

Pre-SCAMP June 1 - 4
June 8 - 11
June 15 - June 18
Session 1 June 22 - July 9

Session 2 July 13 - July 30
Session 3 August 3 - August 20
Post-SCAMP August 24 - August 27

At SCAMP, kids enjoy indoor and outdoor swimming pools, tennis courts, a full-sized gym, game and craft rooms, and organized field trips. Our trained counselors help kids build confidence by learning new skills in tennis and swimming, as well as basketball, kickball, t-ball, dance, and more!

☐ Brookfield ☐ Mequon ☐ River Glen

FULL DAY: Ages 5 - 10

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

☐ Session 1 ☐ Session 2 ☐ Session 3

Member: \$655/session, Non-member: \$765/session

☐ Pre-SCAMP ☐ Post-SCAMP

Member: \$219/session, Non-member: \$265/session

☐ Friday add-on (Offered Pre-SCAMP & Sessions 1-3 Only)

Member: \$50/day, Non-member: \$60/day

SCIT: Ages 11+

SCAMP Counselors in Training

☐ Session 1 ☐ Session 2 ☐ Session 3

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



HALF DAY: Ages 4 - 5 (Mequon Only)

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

☐ Session 1 ☐ Session 2 ☐ Session 3

Member: \$369/session, Non-member: \$395/session

☐ Pre-SCAMP ☐ Post-SCAMP

Member: \$109/session, Non-member: \$139/session

☐ Friday add-on (Offered Pre-SCAMP & Sessions 1-3 Only)

Member: \$25/day, Non-member: \$30/day

Before & After Care

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

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

Youth T-Shirt size: ☐ XS ☐ Small ☐ Medium ☐ Large ☐ XL ☐ Adult - Indicate Size: _____

SCAMP

E V O B A S

Child's Full Name _____

Child's Date of Birth _____

Parent's Full Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Email _____

Total _____

☐ Elite Member
☐ Non-Member

☐ Bill Member Account ☐ Cash ☐ Check

☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

Credit Card # _____ Exp. _____ CVV _____

Waiver: I hereby acknowledge and agree to the limitations, rules and regulations of Elite Sports Clubs. I hereby for myself and my heirs, executors and administrators, waive and release any and all claims for damages I may have against the Elite staff, their respective agents and sponsors, for any and all injuries suffered during my child's participation in this program. Furthermore, I will be responsible for any and all damages caused by my child. I hereby grant permission to Elite Sports Clubs to take and use photographs and/or video. These materials might include printed or electronic publications.

Signature of Parent/Guardian _____

SCAMP ENROLLMENT POLICY

Registration after May 31st requires an additional \$50 fee. No credit or prorating will be given for days missed. There is a \$50 late cancellation fee if notification isn't given 7 days prior. Enrollment/Health forms MUST be returned with registration form or your child will not be able to participate in camp.

2020 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

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, 2020) ____ Child resides with ☐ Mother ☐ Father ☐ Both Other _____

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

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

#1 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: _____ Email _____

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

Daytime Address _____

#2 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: _____ Email _____

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 _____

#1 First Name _____ Last Name _____ Relationship to child _____

Address- Home (Street ,City, State, Zip) _____

Phone Numbers: Home _____ Work _____ Cell _____

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/Siezuers ☐ Cerebral Palsy/Motor Disorder
☐ Cognitively or Learning Disabled ☐ None
☐ Dietary Restriction _____
☐ 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 _____

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

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.

- ☐ 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.

10. 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.

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

- ☐ I authorize the club to apply sunscreen to my child
☐ I authorize the club to allow my child to self-apply sunscreen
☐ My child may use anysunscreen 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 _____

2020 Registration, Health History, and Emergency Care Plan Continued
Elite Sports Clubs Scamp Summer Day Camp Programs

One form per child. A new form must be filled out each summer.



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** ____/____/____