



# SCAMP 2018

## SESSIONS: (Monday - Thursday)

- Pre-Scamp** June 11 - June 14
- Session 1** June 18 - July 6 *off 7/4*
- Session 2** July 9 - July 26
- Session 3** July 30 - August 16
- Post Scamp** August 20 - August 23

Scamp is a summer day camp at Elite Sports Clubs. There are three, 3-week sessions throughout the summer with a pre and post 1-week Scamp. Scamp is Mondays through Thursdays with a Friday option available during PreScamp and Scamp Sessions 1, 2, and 3. Friday, July 7th is included in Session 1.

### FULL DAY: Ages 5K - 11

Monday - Thursday, 9:00am - 4:30pm

#### Sessions 1, 2, 3

*Member: \$575/Session, Non-Member: \$675/Session*

#### Pre-Scamp & Post Scamp Sessions

*Member: \$199 / Session, Non-member: \$239 / session*

### Friday add-on (Pre-Scamp & Scamp Only)

*Member: \$45/day, Non-member: \$55/day*

\*Bring cold lunch, a swimsuit, and a towel

### HALF DAY: Ages 4 - 5

Monday - Thursday, 9:00am - 12:00pm

#### Sessions 1, 2, 3

*Member: \$299/Session, Non-member: \$359/Session*

#### Pre-Scamp & Post Scamp Sessions

*Member: \$99 / session, Non-member: \$129 / session*

### Friday add-on (Pre-Scamp & Scamp Only)

*Member: \$20/day, Non-member: \$28/day*

\*No lunch. Bring a swimsuit and a towel

### SCIT: Ages 11+

SCAMP Counselors in Training - same times as SCAMP

Member: \$279 Non-members: \$379

### Before & After Care

**(7:30 - 8:30am & 4:30 - 6:00pm)**

Price: \$4 / half hour. (After 6:00pm charged \$10 late fee)

\*No after care on Fridays.

Check Scamp Location:

Brookfield (13825 W. Burleigh Rd)  Mequon (11616 N. Port Washington Rd)  River Glen (2001 W Good Hope Rd)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Elite Member:  Yes  No

Parent's Name \_\_\_\_\_ Parent's Phone \_\_\_\_\_ Parent's Email \_\_\_\_\_

Non-Member: Credit Card Type \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

T-Shirt size:  XS  Small  Medium  Large  XL

**SCAMP ENROLLMENT POLICIES** Registration fee is due 2 weeks prior to session start date. No credit or prorating will be given for days non-members missed. There is a **\$50 late cancellation fee if notification isn't given 7 days prior. Enrollment/Health Forms MUST BE returned with registration.**

Parent's Signature \_\_\_\_\_

# 2018 Registration, Health History, and Emergency Care Plan

**Elite Sports Clubs Scamp Summer Day Camp Programs** One form per child. A new form must be filled out each summer.



## Camper Information

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F Birth date \_\_\_ / \_\_\_ / \_\_\_

This will be my child's \_\_\_ year at Camp Age (as of June 1, 2018) \_\_\_\_\_ Child resides with  Mother  Father  Both Other \_\_\_\_\_

Swim Ability  Beginner  Intermediate  Advance (All campers will still be swim tested weekly.)

## Parent/Guardian Information – Both parents must be listed or use N/A if not applicable.

#1 Parent/Guardian First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F Birth date \_\_\_ / \_\_\_ / \_\_\_

Address - Home (Street ,City, State, Zip) \_\_\_\_\_

My address changed since last summer Home Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Where can we reach you while your child is at camp? Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Daytime Address \_\_\_\_\_

#2 Parent/Guardian First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F Birth date \_\_\_ / \_\_\_ / \_\_\_

Address-Home (Street ,City, State, Zip) \_\_\_\_\_

My address changed since last summer Home Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Where can we reach you while your child is at camp? Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Daytime Address \_\_\_\_\_

## Emergency Contacts/Others Authorized to Pick Child Up - Must put one other person other than parent or guardian. \* Can add more on a separate sheet of paper.

#1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address- Home (Street ,City, State, Zip) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address- Home (Street ,City, State, Zip) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## 12 Medical and Behavior Questions to help us provide the best care to your child. All information is confidential to Staff. (ALL lines MUST be filled out. If something does not apply, please use N/A)

### 1. Has Your Child Had Any of the Following, if so, please explain

- Asthma
  - Autism
  - Diabetes
  - ADD/ADHD
  - Epilepsy/Seizures
  - Cerebral Palsy/Motor Disorder
  - Cognitively or Learning Disabled
  - NONE (QUESTIONS 1-8)
  - Dietary Restrictions \_\_\_\_\_
  - Food/Milk Allergies \_\_\_\_\_
- If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.
- Gastrointestinal or feeding concerns, including special diet and supplement \_\_\_\_\_
  - Non-Food Allergies \_\_\_\_\_
  - Status of Vision, Hearing & Speech \_\_\_\_\_
  - Other Conditions requiring Special Care \_\_\_\_\_

### 2. Triggers that may cause any of the above problems (specify) \_\_\_\_\_

### 3. Signs or symptoms to watch for \_\_\_\_\_

### 4. Steps the childcare provider should follow \_\_\_\_\_

### 5. Identify any staff to whom you gave specialized training/instructions \_\_\_\_\_

### 6. When to call parents regarding symptoms or failure to respond to treatment \_\_\_\_\_

### 7. When to consider that the condition requires emergency medical care or reassessment \_\_\_\_\_

### 8. Additional Information that may be helpful to us \_\_\_\_\_

### 9. Emergency Numbers

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### 10. List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE a (✓) or (x). If you do not have an immunization record for this child, contact your doctor or local health department to obtain the records.

| TYPE OF VACCINE  | 1st Dose<br>M/D/Y | 2nd Dose<br>M/D/Y | 3rd Dose<br>M/D/Y | 4th Dose<br>M/D/Y | 5th Dose<br>M/D/Y  |
|--|-------------------|-------------------|-------------------|-------------------|--|
| Diphtheria-Tetanus-Pertussis<br>Specify DTP, DTaP, or DT   |                   |                   |                   |                   |  |
| Polio  |                   |                   |                   |                   |  |
| Hib (Haemophilus Influenzae Type B)  |                   |                   |                   |                   |  |
| Hepatitis B  |                   |                   |                   |                   |  |
| Measles-Mumps-Rubella (MMR)  |                   |                   |                   |                   |  |
| Varicella (chickenpox) vaccine<br>Vaccine is required only if the child<br>has not had chickenpox disease. |                   |                   |                   |                   | Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.<br><input type="checkbox"/> Yes year _____<br><input type="checkbox"/> No or Unsure (Vaccine is required) |

My child does not meet all immunization requirements. These Requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the day camp.

### 11. Is the child currently taking any medications? Yes No

If yes, what kind and why \_\_\_\_\_

If medication needs to be administered during Elite Sports Clubs Day Camp, a Medication Permission Form MUST be completed.

### 12. Sunscreen/Insect Repellent if provided by a parent, each bottle must be labeled

- I authorize the center to apply sunscreen to my child
- I authorize the center to allow my child to self-apply sunscreen
- My child may use any sunscreen provided by Elite Day Camp (NO-AD SPF 30) if theirs runs out or is missing.
- If no, will only allow my child to use the sunscreen provided by parent:

Brand Name \_\_\_\_\_ Strength \_\_\_\_\_

- I authorize the center to apply repellent to my child
- I authorize the center to allow my child to self-apply repellent
- My child may use any repellent provided by Elite Day Camp (OFF 25% Deet) if theirs runs out or is missing.
- If no, I will only allow my child to use the repellent provided by parent:

Brand Name \_\_\_\_\_ Strength \_\_\_\_\_

**Parent/Guardian Authorization** I approve this application and certify that the applicant is capable of such an experience. No refunds will be given unless the camp is cancelled by Elite Sports Clubs or a doctor's authorized medical reason has been given. I understand that no refunds will be given if the child leaves early because of homesickness or disruptive behavior as determined by the Camp Director.

By signing this form, I certify approval of good health of the camper, and, in the event that I cannot be reached in an emergency, authorize Elite Sports Clubs staff/volunteers to render first aid; give permission to the physician selected by Elite Sports Clubs to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Prudent attempts will be made to contact the parent/guardian immediately. I understand in signing this form, I agree to release Elite Sports Clubs from any liability for the risks of illness, accidents or injury.

I grant permission for the applicant to participate in all planned camp activities, including out-of-camp trips by walking or bus.

Elite Sports Clubs is not responsible for lost, stolen or damaged personal articles. Permission is also given to use any video or photographs that my child may be in for future Elite promotions. I agree to waive any claims against Elite Sports Clubs and its members and volunteers to injuries or damages that may result from the conduct of other persons, including participants in Elite Sports Clubs programs. I also understand that Elite Sports Clubs reserves the right to withdraw a child from the program, at Elite's discretion, if the enrollment of the child negatively affects the integrity of the program and/or Elite Sports Clubs' legal obligations through and under the Division of Children and Family Services (DCF 252).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_