

Chester County Sports Arena

Summer Camp 2017

4533 W. Lincoln Highway
Downingtown, PA 19335
Phone # 610-269-0619
www.chestercountysportsarena.com



Dear Parents,

Welcome to CSSA's 2017 Summer Camp Program!

It is a pleasure to welcome all of you to Chester County Sports Arena's Summer Camp Program. CCSA's Summer Camp provides a program unlike any other! Our Camp offers fun and adventure, gives your child the opportunity to try new and challenging activities, and encourages developing and improving skills. From skating, swimming, rock-climbing and Laser Tag, to water slides, Zip Lining, fishing and hiking we strive to provide a camp experience your child will always remember. At CCSA camp your child will make new friends, learn responsibility, and good sportsmanship.

We are excited for our second year of summer camp. Our goal is to be the **best** in the region with a great support-staff to back it up! Our staff is carefully selected from colleges and educational facilities (many of whom are pursuing a degree in education or related fields) to ensure your child receives the best of care! There will also be C.I.T.'s (Counselors-In-Training) to assist our adult counselors. C.I.T.'s are high school aged individuals who have a strong passion for leadership and enjoy interacting with kids.

We offer Before and After Care at no additional cost for those who need it! You can drop your child off as early as 7:00am and pick up as late as 6:00pm. Camp activities will be held from **8:30am until 4:30pm.**

Curb-side drop off will be available this year. A Counselor will be waiting at the front of the building to check your child in. Pick up will begin outside at 4:30 PM. As a courtesy, we extend camp pick up until 6:00PM, *please do not be late when picking your child up.*

Each day, please send your children with a backpack, towel, bathing suit, spray sunblock, and flip flops or water shoes. They will have the opportunity to participate in our waterslides, kayaking, and other water activities nearly every day!

Our Field trips to local parks and areas for fishing and hiking are a big hit with the children. The trips will never be more than 20 minutes away and **we will always return to the arena by**

3pm. If you need to pick up earlier than that, please send in a note with your child and they will stay back at the arena for that trip.

We ask that your child **does not** bring in any small electronics: iPods, cell phones, game boys etc. These devices cause many disruptions and we cannot be held responsible for lost items.

If you would like to send money for your child for the vending machines you may do so by placing it in envelope with child's name and giving it to the counselors at check in. Please do not put money in back packs as we cannot be held responsible if lost.

If you have not already been given the "camp packet forms," you can pick them up at our office or print them from our website, www.chestercountysportsarena.com, (or e-mail me and I will send everything out to you). These forms must be completed and returned at least TWO WEEKS BEFORE CAMP BEGINS. **Please do not wait until the first day of camp to return the camp forms, as your child will not be able to participate in camp activities until all forms are recorded!** The medical form can be filled out with or without your physician. Please be sure your child understands the "Code of Conduct"!

Theme Day calendars will be at the front desk. Lunch and snacks will be provided to the campers every day. However, if your child chooses to, they can bring their own lunch. **We are a peanut-free camp** so please do not send your child with anything containing peanuts or nuts!

We are extremely happy to have you in our Summer Camp Program! The happiness and safety of your child is our number one priority. If you have any questions or concerns, please feel free to call me at (610)269-0619 or email STolbert@chestercountysportsarena.com.

Sincerely,

Sarah Tolbert
Activities Director



PERSONAL HEALTH FORM

Name _____

D.O.B _____ Age _____ Sex _____

Address _____

City & State _____ Zip _____

Medical Insurance _____

Policy # _____ Please include a copy

IN CASE OF EMERGENCY (If parents cannot be reached)

Name _____

Phone #'s _____

Parent/Guardian Name _____

Relationship _____ Occupation _____

Phone# _____ Ph# _____

Parent/Guardian Name _____

Relationship _____ Occupation _____

Phone# _____ Ph# _____

To the best of my knowledge all information on this statement is accurate. I give the CCSA, in the event of illness or accident, permission to give emergency medical attention without delay.

Signature _____

Date _____

Food Allergy List

Physician's Name _____

Telephone # _____

Address _____

Date of most recent complete physical exam. _____

Are you aware of any current health problems **Circle your answer** Y or N

Is the child now under medical care Y or N

Taking medicine/s Y or N

Allergies Y or N if yes, please list

Other conditions: We do not discriminate

Fainting* Nosebleeds* Deformity*

Hearing impairment Stomach Diabetes

Wears contacts or glasses HIV Ear Infections

Heart problems Back or limbs* Blood Pressure

Kidneys or Urine TB Emotional *

Asthma Skin Problems Hepatitis

Explain Those with an *

List emergency medical contacts if parent is unreachable

1 _____
Name Relationship

Phone _____

2. _____
Name Relationship

Phone _____

Immunizations

If child had disease, put "D" and year, otherwise put date of immunization

Last time given

Tetanus _____

Diphtheria _____

Pertussis _____

Measles _____

Mumps _____

Rubella _____

Polio _____

Chicken Pox _____

List any restrictions or limitations for activities _____

List all medicines and reason for taking

Please attach a note for any medicines you need to be distributed to your child. Giving our staff permission. All meds must be in original package.

Is this child on an Epi Pen _____

Sign here to give the staff permission to administer.

Date: _____

I, _____ will (Print Camper Name)

- Always try to do my best.
- Be kind and respectful to everyone at camp.
- Take care of my things and help to keep camp area clean.
- Not use profanity or say unkind words.
- Remember to be a good sport at all times.
- Have fun but not at the expense of someone else.
- Follow the rules.
- I will not destroy CCSA property (this repair will be the parent/guardian's expense)
- I will stay with my group and not stray.
- I will listen to and obey my counselor
- I will clean up after eating my snack and lunch.
- I will not bring cell phones, electronic games, etc to camp.

I understand that if I am unable to live by Chester County Sports Arena's day camp Code of Conduct, I will not be allowed to attend Camp CCSA. If dismissed from camp due to bad behavior or breaking rules, CCSA is not liable to refund camp fees.

Camper Signature _____

Date _____

Parent's Signature _____

Date _____

FIELD TRIP RELEASE & MARSH CREEK POOL WAIVER

I, _____ (Parent/guardian name) hereby grant my child,
_____ (Child's name) permission to attend Chester County Sports Arena Day Camp
and/or hockey camp, and release the camp manager, camp director, CCSA, JLLAR, Board of Directors, instructors, employees,
owners of any and all liability connected with his/her attendance. I further give my permission for my
child to participate in attending **MARSH CREEK POOL** and other **local field trips to local playgrounds and may be
transported by bus or walking which we also release all directors, employees, instructors and owners of any liability**
connected with his/her attendance. Campers will always return to Arena by 3pm. If you plan on picking up before 3pm
please notify us in writing and we will not allow your child to go on field trip. Child may bring money for concessions while at
Marsh Creek Pool. I have completed the Health Statement/Questionnaire and Code of Conduct to be submitted with this
application.

I DO NOT GIVE CONSENT TO ATTEND MARSH CREEK POOL

Child's Name: _____

D.O.B. _____ Phone Number: _____

Parent's Name: _____

Signature: _____

The following is my consent for _____, I am this child's Mother, Father, Guardian.
(Child's Name) (Please circle one)

WRITTEN CONSENT IS GIVEN FOR THE ABOVE NAMED CHILD

Please check those items for which you give consent:
() EMERGENCY MEDICAL CARE
() EMERGENCY TRANSPORTATION
() FIRST AID CARE
() LOCAL FIELD TRIP & Pool
LIST FOOD ALLERGY

Parental Permission

I, *hereby grant my child permission* to attend Chester County Sports Arena Camp, and release the camp manager, camp director, CCSA (JLLAR) Board of Directors, instructors, employees, owners and all legal entities of any and all liability connected to his/her attendance.

I have completed the health statement/questionnaire and code of conduct to be submitted with this application. **I further give my permission for my child to participate in local field trip activities away from CCSA, including transportation by camp staff to and from sites as well as walking tours.** Campers will always return by 3pm. CCSA staff may walk children to other destinations in the surrounding area for hiking, fishing, etc. _____initial

List of those with my permission to pick up my child at dismissal or otherwise stated by me at drop off.

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Please note if you do not tell us in the morning at drop off someone else is picking up we will have that person wait while we check.

WAIVER OF LIABILITY AND ACKNOWLEDGEMENT

I hereby acknowledge that the information provided in the enrollment application and forms are complete and accurate to the best of my knowledge:

I furthermore give my consent for the items checked; and I understand that any necessary medical treatment will be my responsibility.

I acknowledge that participation in any sport or camp activity can result in Injury.

I agree The Chester County Sports Arena, JLLAR, and its employees, directors, owners and all legal entities are not to be held responsible for any injuries suffered while participating in any event held while attending CCSA Summer Camp Program. _____initial

SUNSCREEN APPLICATION (Please check one)

- I give my permission for a counselor to apply sunscreen.
- My child will apply sunscreen without help from a counselor

WE ARE A PEANUT FREE CAMP

Please do not send your children in with any type of peanut product. That would include sandwiches, candy, crackers and so forth.

With our experience we have found this is necessary since so many children have a peanut/nut allergy.

PLEASE NOTE THAT WE HAVE A PROCESS FOR PHONE RELEASE OF YOUR CHILD TO AN INDIVIDUAL AND ASK FOR YOUR PATIENCE WHILE WE FOLLOW OUR PROCEDURES.

Permission of Epi-Pen use and administering

- I give my permission for camp counselor to administer my child's Epi-Pen/Epi-Pen Jr.
My son/daughter: _____ is capable of administering the Epi without assistance.

_____ will require the assistance of an adult to administer the Epi.

Please describe child's allergy reaction and severity when food is ingested, contact is made, etc.

Symptoms of the reaction include: _____

Permission to use inhaler

My son/ has to keep his/her inhaler with him/her during all activity.

My son/daughter will bring with him/her an inhaler

By registering your child for Chester County Sports Arena's summer camp you give us the permission to use your child's photo for marketing purposes. During the camp season, staff members and/or professional photographers may take photos in which we will use for the above stated purpose. Parents/guardians who wish to refuse the use of these photos related to your child may do so with a written request sent prior to start of camp with a current photo of child attached.

By signing this form, you are acknowledging that you read and agree to all the terms and conditions.

Signature: _____ Date: _____
Print Name: _____ 2017 Summer Camp