

## Unique Sports Academy Summer Day Camp

### Summer Specials

#### Parent Checklist

#### Water Play: Every Thursday

Please send the following items with your child:

- Towel
- Bathing Suit
- Water Shoes
- Sunscreen
- Bag for wet clothes

#### Kona Ice: Every Wednesday

Kona Ice will be bringing their truck every Wednesday @2:00. The children will be able to purchase a shaved ice if they bring in money. We will provide a Popsicle for those children who do not bring in money. Pricing below:

- \$2.00 for Small Cup
- \$3.00 for Medium Cup
- \$4.00 for King Kona
- \$5.00 for Large (White Cup) \$3.00 Refill
- \$6.00 for Color Changing Cup \$3.00 Refill

#### Pump It Up:

- June 23
- July 7, 21
- Aug 4, 18

We will be taking the children to Pump-It-Up on these Fridays. They are required to wear socks at Pump-It-Up. Please make sure that your child brings a pair of socks on these days to ensure they can play. If your child does not bring socks we will provide a pair for them to wear for a fee of \$2.00.

Thank you so very much for your interest in our summer day camp. We look forward to a fun-filled summer with your children!

USA Summer Day Camp Registration Form



Family Information

109D Post Office Road, Waldorf, MD

Child's First Name: (Nickname)		Last Name:		Date of Birth:	Sex:
Mailing Address:			City:	State:	Zip:
Home Phone:		Email Address:			
Mother's Name:		Cell Phone:		Work Phone:	
Father's Name:		Cell Phone:		Work Phone:	

Emergency Contact Information (Please list someone other than parent/guardian):

Name:	Phone:
Name:	Phone:

Photo Release:

I hereby authorize Unique Sports Academy to photograph and/or reproduce images of my child during Summer Day Camp and to utilize said photographs for promotional and/or commercial purposes without any compensation to any person or entity and without further permission being necessary.
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Waiver of Liability:

I hereby for myself, my children adopted or otherwise, my heirs and executors waive and release any and all rights against Unique Sports Academy, their agents or representatives, for any injury or damages that may be suffered by me, my children adopted or otherwise, in connection with my association or entry in USA Summer Day Camp or other activities sponsored by Universal Sports and Academics, Inc.

*By signing this form, I acknowledge that I have read and understand the Summer Camp Waiver of Liability and Photo Release and that all the information above is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Unique Summer Day Camp General Policies and Procedures

**Sign In/Sign Out** You are required to sign camper in with staff when arriving and sign out with staff when leaving. Staff will ask for proper ID prior to signing out. You must specify on the camper registration form who has permission to pick up camper. You must provide in writing any changes to those listed. No camper will be released to any person not listed.

**Late Pick-up** Participants of USA Summer Day Camp must be picked up no later than 4:00pm. A non-refundable late pick up fee of \$8 per child per 15 minutes, or part thereof will be charged.

**Extended Care** Before/After care is available at USA Summer Day Camp. Pre-registration is required. The fee is \$35 for before OR after care and \$45 for before AND after care. Bring a morning and/or afternoon snack and drink. Campers must be dropped off promptly at 7:00am and picked up no later than 5:00pm.

**Emergency Contact** Two emergency contacts for each camper, other than parent or guardian are required to be on file. If camper becomes ill or injured during camp hours, parent/guardian will be contacted immediately. If parent/guardian is not available, emergency contact will be called.

**Camper Health History Form.** This Form must be completed at time of registration. Form provides important medical, immunization and emergency information. Parents are reminded that USA does not provide accident insurance for camp participants. Form must be updated as changes occur.

**Communicable Disease** If a child develops a communicable disease parents are to notify the staff immediately! Parents of all campers will be notified. The camper will not be able to return unless they have a doctor's note stating they are not contagious.

**Personal Belongings** Campers are not to bring cell phones, mp3 players, iPods, hand held video games or any other electronic devices to camp. Camp staff will not be responsible for lost or stolen items.

**Lunch** Campers are to bring a lunch (in paper/plastic bag or box with camper's name on it). Parents of campers participating in the extended care are strongly encouraged to provide a daily snack. No glass containers allowed. Refrigeration, Microwave (staff member will heat child's food) and Snack Bar services are available each day.

**Field Trips** Field trips or special events will occur during USA Summer Day camp. Camper's will get to experience Pump it Up, *The inflatable Party Zone!* So much fun for all ages. Campers will walk to Pump-It-Up, no transportation is required.

**Disciplinary Policy/Procedures** The procedures below will be used to address disciplinary problems for campers who fail to abide by the camp rules and regulations.

1<sup>st</sup> Infraction: Verbal warning by staff. Parent/Guardian will be verbally notified of incident.

2<sup>nd</sup> Infraction: Written warning sent home. Parent/Guardian will be called by staff to discuss incident. Child may be denied right to participate in special event or trip.

3<sup>rd</sup> Infraction: Parent/Guardian conference will be scheduled immediately to identify problem and discuss solutions. If behavior does not improve, child may be expelled from the program.

**Registration Options** Send completed forms and payment to: USA

109 D Post Office Road  
Waldorf, Maryland 20602

**Online** Register online at [www.uniquesportsacademy.com](http://www.uniquesportsacademy.com). Once registered, you can pay online but you will need to print and complete the Registration Packet and bring in or fax in before camp begins.

**Fax-In** Completed packets may be faxed to **(301) 396-4935**. Our Unique Sports Academy Payment Office will contact you for credit card information.

**Walk-In** You may register in person at Unique Sports Academy Payment Office. **Our Hours are Monday-Friday 5pm-8:30pm and Saturdays 9am-12pm.**

**Payment** we accept cash, check (made out to USA) money order and credit card (American Express, MasterCard, Visa, and Discover.) **Payment must be made in full one week before camp attendance.**

**Refund Policy** A request for a refund must be received **in writing** seven working days prior to the start of the camp week. Once the program has begun, a prorated refund based on participation may be approved if requested in writing and with medical verification. This written request must be received prior to the end of the program. A \$10 administrative fee per child per session will be deducted from the total refund, regardless of circumstances, unless the program has been canceled. No refunds will be considered after program has ended, late pick up fees are non-refundable.

**Transfers** All transfer requests must be in writing. After a transfer has been made, no additional transfers or refunds will be accepted for that week.

**Code of Conduct**

- **Campers and Staff are to have fun!**
- **Campers are treated with respect and are to be respectful of others.**
- **Campers must be respectful of USA property and the property of others.**
- **Campers are to use proper language.**
- **Campers are to stay with their designated Group Leader during the program and obey camp rules.**
- **Campers are expected to conduct themselves in a manner which does not jeopardize themselves, other campers, staff or the facility.**

*By signing this form, I acknowledge that I have read and understand all of the Unique Summer Day Camp Policies and Procedures.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



Universal Sports and Academics, Inc. Unique Summer Day Camp 2017
CAMPER HEALTH HISTORY

Child's Name: \_\_\_\_\_

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Emergency Contact
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, Explain: \_\_\_\_\_

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: \_\_\_\_\_

IMMUNIZATION INFORMATION:

For campers who reside within the United States, a United States territory, or the District of Columbia:

OR

For campers who reside outside the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides: \_\_\_\_\_

1. Country in which child resides: \_\_\_\_\_

3. Is this child exempt from any immunizations?
[ ] NO
[ ] YES, List them: \_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Universal Sports and Academics, Inc. Unique Summer Day Camp 2017

**Physician Release Form  
(To be filled out by physician only)**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

The above-referenced child has registered for Unique's summer day camp. The campers will be performing the following activities:

- Running
- Jumping
- Tumbling
- Water play

The child is:

cleared for all activities

restricted from activities as follows:

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Physician Signature \_\_\_\_\_

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

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

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_



**Over the Counter Medications**

We will no longer be administering any medications during camp hours. If your child needs medication please give it to them before or after camp. If they need medication during camp hours parents are advised to come to camp to administer the medication for their child.

**AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY**

I consent that the child named above is able to self-administer the medication listed. I authorize self-administration of the above listed medication for the child named above under the supervision of an authorized staff member. The child named above may self-carry emergency medication if indicated below. **Physicians Authorization Required.**

SELF CARRY EMERGENCY MEDICATION (Check One)

YES             NO             Not emergency medication

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



# Unique Sports Academy Summer Day Camp Emergency Form

## Child's Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

## Alternate Contact

During an emergency if the parents cannot be reached, whom else may we contact?

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

## Persons Authorized to pick up child if parents can not

Please make sure to list ALL individuals who may be picking up your child. They must also have identification with them at the time of pick up. If they are not listed or don't have proper identification, we will be unable to allow your child to leave with them until we are in contact with you.

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

By signing I agree that all persons listed on this form are allowed to sign my child in and out of day camp, and in an emergency situation if I cannot be reached I understand that this form is my written consent.

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