

# Camp Registration

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender  M  F Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Food Allergies \_\_\_\_\_ Child is living with:  
 Mother  Father  Both  Guardian

Parent/Guardian #1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email : \_\_\_\_\_

Parent/Guardian #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Early Discounts-

\*\$500 deposit holds spot but not discount

Discount based on date of final payment

Register by **February 4, 2021**

\$35 off per week

Register by **March 4, 2021**

\$20 off per week

Register by **April 8, 2021**

\$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 8/23 & 8/30 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 (initial \_\_\_\_\_)**

1 week \$309/before discounts

2-4 weeks - \$299/week before discounts

5-8 weeks- \$289/week before discounts

9-12 weeks- \$279/week before discounts

**\$49 registration fee for all NEW campers**

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expires: \_\_\_\_\_ Security Code: \_\_\_\_\_

June 14-18

July 26-30

June 21-25

Aug. 2-6

June 28- July 2

Aug 9-13

July 5-9

Aug 16-20

July 12-16

Aug 23-27\*

July 19-23

Aug 30-Sept 3\*

**\*Last 2 weeks of camp at \$329 unless reg'd for 4 or more weeks**

Signature \_\_\_\_\_ 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
- Camp fees are non refundable

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

**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 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

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

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

Print Name: \_\_\_\_\_ 2021 Summer Camp

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: \_\_\_\_\_

# 2021 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**

### **2021**

#### **Car Line Pick-Up**

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**Child's Name**

Place In windshield of car for pick up

# **Marple Sports Arena**

## **Summer Camp**

### **2021**

#### **Car Line Pick-Up**

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**Child's Name**

Place In windshield of car for pick up