



# Marple Sports Arena

611 South Parkway

Broomall, PA 19008

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

[www.marplesportsarena.com](http://www.marplesportsarena.com)

## SUMMER CAMP 2018

*Dear Parents,*

*We are excited to welcome you to MSA's 2018 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 gaga, 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 fourteen 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 Mr. Ryan Matthews and Mr. Joe Logan as Camp Directors along with Ms Shannon McGurk as assistant director.*

*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. A small can of bug spray should also be kept in back pack if your child will be going on hiking and fishing trips.*

*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. Please register early as there is limited space. **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. We also do not monitor what they purchase. (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](http://www.marplesportsarena.com) (or e-mail me and I will send everything out to you). **These forms must be completed and returned by May 15<sup>th</sup>.** 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 and 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. 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!***

*In order to stay informed and to receive important information, please join our camp mass communication text message system. Just text 81010 "@msacamp". For your convenience, curbside pickup and drop off will be available again this summer. We also offer before and after care (7am-8:30am & 4:30-6pm) 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.*

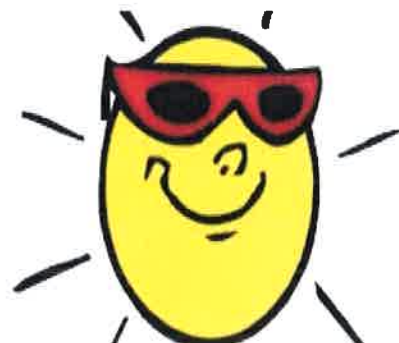
*If you have any questions or concerns, please feel free to call me at 610-338-0111, ext. #1 or send an e-mail to [patty@marplesportsarena.com](mailto:patty@marplesportsarena.com).*

*Sincerely,*

*Patricia Henning*

*Camp Coordinator*

*[phenning@marplesportsarena.com](mailto: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

- Please Initial agreement to the following terms:
- Camp fees must be paid in advance.
  - \$25 fee for registering day of
  - \$25 fee if paperwork is not submitted in advance
  - Daily Rate-Days must be picked week prior
  - No credit for missed days.
  - Activities subject to availability
- If you switch days it must be done at least week prior. Initial \_\_\_\_\_

**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.

*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.

**Parental Permission**

I, *hereby 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.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ 2018 Summer Camp

# Summer 2018 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 \_\_\_\_\_

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

Date \_\_\_\_\_

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 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 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

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

# Camp Registration

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender  M  F Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Food Allergies \_\_\_\_\_ Child is living with:  
 Mother  Father  Both  Guardian

Parent/Guardian #1

Parent/Guardian #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email : \_\_\_\_\_

Email : \_\_\_\_\_

## Early Discounts

Must be paid in full at time of registration

Register by February 1, 2018

\$45 off per week

Register by March 1, 2018

\$30 off per week

Register by April 1, 2018

\$20 off per week

## Multiple Child Discounts

Receive an additional \$25 off the original price for each additional child .

## Extra Discounts

Pay by cash or check and get \$5 per week.

5% off total cost for 8 weeks or more.

## Daily Rate- \$65 per day

\*Must choose days a week in advance

\* Must purchase a minimum of 10 days and 5 day blocks thereafter.

## Payment Information

\$280/ week before discounts

*\$25 registration fee for all NEW campers*

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expires: \_\_\_\_\_ Security Code: \_\_\_\_\_

ALL FEES ARE NON-REFUNDABLE

## Camp Weeks

### Check Box of Week(s) Attending

June 11-15

July 23-27

June 18-22

July 30- Aug 3

June 25-29

Aug 6-10

July 2-6\*

Aug 13-17

July 9-13

Aug 20-24

July 16-20

Aug 27-31

\* Closed July 4th\*