

Unique Sports Academy Summer Day Camp

Summer Specials

Parent Checklist

Everyday Please bring the following:

- Lunch
- Refillable Water Bottle

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, 25
- Sept 1

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.

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

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:

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: _____