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:

- o 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 C	office Road, Waldo	orf, N	1D
Child's First Name: (Nickname)		Last 1	Name:		Date of Birth:		Sex:
Mailing Address:			City:		State:	Z	Zip:
Home Phone: Email Addr		l Addres	ss:				
Mother's Name:			Cell Phone:		Work Phone:		
Father's Name:			Cell Phone:		Work Phone:		
Emergency Contact Information Name:	(Please list so	omeon	e other than paren	t/guardian): Phone:			
Name:				Phone:	Phone:		
permission being necessary.							
Waiver of Liability: I hereby for myself, my children adop Academy, their agents or representat	ives, for any ir	njury or	damages that may be	suffered by me,	my children adopte	ed or o	otherwise, in
connection with my association or en	try in USA Sum	ımer Da	y Camp or other activi	ities sponsored by	y Universal Sports ar	1d Aca	ademics, Inc.
By signing this form, I acknowledge t the information above is true and acc				Camp Waiver of I	Liability and Photo I	Releas	e and that all
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 \$50 for before care \$65 after care and \$80 for before AND after care. Bring a morning and/or afternoon snack and drink. Campers must be dropped off promptly at 6:30am and picked up no later than 6:00pm.

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 Heath 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.

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

2nd 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.

3rd 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. 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

Printed Name

- · 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		



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:
1. Are there any health problems including physical, aware? NO YES, Explain:		or behavioral problems of which we need to be
Are there any medications, dietary restrictions, all your child's camp experience is positive? NO YES, Explain:		
IMMUNIZA	ATION INF	ORMATION:
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:



SPORTS ACADEMY 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 sum following activities: • Running • Jumping • Tumbling • Water play	mer day camp. The campers will be performing the			
The child is: cleared for all activities restricted from activities as follows:				
Physician Signature				
Physician Name				
Address	-			
City, ST, Zip	_			

Self-Administered Medication Consent Form

Completion of the Medication consent form relieves Universal Sports and Academics, Inc. Its agents, employees, or representatives of any responsibility for ill effects resulting from the administration of the medicine.

An adult must bring the medication to the camp and give the medication to an adult staff member. A designated staff member will observe and supervise the camper while medication is being self-administered. The staff member will record the name of medication, dosage, camper name, as well as the date and time. At the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded.

All medications must be in the original pharmacy container with a non-expired, pharmacist-generated label. Campers may only carry labeled albuterol, inhalers, epi pens, or oral glucose on their person during camp if there is a specific physician order that states the medication must be on their person.

If possible, parent will arrange time of dosage to occur before and after camp.

PRESCRIBER'S AUTHORIZATION

TRESCRIBER S ME III	OKIZATION
CHILD'S NAME	DATE OF BIRTH
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED	
MEDICATION NAME	DOSE/ROUTE
SELF CARRY EMERGENCY MEDICATION (Check One) [] YES [] NO [] Not emergency medication	
TIME/FREQUENCY OF ADMINISTRATION	IF PRN, FREQUENCY
IF PRN, FOR WHAT SYMPTOMS	
KNOWN SIDE EFFECTS SPECIFIC TO CHILD	
MEDICATION SHALL BE ADMINISTERED (not to exceed 1 year) FROM: TO:	
PRESCRIBER'S NAME/TITLE	TELEPHONE
ADDRESS	FAX
CITY	STATE/ZIP
PRESCRIBER'S SIGNATURE	DATE
(Parent cannot sign here)	

I further agree to give the USA Day Camp staff permission to contact the prescriber as allowed by HIPAA.

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

DATE _____

PARENT/GUARDIAN'S SIGNATURE _____

Over the Counter Medications

Unique Sports Academy Summer Day Camp Emergency Form

Child's Information

Child's Name:	Birthdate:
Pare	nt/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 ca	nnot be reached, whom else may we contact?
Name:	Number:
Name:	Number:
Name:	Number:
Persons Authorized to pic	ck up child if parents can not
identification with them at the time of p	Is who may be picking up your child. They must also have pick up. If they are not listed or don't have proper identification, believe with them until we are in contact with you.
Name:	Number:
Name:	Number:
Name:	Number:
	s listed on this form are allowed to sign my child in and ency situation if I cannot be reached I understand that
Parent Signature:	Date: