



MARPLE SPORTS
Summer Camp

REGISTRATION FORM

CAMPER INFORMATION

Full Name :

(LAST NAME, FIRST NAME)

Lives With :

☐

Mother

☐

Father

☐

Both

☐

Guardian

New Camper * :

☐

Yes

☐

No

Date Of Birth :

____/____/____

Gender :

☐

Male

☐

Female

Address :

Phone Number :

E-Mail :

Food Allergies :

Other Info :

Weeks Attending :

☐

6/10 - 6/14

☐

6/17 - 6/21

☐

6/24 - 6/28

Payment Info :

☐ 1 Week - \$430

☐ 2 - 4 Weeks - \$400

☐ 5 - 8 Weeks - \$380

☐ 9 - 12 Weeks - \$360

☐ Week 11 - \$430

☐ Week 12 - \$450

(Unless regd. for 4+ weeks)

☐

7/1 - 7/5 **

☐

7/8 - 7/12

☐

7/15 - 7/19

☐

7/22 - 7/26

☐

7/29 - 8/2

☐

8/5 - 8/9

☐

8/12 - 8/16

☐

8/19 - 8/23

☐

8/26 - 8/30

3 Day

☐

Mon

☐

Tues

☐

Wed

☐

Thurs

☐

Fri

☐

3 Day Rate : 5 - 8 Weeks - \$330

9 - 12 Weeks - \$315

*\$100 Registration Fee for all NEW campers

**Closed July 4th

EMERGENCY CONTACT DETAILS

Parent/Guardian :

Primary Number :

Relationship :

Alternate Number :

Parent/Guardian :

Primary Number :

Relationship :

Alternate Number :

PAYMENT INFORMATION

Payment Date :

Card Number :

Payment Type :

Security Code :

Check Number :

Expiration Date :

All fees are Non-Refundable (Initial) :

More Information :

📍 611 Parkway Drive, Broomall Pa 19008

📞 (610) 338 - 0111 x1

🌐 www.marplesportsarena.com

THANK YOU

Signature

Date

This section for office use only

Several One Sibling

FOOD ALLERGY

PERSONAL HEALTH FORM

Name _____

D.O.B. _____ Age _____ Sex _____

Address _____

City & State _____ Zip _____

Medical Insurance _____

Policy # _____ Please include a copy

IN CASE OF EMERGENCY (If parents cannot be reached)

Name _____

Phone# 's _____

Parent/Guardian Name _____

Relationship _____ Occupation _____

Phone# _____ Ph# _____

Parent/Guardian Name _____

Relationship _____ Occupation _____

Phone# _____ Ph# _____

To the best of my knowledge all information on this statement is accurate. I give the MSA in the event of illness or accident to give emergency medical attention without delay.

Signature. _____

Date _____

Food Allergy List _____

Physician's Name _____

Telephone # _____

Address _____

Date of most recent complete physical exam. _____

Circle your answer

Are you aware of any current health problems Y or N

Is the child now under medical care Y or N

Taking medicine/s Y or N

Allergies Y or N if yes, please list

Other conditions: We do not discriminate

___ Fainting* ___ Nosebleeds* ___ Deformity*

___ Hearing impairment ___ Stomach ___ Diabetes

___ Wears contacts or glasses ___ HIV ___ Ear Infections

___ Heart problems ___ Back or limbs* ___ Blood Pressure

___ Kidneys or Urine ___ TB ___ Emotional *

___ Asthma ___ Skin Problems ___ Hepatitis

Explain Those with an * ___ IEP*

List emergency medical contacts if parent is unreachable

1. _____ Name _____ Relationship _____

Phone _____

2. _____ Name _____ Relationship _____

Phone _____

Immunizations

If child had disease, put "D" and year, otherwise put date of immunization

Last time given

Tetanus _____

Diphtheria _____

Pertussis _____

Measles _____

Mumps _____

Rubella _____

Polio _____

Chicken Pox _____

List any restrictions or limitations for activities _____

List all medicines and reason for taking _____

Please attach a note for any medicines you need to be distributed to your child. Giving our staff permission. All meds must be in original package.

Is this child on an Epi Pen _____

Sign here to give the staff permission to administer. _____

Date: _____

The following is my consent for _____, I am this child's Mother, Father, Guardian.
(Child's Name) (Please circle one)

WRITTEN CONSENT IS GIVEN FOR THE ABOVE NAMED CHILD

Please check those items for which you give consent:

- () EMERGENCY MEDICAL CARE
() EMERGENCY TRANSPORTATION
() FIRST AID CARE
() SWIMMING
() FIELD TRIPS
LIST FOOD ALLERGY _____

WE ARE A PEANUT FREE CAMP

Please do not send your children in with any type of peanut product. That would include sandwiches, candy, crackers and so forth.

With our experience we have found this is necessary since so many children have a peanut/nut allergy.

Thank you!

WAIVER OF LIABILITY AND ACKNOWLEDGEMENT

I hereby acknowledge that the information provided in the enrollment application and forms are complete and accurate to the best of my knowledge:

I furthermore give my consent for the items checked; and

I understand that any necessary medical treatment will be my responsibility.

I acknowledge that participation in any sport or camp activity can result in Injury.

I agree, The Marple Sports Arena (Flynn Sports Inc) and its employees, directors, staff, owners and all legal entities are not to be held responsible for any injuries suffered while participating in any event held at the arena.

By registering your child for Marple Sports Arena's summer camp you give us the permission to use your child's photo for marketing purposes. During the camp season, staff members and/or professional photographers may take photos in which we will use for the above stated purpose. Parents/guardians who wish to refuse the use of these photos related to your child may do so with a written request sent prior to start of camp with a current photo of child attached.

Parental Permission

I, hereby grant my child permission to attend Marple Sports Arena Camp, and release all Flynn Sports Inc dba Marple Sports Arena employees, directors, owners and all legal entities of any and all liability connected to his/her attendance. MSA may also take my child to the **Drexel Swim Club**, which we also release all Flynn Sports Inc dba Marple Sports Arena employees, directors, owners and all legal entities of any and all liability connected to his/her attendance.

I further give my permission for my child to participate in local **field trip activities** away from MSA, including **transportation** by camp staff to and from sites as well as walking tours. Campers will always return by 3pm. MSA staff may walk children to swim club and other destinations in the surrounding area.

List of those with my permission to pick up my child at dismissal or otherwise stated by me at drop off.

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Please note if you do not tell us in the morning at drop off someone else is picking up we will have that person wait while we check.

SUNSCREEN APPLICATION (Please check one)

- ☐ I give my permission for a counselor to apply sunscreen.
☐ My child will apply sunscreen without help from a counselor

- Camp fees must be paid in full before attending camp
- Schedule changes must be made before May 1st. Changes after 5/1 subject to \$25 change fee
- \$25 fee if paperwork is not submitted by May 1st
- 3-day rate-Days must be same each week and paid by 1st of month prior.
- No credit for missed days.
- Activities subject to availability
- Camp fees are non-refundable

Initial _____

PLEASE NOTE THAT WE HAVE A PROCESS FOR PHONE RELEASE OF YOUR CHILD TO AN INDIVIDUAL AND ASK FOR YOUR PATIENCE WHILE WE FOLLOW OUR PROCEDURES.

☐ Permission of Epi-Pen use and administering

I give my permission for camp counselor to administer my child's Epi-Pen/Epi-Pen Jr.

My son/daughter:

_____ is capable of administering the Epi without assistance.

_____ will require the assistance of an adult to administer the Epi.

Please describe child's allergy reaction and severity when food is ingested, contact is made, etc.

Symptoms of the reaction include:

Permission to use inhaler:

☐ My son/daughter has to keep his/her inhaler with him/her during all activity.

☐ My son/daughter will bring with him/her an inhaler in rare case he/she may need to use it.

By signing this form, you are acknowledging that you read and agree to all the terms and conditions.

Signature: _____ Date: _____

Print Name: _____ 2024 Summer Camp

2024 Behavior Agreement

Behavior Agreement

Have fun!

Be respectful, tell the truth, keep your hands to yourself, respect the property and keep it clean and HAVE FUN!

Levels of Consequences for Bad Behavior

Level One: Minor Behavior problems

Examples: disrespectful to students or staff, not following directions, not staying with group
Consequences: Possible loss of privileges, Removal from activity, Counseled by Director/Supervisor

Level Two: Serious Behavior problems

Examples: Swearing, pushing, hitting or fighting, arguing with staff
Consequences: Parents notified, May be excluded from activities. Possible one/two day suspension without refund of tuitions.

Level Three: Severe Behavior problems

Examples: Bullying, intimidation, threatening student or staff, blatant disrespect, theft, destroying property, leaving premises, injuring a camper or staff
Consequences: Contact Parents-possible expulsion without refund of tuition.

*Any act considered dangerous to children or staff is grounds for immediate suspension/dismissal

I understand and have discussed with my child/children and agree to comply with these standards

Parent signature _____

Child signature _____

Date: _____

Child Birthdate: _____

Directors reserve the right to expel or suspend a student for severe behavior problems.

**All children must be potty trained.
No exceptions!**

Field Trip/Swim Club Release

Parental Permission

I, _____ (Parent/guardian name)

Hereby grant my child, _____ (Child's name)

permission to attend Marple Sports Arena Summer Camp and release the Marple Sports Arena employees, Flynn Sports Inc, instructors, owners and all legal entities of any and all liability connected with his/her attendance.

☐ MSA may take my child to the **Drexel Swim Club**. MSA staff will walk my

child/ren to the swim club. I release all employees, owners and all legal entities of any liability connected with his/her attendance.

☐ I give my permission for my child to participate in **field trip activities**

away from MSA (local fishing, hiking, playgrounds etc), including transportation by camp staff to and from field sites.

*** If you plan on picking up before 3pm please notify us in writing and we will not allow your child to go on field trip.**

Child's Name: _____

Parent's Name: _____

Signature: _____

Marple Sports Arena
Summer Camp
2024

Car Line Pick-Up

Child's Name

Place In windshield of car for pick up

Marple Sports Arena
Summer Camp
2024

Car Line Pick-Up

Child's Name

Place In windshield of car for pick up

DREXEL SWIM CLUB, INC.
Medical Treatment and Waiver Form

NOTE: The Summer Camp Provider is responsible for making certain that every camp participant (Camper and Chaperon) completes this form. Campers and their Chaperons will not be admitted without this form on file at the pool office. **NO EXCEPTIONS!**

Name: _____ Date of Birth: _____

Medical Treatment Authorization:

All minor injuries will be treated at the discretion of the Manager and Certified Lifeguards on staff. In case of emergency, the staff will call 9-1-1 for medical assistance, and all expenses will be the parent's sole responsibility. I hereby authorize my child to be treated by Certified Lifeguards and/or Certified Emergency Personnel (i.e. EMT, First Responder, or ER/ED Physician).

Family Physician: _____ Phone: _____

Health Insurance: _____ Group or ID #: _____

In case of emergency contact:

Name	Phone	Relationship to Camper
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Name	Phone	Relationship to Camper
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Please list any allergies/medical problems, including those requiring maintenance medications (i.e. Diabetic, Asthma, and Seizure Disorder). The purpose of the listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Waiver:

I hereby waive and release Drexel Swim Club, Inc. and its officers, directors, agents, representatives, employees, successors or assigns from any and all liability for any accident, injury, death, loss, theft, damage to person or property arising or resulting from the use of Drexel Swim Club facilities and expressly agree to release and discharge Drexel Swim Club, Inc. and its officers, directors, agents, representatives, employees, successors or assigns from any and all claims and causes of action. This waiver and release of liabilities is without limitation and covers all injuries that may occur, regardless of negligence, as a result of the use of any and all Drexel Swim Club pools, equipment and facilities, including adjacent sidewalks and parking areas.

Mr./Mrs./Ms. _____ Date: _____

If under age 18, Authorized Parent/Guardian Signature