



Marple Sports Arena

611 South Parkway

Broomall, PA 19008

Phone # 610-338-0111 Fax #610-541-0621

www.marplesportsarena.com

SUMMER CAMP 2020

Dear Parents,

We are excited to welcome you to MSA's 2020 Summer Camp Program!

Marple Sports Arena Summer Camp provides a program unlike any other! MSA Camp offers fun and adventure, gives your child the opportunity to try new and challenging activities, and encourages developing and improving skills. From skating, swimming, rock-climbing to gaga, water slides, and hiking we strive to provide a camp experience your child will always remember. At MSA camp your child will make new friends and improve social skills, learn responsibility and good sportsmanship and have a summer camp experience he/she will never forget. We have been going strong for sixteen years and hope to continue for many more.

We are proud that our facility is the best in the region with a great support-staff to back it up! Our staff is carefully selected from colleges and educational facilities to ensure your child receives the best of care. All staff are background checked and have all required clearances.

Please send your children with a backpack, towel, bathing suit, spray sunblock and flip flops or water shoes as they will have the opportunity for water play on nice days. A change of clothes for younger children is recommended. (children must be potty trained) A small can of bug spray should also be kept in back pack if your child will be going on hiking trips. A water bottle with your child's name on it is also a good idea.

*Field trips are a big hit with the children. We have added many new and exciting field trips to the summer schedule many of which are included with tuition. We are also offering Premium Field Trips which are optional and on a first come basis. You can register and pay for the premium trips using our website. **Please register early as there is limited space.** An email will be sent out as soon the Premium Trips are confirmed. Theme Day calendars will be available on our website and at front desk.*

We ask that your child does not bring in any small electronics: iPods, cell phones, game boys or the like. These devices have caused many disruptions in previous years and we cannot be held responsible for lost items. If we see these devices they will be taken and

held until pick up. We will be very strict with this policy this summer and ask for your support.

If you want your child to have the opportunity to buy anything from the vending machines you may send them with money, however, we cannot be responsible for any lost money. We also do not monitor what they purchase. (You can put their money in an envelope with their name on it and leave it with the front office or their camp counselor)

Camp Packet forms can be found on our website (www.marpleportsarena.com) (or email me and I will send them to you.) **These forms must be completed and returned no later than May 15th.** **Please do not wait until the first day of camp to return the camp forms as your child will not be able to participate until the paperwork is received and recorded.** The medical form can be filled out with or without your physician. Please be sure your child understands the "Behavior Agreement"! If you need to switch weeks or make changes to your schedule, this must be done no later than May 15th.

Lunch and morning and afternoon snacks are included. This summer we will be offering hot and cold options. Children will make their menu choices with their counselors during morning line up. If your child does not like what is on menu you can pack but keep in mind **we are a peanut/nut-free camp so please do not send your child with anything containing peanuts!** Menu will be posted to our website and available at front desk.

For your convenience, curbside pick-up and drop off will be available again this summer. Curbside drop off will be available 7:45-8:30am. Curbside pick-up available 3:45-4:30pm. Car line cards are included in this packet. Please write your child's name and display in your windshield. We offer before and after care (7am-8:30am & 4:30-6pm) at no additional charge for those who need it. Camp activities will be from 8:30am-4:30pm. You must pick up no later than 6pm.

If you have any questions or concerns, please feel free to call me at 610-338-0111, ext. #1 or send an e-mail to patty@marpleportsarena.com.

Sincerely,



Patricia Henning

Camp Coordinator
phenning@marpleportsarena.com



Camp Registration

Last Name _____ First Name _____ Gender _____ Date of Birth _____

M F

Street Address _____ City _____ State _____ Zip _____

Phone _____ Food Allergies _____

Child is living with:

Mother Father Both Guardian

Parent/Guardian #1

Parent/Guardian #2

Last Name _____ First Name _____

Last Name _____ First Name _____

Work Phone _____ Cell Phone _____

Work Phone _____ Cell Phone _____

Email : _____

Early Discounts

Must be paid in full at time of registration

Register by **January 30, 2020**

\$35 off per week

Register by **March 1, 2020**

\$20 off per week

Register by **April 1, 2020**

\$10 off per week

Multiple Child Discounts

Receive an additional **\$25 off** the original price for each additional child .

Extra Discounts

Pay by cash or check and get **\$5 per week**.

Daily Rate- \$65 per day *

*weeks 8/24 & 8/31 at \$80/day

*Must choose & pay for days by the Wednesday before coming to camp

*Must purchase a minimum of 10 days and 5 day blocks thereafter.

Payment Information

ALL FEES ARE NON-REFUNDABLE

1 week \$305/before discounts

2-4 weeks - \$295/week before discounts

5-8 weeks- \$285/week before discounts

9-12 weeks- \$275/week before discounts

\$49 registration fee for all NEW campers

Cash _____

Check # _____

Credit Card #: _____

Expires: _____ Security Code: _____

June 15-19

July 27-31

June 22-26

Aug. 3-7

June 29- July 3

Aug 10-14

July 6-10

Aug 17-21

July 13-17

Aug 24-28 *

July 20-24

Aug 31-Sept 4*

***Last 2 weeks of camp at \$325 unless reg'd for 4 or more weeks**

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 *

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

Please Initial agreement to the following terms:

- Camp fees must be paid by Wednesday before attending.
- \$25 fee for registering day of
- \$25 fee if paperwork is not submitted by May 15th
- Daily Rate-Days must be picked & paid by Wed. prior
- No credit for missed days.
- Activities subject to availability

If you switch days it must be done at least week prior. Initial _____

Parental Permission

I, *hereby grant my child permission* to attend Marple Sports Arena Camp, and release all 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 Marple Sports Arena employees, directors, owners and all legal entities of any and all liability connected to his/her attendance. I have completed the health statement/questionnaire and code of conduct to be submitted with this application. **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

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 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.

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.

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 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.

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

Signature: _____ Date: _____

Print Name: _____ 2020 Summer Camp

2020 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: _____

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

Name	Phone	Relationship to Camper

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

Marple Sports Arena

Summer Camp

2020

Car Line Pick-Up

Child's Name

Place In windshield of car for pick up

Marple Sports Arena

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Car Line Pick-Up

Child's Name

Place In windshield of car for pick up