

# Chester County Sports Arena Summer Camp 2019

4533 W. Lincoln Highway  
Downingtown, PA 19335  
Phone # 610-269-0619 ext. 2  
[www.chestercountysportsarena.com](http://www.chestercountysportsarena.com)



Dear Parents,

We have yet another exciting week of Summer Camp planned for your kiddos! 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.

We are excited for our fourth 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.

**Curb-side drop off and pick up will be available this year again.** A Counselor will be waiting at the front of the building to check your child in from 7:00 AM until 8:30 AM. *\*If there is an outstanding balance on your account, your child(ren) will not be admitted to attend camp until the balance is paid or you have spoken to the director or admin.* Curbside pickup will begin outside at 4:30 PM until 6:00 PM. You don't even need to park, just pull up to counselor! If you're new to picking up, please have valid ID ready. During aftercare, the checkout counselor will call your child over the loud speaker to get their things and your child will come to the front. Please be patient at this time, it may take your child a few minutes to gather their belongings. As a courtesy, we extend camp pick up until 6:00PM, *please do not be late when picking your child up. After the 2<sup>nd</sup> late pick-up we will charge a late fee.*

Each day, please send your children with a backpack, water bottle, towel, bathing suit, spray sunblock, bug spray and flip flops or water shoes. Your child will have the opportunity to participate in our swimming pool, kayaking, and other water activities nearly every day! Swimming instruction will be available. Please be sure to pack a water bottle. Water breaks are taken very often. We have found kids are likely to drink more when they have their own water bottle. To help minimize the size of our Lost & Found Table, please write your child's name on ALL of their belongings. (Water bottle, Towel, Sunscreen, Clothes, etc.) If your child has left something behind, please check our lost & found area in front of building.

Camp activities will be held from **8:30am until 4:30pm**. Please arrive no later than 9am. Arriving later will cause campers to miss important information for the day.

**Daily Schedule** – After “Squading Up” each morning, each squad will go to their own area to start their daily activities and will rotate every 30-60 minutes depending on activity. We will designate more time in the schedule for activities that require more time. Counselors will facilitate an organized game, sporting activity, art activity etc. throughout day. Please reference our theme calendar posted online for special guests and other events!

Morning Snack will begin at 9:30am for our younger squads (PK, K, 1<sup>st</sup>, 2<sup>nd</sup> graders) and continue until 10:30am until all squads have gone. Snack will consist of cereal or Nutrigrain bars. If your child does not like the option, please plan on packing a snack for them. Lunch orders will be taken at this time.

Lunches can begin as early at 11:30am for younger squads (PK, K, 1<sup>st</sup>, 2<sup>nd</sup> graders). Last lunch will begin at 12:30pm. If you have a picky eater, please plan on packing. We are peanut free, so plan accordingly. If your child does not like lunch/snack of the day or is often hungry, you may provide extra food for them. We do provide fridges but cannot heat or cook food.

Free time will take place most days from 1:30-3:00pm. Campers have the option to choose their activity! This gives them the chance to break free from their squad and interact with other campers. Activities can range from Scavenger hunts, water slides, roller skating, mini golf, man hunt, capture the flag, arts & crafts and more!

Afternoon Snack will begin after free time at 3pm and last until 4pm. Afternoon snack will consist of fruit snacks, soft pretzels, water ice trucks, gold fish, Chex mix, popsicles and more!

During Before and Aftercare we offer unstructured supervised play time for campers. They are able to engage in games, watch a movie, play board games or enjoy quiet time.

Field trips to local parks and areas for fishing and hiking are a big hit with the children. You must complete the waiver in order to allow them to attend trips. **We will always return to the arena by 3pm**. If you need to pick up earlier than that, your child will not be permitted to attend trip. Local “Specialty” field trips will be posted on theme calendar. You **MUST** sign up and make payment in advance via our website. Spots will be limited! There will be no refunds, credits, or substitutions on field trips. When checking in your child at drop off, please make the counselor aware that your child is attending trip for that day.

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/stolen/damaged items. If you need to contact them, call Marisa at ext. 2 and we will locate them and call you back.

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. Money will be given out at Lunch time and use only during lunch and free time. Campers have freedom to pick what they want, we **CANNOT** monitor the spending habits of each camper. If you are uncomfortable with this, **DO NOT** send your child with money. 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](http://www.chestercountysportsarena.com). **ALL THREE 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”! These can be scanned and emailed directly to Marisa @ [miscott@chestercountysportsarena.com](mailto:miscott@chestercountysportsarena.com)

There will be a weekly email sent out on the Friday prior to camp starting on Monday. It is very important your email is legible on registration. If your child is not registered by noon the Friday before camp starts, you will not receive the email. The email will consist of everything included in this welcome packet, theme day calendar, potential days for kayaking, lunch menu and reminders. Please join our group text program for our most recent updates and reminders. **Text @ccsasummer to 81010 to register.**

Make sure you follow us on  & Instagram

**Pictures and videos are posted daily.**

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 ext. 2 or email [tfilgate@chestercountysportsarena.com](mailto:tfilgate@chestercountysportsarena.com)

Sincerely,

*Tom Filgate*

Program 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 \_\_\_\_\_

Relationship to child \_\_\_\_\_

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**  
 Is the child now under medical care                      Y or N  
 Taking medicine/s    Y or N if yes, please list  
 Allergies    Y or N if yes, please list

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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 \*. **Also, if your child(ren) have an IEP or 504, please let us know so we can try our best to accommodate their needs.**

\_\_\_\_\_

\_\_\_\_\_

**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 (including epi-pen)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A separate form to give us permission to administer medicine must be filled out. All meds must be in original package. Please call or come in to the facility to get this form.

All medicines will be kept in a lockbox in the camp office and will be administered by the camp director or camp administrator only.

List emergency medical contacts if parent is unreachable

1. \_\_\_\_\_

Name    Relationship

Phone \_\_\_\_\_

2. \_\_\_\_\_

Name    Relationship

Phone \_\_\_\_\_

# CODE OF CONDUCT

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**. All incidents will be documented. First incident will be warning, the second incident of the same manner, the camper will be sent home and possibly suspended for one day. The third incident of the same manner, the camper may be asked to not return to camp. CCSA retains the rights to send a child home or dismiss a child without warning using our own discretion.

Camper Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

## FIELD TRIP RELEASE & POOL WAIVER

I, \_\_\_\_\_ (Parent/guardian name) hereby grant my child,

\_\_\_\_\_ (Child's name) permission to attend Chester County Sports Arena Day Camp

and release the camp manager, camp director, CCSA, JLLAR, Board of Directors, instructors, employees,

and owners of any and all liability connected with his/her attendance. I further give my permission for my child to participate in

**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. I have

completed the Health Statement/Questionnaire and

Code of Conduct to be submitted with this application.

I GIVE CONSENT TO ATTEND LOCAL FIELD TRIPS

I DO NOT GIVE CONSENT TO LOCAL FIELD TRIPS

I GIVE CONSENT FOR POOL USAGE

I DO NOT GIVE CONSENT FOR POOL USAGE

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

D.O.B. \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent's 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  
\_\_\_\_\_

**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

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.

**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.

**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.**

**Thank you!**

**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 and inhaler 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 in rare case he/she may need to use it.

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

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

Print Name: \_\_\_\_\_ 2019 Summer Camp

# COURSE RULES FOR YOUR SAFETY AND COMFORT

All participants will be subject to a briefing process where you will learn how to handle the safety equipment and practice procedures. This is the time where you will work closely with an experienced operator before independently taking on the challenge course with a qualified facilitator monitoring you. All individual equipment necessary to participate in the aerial activity will be provided.

- Always have safety on your mind throughout the course. Be alert and aware of the course always.
- ALL participants MUST sign a waiver before entering the course. Minors (under age 18) will need an adult to sign their waiver.
- No customer is permitted to go on a course that has not been fully opened and inspected.
- We are not responsible for any lost or damage items that are brought onto the course.
- Please always follow the instructions of our course guide.
- Do not start on the obstacle course without being cleared to go by a guide first.
- There will be two safety clips that will attach to the course. One clip MUST be attached at ALL times.
- Participants must be at least 48 inches tall to participate in the course. Participants that are 40-47 inches must be accompanied by an adult.
- Participants with casts are NOT permitted on the course.
- No crocs, sandals, or any open-toed shoes are permitted.
- There will be no horse play on the course.
- Only one participant may cross the obstacle course at a time. Please wait until a participant reaches the end of the obstacle before you start.
- Each participant will be trained on course etiquette before they ascend onto the course. All guests must participate in the safety briefing to ensure their safe passage through the course; and are encouraged to read any instructional signs before participating in a challenge.
- Chester County Sports Arena's personnel will always be present to assist guests and intervene if a problem occurs. If a guest requires a rescue from the course, he/she will not be allowed to continue.
- Chester County Sports Arena will not accept or hold onto personal belongings. It is recommended that guests leave their things inside their cars before entering the course.
- Please empty all pockets before entering the course.
- The weight capacity for safety harnesses is 250 lbs.
- If you have any pre-existing medical conditions, please speak with our management prior to ticket purchase.
- Cell phone use is not permitted while on the course. Smoking is not permitted at any time.
- Due to risk involved, pregnant women are NOT allowed to participate.
- No strollers or wheelchairs permitted on the course.
- Guides reserve the right to remove any guest that they believe to pose a risk for themselves or other participants. Failure to follow instructions may occur severe injuries or conduct to expulsion of Chester County Sports Arena.
- Guides have the right to refuse admittance to participants who they believe have health or physical conditions that make it unsafe for them to participate on the course.
- Participants may not enter the course if under the influence of alcohol or any controlled substance.
- We recommend leaving all personal items in your car or at home. Chester County Sports Arena cannot hold any personal items in the office other than car keys.

# MEDICAL CONCERNS

Participants must be reasonably fit and should be able to walk unassisted upstairs. They may be required upon occasion to pull themselves along a stretch of cable if they should lose momentum before reaching any given landing platform (guides may assist with this process). The guided tour is designed for use by participants of at least average mobility and strength who are in reasonably good health. Obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, arthritis, tendonitis, and other joint and muscular-skeletal problems as well as some psychological and psychiatric problems, may increase the risks of the experience and cause the Participant to be a danger to him/herself or others. If you are uncertain as to whether you are fit enough to participate, you should consult your doctor before doing so.

# OTHER RISKS

Serious injuries are uncommon at Chester County Sports Arena, but the risk of injury certainly exists, by reason of falls, contact with other participants and fixed objects, moving about the grounds on which the activities are initiated and conducted, and otherwise. Several risks are inherent to the activities. These are risks that cannot be eliminated without changing the essential nature and educational and other values of the activities. The emotional risks range from simple hurt feelings to panic and psychological trauma (fear of heights, for example). The physical risks range from small scrapes and bruises, to bites, stings, skin rashes, broken bones, sprains, neurological damage, and in extraordinary cases, even death. The property on which the tour is located includes uneven, rocky and wooded terrain, animal's holes, and hold potentially harmful plants and animals, including snakes and other creatures which may bite or sting. Injuries may be a natural consequence of the activity undertaken, a consequence of structural design or failure, as a result of environmental hazards (including terrain and weather), a result of errors in judgment or other negligence of staff or participants or otherwise; and may occur despite the reasonable efforts of staff to prevent them. In all such cases, these inherent risks, and other risks which may not be inherent, MUST be accepted by those who choose to participate.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

I give permission for my son/daughter to participate in the high ropes course.

Minor's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_