

Marple Sports Arena

611 South Parkway
Broomall, PA 19008

Phone # 610-338-0111 Fax #610-541-0621

WWW.MSAKIDS.COM

SUMMER CAMP 2017

Dear Parents,

We are excited to welcome you to MSA's 2017 Summer Camp Program!

Marple Sports Arena Summer Camp provides a program unlike any other! MSA 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 to Laser Tag, water slides, Zip Lining, fishing and hiking we strive to provide a camp experience your child will always remember. At MSA camp your child will make new friends, learn responsibility, and good sportsmanship and have a summer camp experience he/she will never forget. We have been going strong for thirteen years and hope to continue for many more.

We are proud that our facility is the best in the region with a great support-staff to back it up! Our staff is carefully selected from colleges and educational facilities to ensure your child receives the best of care. This summer we welcome back Ms Kelly Vidovich as Camp Director. Kelly is a great asset to the summer camp and child care programs here at MSA and has been with us for many years. Kelly graduated from East Stroudsburg University with a degree in Health & Physical Education.

Kelly will be assisted by Mr. Ryan Matthews (our youth sports director) and Ms. Lauren Cortese who has been a teacher for many years.

Please send your children with a backpack, towel, bathing suit, spray sunblock, and flip flops or water shoes as they will have the opportunity to go to the pool and enjoy our Waterslides on nice days.

Field trips to local parks and areas for fishing and hiking are always a big hit with the children. We will be adding various field trips to the schedule. We will always return to the arena by 3pm. If you have a need to pick up earlier than that please send in a note with your child to be excluded from the field trips.

We ask that your child does not bring in any small electronics: iPods, cell phones, game boys or the like. These devises have caused many disruptions in previous years and we cannot be held responsible for lost items.

If you want your child to have the opportunity to play in our arcade or buy anything from the vending machines you may send them with money, however, we cannot be responsible for any lost money. (You can put their money in an envelope with their name on it and leave it with the front office or their camp counselor)

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.marplesportsarena.com (or e-mail me and I will send everything out to you). These forms must be completed and returned by May 15th. Please do not wait until the first day of camp to return the camp forms as your child may not be able to participate until the paperwork is received. **The medical form can be filled out with or without your physician. Please be sure your child understands the "Code of Conduct"!**

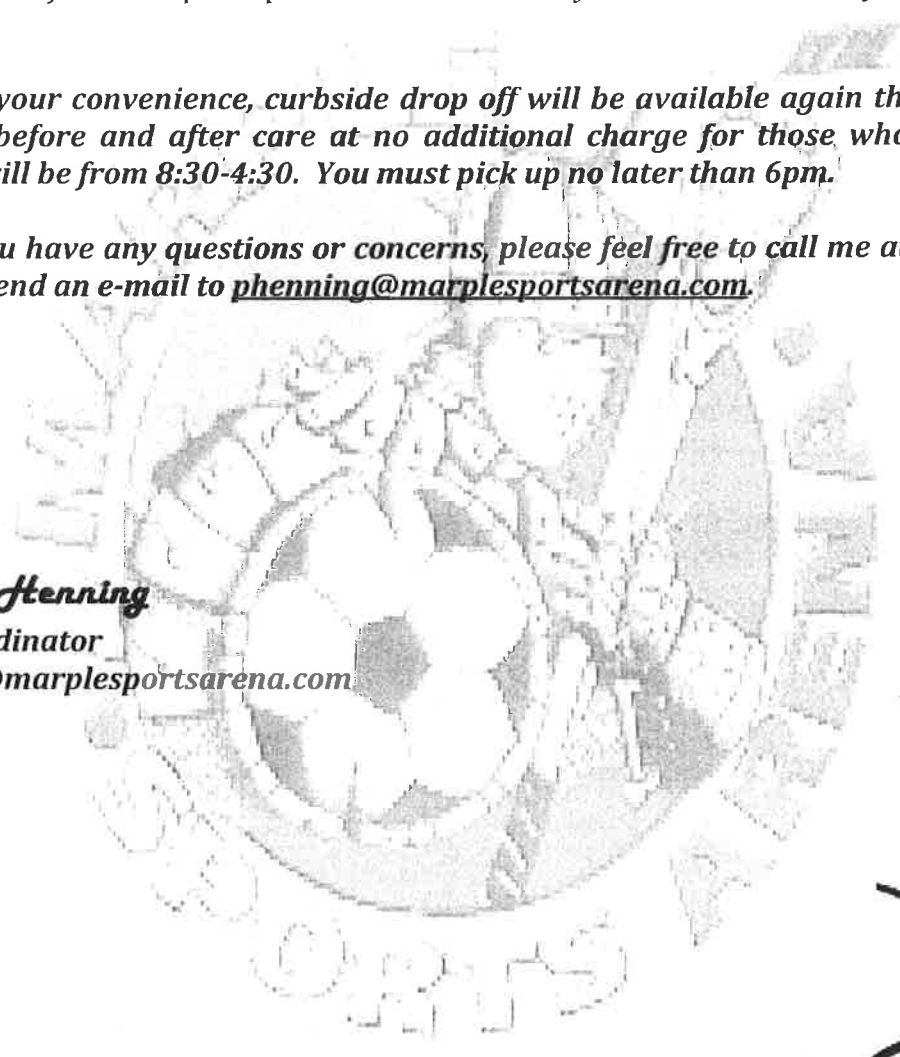
Theme Day calendars will be at the front desk. Lunches are included and children will have two choices on most days. (Friday is BarBQ Day) They will pick their lunches with their counselors each day. Morning and afternoon snacks are also provided. We are a peanut/nut-free camp so please do not send your child with anything containing peanuts!

For your convenience, curbside drop off will be available again this summer. We also offer before and after care at no additional charge for those who need it. Camp activities will be from 8:30-4:30. You must pick up no later than 6pm.

If you have any questions or concerns, please feel free to call me at 610-338-0111, ext. #1 or send an e-mail to phenning@marplesportsarena.com.

Sincerely,

Patricia Henning
Camp Coordinator
phenning@marplesportsarena.com



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 MSA in the event of illness or accident to give emergency medical attention without delay.

Signature _____

Date _____

Food Allergy List

Physician's Name _____

Telephone # _____

Address _____

Date of most recent complete physical exam _____

Circle your answer

Are you aware of any current health problems 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: _____

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
 () SWIMMING & FIELD TRIPS
 LIST FOOD ALLERGY

Parental Permission

I, *herely grant my child permission* to attend Marple Sports Arena Camp, and release the camp manager, camp director, MSA Board of Directors, instructors, employees, owners and all legal entities of any and all liability connected to his/her attendance. MSA may also take my child to the Drexel swim club, which we also release all directors, employees, owners and all legal entities of any liability connected with 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 MSA, including transportation by camp staff to and from sites as well as walking tours.** Campers will always return by 3pm. MSA staff may walk children to swim club and other destinations in the surrounding area.

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: _____

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 Marple Sports Arena and its employees, directors, staff, owners and all legal entities are not to be held responsible for any injuries suffered while participating in any event held at the arena.

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!

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

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.

By registering your child for Marple 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

Summer 2017 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 MSA 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 Marple Sports Arena's day camp Code of Conduct, I will not be allowed to attend Camp MSA. If dismissed from camp due to bad behavior or breaking rules, MSA is not liable to refund camp fees.

Camper Signature _____

Date _____

Parent's Signature _____

Date _____

Field Trip, Swim Club Release

Parental Permission

I, _____ (Parent/guardian name)
hereby grant my child, _____ (Child's name)
permission to attend Marple Sports Arena Day Camp and/or hockey camp,
and release the camp manager, camp director, MSA Board of Directors,
instructors, employees, owners and all legal entities of any and all liability
connected with his/her attendance. **MSA may also take my child to the Drexel
swim Club** which we also release all directors, employees, owners and all legal ent
of any liability connected with 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 field trip activities away from MSA (local fishing, hiking, playgrounds etc),
including transportation by camp staff to and from field sites. 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.

MSA staff may walk child/ren to swim club.

Child's Name: _____

D.O.B. _____ Phone Number: _____

Parent's Name: _____

Signature: _____

DREXEL SWIM CLUB, INC.
Medical Treatment and Waiver Form

NOTE: The Summer Camp Provider is responsible for making certain that every camp participant (Camper and Chaperon) completes this form. Campers and their Chaperons will not be admitted without this form on file at the pool office. **NO EXCEPTIONS!**

Name: _____ Date of Birth: _____

Medical Treatment Authorization:

All minor injuries will be treated at the discretion of the Manager and Certified Lifeguards on staff. In case of emergency, the staff will call 9-1-1 for medical assistance, and all expenses will be the parent's sole responsibility. I hereby authorize my child to be treated by Certified Lifeguards and/or Certified Emergency Personnel (i.e. EMT, First Responder, or ER/ED Physician).

Family Physician: _____ Phone: _____

Health Insurance: _____ Group or ID #: _____

In case of emergency contact:

Name	Phone	Relationship to Camper

Name	Phone	Relationship to Camper

Please list any allergies/medical problems, including those requiring maintenance medications (i.e. Diabetic, Asthma, and Seizure Disorder). The purpose of the listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Waiver:

I hereby waive and release Drexel Swim Club, Inc. and its officers, directors, agents, representatives, employees, successors or assigns from any and all liability for any accident, injury, death, loss, theft, damage to person or property arising or resulting from the use of Drexel Swim Club facilities and expressly agree to release and discharge Drexel Swim Club, Inc. and its officers, directors, agents, representatives, employees, successors or assigns from any and all claims and causes of action. This waiver and release of liabilities is without limitation and covers all injuries that may occur, regardless of negligence, as a result of the use of any and all Drexel Swim Club pools, equipment and facilities, including adjacent sidewalks and parking areas.

Mr./Mrs./Ms. _____ Date: _____
If under age 18, Authorized Parent/Guardian Signature