARENTS, AUTHORIZED TO PICK UP CHILD:

Name #1 _____ Phone # () _____ Cell () _____

Address _____ City _____ State _____ Zip _____

Name #2 _____ Phone # () _____ Cell () _____

Address _____ City _____ State _____ Zip _____

Name #3 _____ Phone # () _____ Cell () _____

Address _____ City _____ State _____ Zip _____

If a parent/guardian or other adult (ages 18+) is **NOT** allowed to pick up the child, please attach a copy of the applicable paperwork, such as custody papers or court documents.



Medical/Social Information

NAME OF PARTICIPANT _____

Some camps take trips to the local city pools on a regular basis (as indicated in descriptions). Your child's safety is of the utmost importance to us. While at the City of Alexandria pools, children who request to swim in the deep end of the pool must complete a swim test. To assist with this process, please note your child's swimming ability:

☐ No swim experience ☐ New swimmer ☐ Can swim length of pool

Alex Swim & Swim Team Prep Camp ONLY: Has your child taken swim lessons before? ☐ Yes ☐ No

If so, what is their swimming level? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Does your child have medical conditions we need to be aware of, such as allergies or intolerance to foods, medications?

☐ Yes ☐ No. If the answer is "yes", please explain/describe medical condition:

Has your child had a recent operation? ☐ Yes ☐ No. Is there any other pertinent medical information that might require special attention while at camp? ☐ Yes ☐ No. If the answer is "yes", please explain:

List the prescribed medications your child takes and what the medications are for. NOTE: Recreation staff are **NOT** authorized to administer medication. This information may be needed in case of a medical emergency that requires treatment.

Medication your child takes:	Medication for treatment of:

Please list any social, physical, behavioral, and/or cognitive conditions that require special restrictions or considerations while at camp for your child that you believe staff should be aware of:

Please list any accommodations needed, including, but not limited to, non-allergy-related dietary restrictions.

The City of Alexandria is committed to compliance with the Americans with Disabilities Act, as amended. To request a reasonable accommodation, contact Jackie Person, Therapeutic Recreation Program Manager, at 703.746.5550 (VA Relay 711) or jackie.person@alexandriava.gov. Submit the request 30 days in advance of the start of your program.

Name of Participant's Physician _____ Phone # _____

Note: The City of Alexandria does not provide medical insurance for your child. In the event of illness or injury requiring treatment, hospitalization, and/or surgery, the family medical insurance must be used.

EMERGENCY TREATMENT STATEMENT & HOLD HARMLESS AGREEMENT

I give the Department of Recreation, Parks & Cultural Activities, Recreation Services Division, permission to acquire emergency treatment at my expense for the participant named above. In consideration of the City of Alexandria, Department of Recreation, Parks, and Cultural Activities, conducting various programs, the undersigned realizing the risk of injury attendant to such programs, does hereby and forever discharge the City of Alexandria, Department of Recreation, Parks, and Cultural Activities and its officers, agents, employees, and contractors from any and all action, claims or liability resulting from or arising out of or based upon any bodily injury or property damage which may be sustained by the undersigned or the undersigned's child while participating in such programs.

Signature required of parent/guardian _____ Date _____



Photographic Release

I hereby grant permission for the City of Alexandria, and its representatives, to use any photograph or video of me, my children and/or my property. Photographs and/or video may be used in print or electronic marketing or promotional material with or without my and/or my child's name. I also give permission to release such photographs and/or videos to the news media and that such photographs and/or videos may be used on the City's website.

I acknowledge and agree that any photographs and/or videos may be edited. I also agree that photographs and videos taken by the City become property of the City of Alexandria without compensation to me. I also understand that any photographs and/or videos may be subject to the Virginia Freedom of Information Act and/or the Virginia Privacy Act.

Printed Name: _____ Age (if minor): _____

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Address: _____

Email: _____ Phone: _____

☐

I would prefer that my child(ren) be excluded from photography taken by the City of Alexandria's Recreation, Parks & Cultural Activities team.

