

**Sport Fit Camp Parents & Guardians,**

Welcome to Camp Sport Fit & Camp Sport Fit Jr. Summer 2018! We are looking forward to a fantastic summer with you and your child. The time that your child spends with us is sure to be filled with fun and adventure! Our mission is and always will be to provide programs for children that ensure safety, encourages growth and individuality, and supports health from the inside out. This welcome packet will fill you in on our policies and let you know what your child will need to bring to camp.

Please fill out and return the follow forms PRIOR TO the first day of camp. Otherwise it will delay your drop off on the first day. The Sport Fit front desk staff or myself, Katie Fisher, Program Director can collect completed packets.

1. Camper Health History Form
2. Camper "About Me" Form
3. Authorization Forms (general liability waiver, pick-up, photo release, emergency transportation, pool, and sunscreen application)

I am excited to welcome your child to Camp Sport Fit & Camp Sport Fit Jr. Summer 2018! If you have any questions or concerns, please contact me at 301-262-4553 or [Katie@SportFitClubs.com](mailto:Katie@SportFitClubs.com)

**Sincerely,**

**Katie Fisher**  
**Program Director**  
**Sport Fit Bowie**

## What to Bring

**Please make sure that ALL of your child's belongings are labeled.**

**Backpack:** Please pack your child's belongings in a backpack or duffle bag to ensure all their belongings are in one place and can be easily carried.

**Lunch:** Please put in a lunch box or bag. We do not have access to refrigerators or microwaves. Be sure to include a bottle of water. We do provide ice-cold water throughout the day, but the children will be allowed to carry their own water bottle with them.

**Snack:** In addition to lunch, please pack enough food for two snacks, a morning and afternoon snack. Once again no refrigerator or microwave is available so provide snacks that can be eaten as-is.

**Clothing:** Please have your child dress in lightweight, breathable, weather appropriate clothing and tennis or running shoes. We do a lot of running, playing and walking outside so this is both a safety and comfort precaution. Please also pack a spare set of clothes in the event of a spill or accident.

*Camp Jr.* If your child is not potty trained, please pack plenty of diapers and wipes.

**Swimsuit & Towel:** Children may wear their swimsuits under clothes each day for a quicker pool-time change if desired. Goggles and swim shoes are allowed. Please remember to label everything. Pool toys are not allowed.

*Camp Jr.* If your child is not potty trained, please send your child with a swim diaper and a snug fitting plastic diaper cover every day.

**Sunscreen:** Please have your child apply sunscreen before they are dropped off at camp. We will re-apply before and after pool time. Please label the sunscreen you send in for your child's use.

**Electronics:** Game systems, i-pads, i-pods, and other electronic devices are not allowed at Camp Sport Fit to ensure we have a traditional, unplugged, old fashioned camp experience. Children are allowed to have cell phones but should only be used in event of emergency OR to get important messages to/from a parent or caregiver.

**Nap/Rest Time Camp Jr.:** Please provide a blanket and pillow. Napping is optional (notate in camper "about me" form. If your child does not nap there will be a short, 20 minute, rest time. We are quite active during the day and find children do best after a short rejuvenating rest.

## Where to Go

### **Camp Sport Fit (ages 5-12) and Camp Sport Fit Jr. (ages 2-4)**

Drop off and pick up will take place at the red brick house on the right hand side just after the main Sport Fit building. Please PARK to drop off your child(ren). Camp counselors will be sitting outside at a table ready to greet you and your child and get them signed in for the day. Camp Sport Fit Jr. children will be walked over to the main building, Bright Beginnings Toddler Room where their program will be run from.

If you have not completed advance registration/pre-payment please see the front desk PRIOR to checking in at the red brick house. No children will be accepted without registration and payment completed prior.

## Camp Hours

**Drop off:** 9:00am    **Pick up:** 4:00pm

**Before/Aftercare:** 7:30am-6:00pm for \$65/weekly \*advance registration required\*

**Late Pick-ups:** We have a 10 minute grace period at the end of the day as we understand there are times of unavoidable traffic or other delays. Please be considerate of this courtesy. If a child is picked up later than 4:10pm (regular camp time) or 6:10pm (if enrolled in aftercare), there is a fee of \$1 per minute per child payable at pick-up, in cash.

## Swimming

Whether your child is timid in the water or a strong swimmer, he or she can enjoy pool time. We swim every afternoon at camp. Each child will be required to perform a swim test evaluated by a lifeguard here at Sport Fit. They will be given a colored wristband which will indicate their swimming ability and where in the pool they will be allowed to swim/play. In addition to being fully staffed with lifeguards we will also have camp counselors both in the water with the kids as well as on the deck of the pool watching and monitoring pool safety.

*Camp Jr.:* Our 2-4 year olds will be required to stay in the shallow part of the beach-entrance pool

## Health/Medication

Please let us know of any allergies or special needs prior to camp. Your child's safety and well-being is our first priority. If we need to plan or discuss a health and wellness plan for your child prior to camp, please contact Katie as soon as possible at 301-262-4553 or [Katie@sportfitclubs.com](mailto:Katie@sportfitclubs.com).

Submit any prescription drugs (with medication form signed by your child's doctor) including inhalers to Katie Fisher, Camp Director. Medication must be in the original prescription bottle. Keep in mind, we are a self-administering camp which means children must know how to administer their own medications. If you have any questions, please contact Katie.

All counselors are required to be First Aid/CPR certified. We have a physician on-call to help with any emergency consultations that may be needed during during camp hours. The Sport Fit Summer Camp Overall Health Plan is available upon request.

**Let's have a blast this summer!**



Camper "About Me" Form

Camper Name: \_\_\_\_\_ Camper DOB/AGE: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

\*Circle One\*

Camp Sport Fit (ages 5-12) Monday-Friday, Full Day

Camp Sport Fit Jr. (ages 2-4) Monday-Friday, Full Day

Camp Sport Fit Jr. (ages 2-4) M, W, F, Full Day

Camp Sport Fit Jr. (ages 2-4) M, W, F, Half Day

Would you like your child to nap (Camp Jr. Full Day ONLY) \*Circle One\* YES NO

Are you registered/utilizing before/aftercare: YES- Before Care YES- After Care Yes- BOTH NONE

Allergies/Health Concerns/Physical Restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything you'd like us to know about your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What can we do to ensure your child has a positive experience at camp? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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

The following information is required for a camper to be admitted to Camp Sport Fit/Camp Sport Fit Jr.

**CAMPER IMMUNIZATION INFORMATION**

All campers must be current on all immunizations (see www.edcp.org)

1. Please provide month, day, and year of camper's last tetanus (or DTP) shot: \_\_\_\_\_

2. Is the camper exempt from any immunizations on medical or religious grounds? \*CIRCLE ONE\*

**Yes.** Signed copy of the Maryland Dept of Health & Mental Hygiene Immunization Certificate from either a licensed physician, indicating the immunization is medically contraindicated, or the parent or guardian indicating the object to immunizations for religious reasons.

**No.**

Contact Information

Name of Parent(s) or Legal Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Information:** Please provide information on any medical conditions, psychological conditions, behavioral conditions, medications (we cannot administer any medications to campers), dietary restrictions & allergies (we will provide a snack), or special needs we need to be aware of to ensure your child's safety: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

100 Whitemarsh Park Drive Bowie, MD 20715 • 301-262-4553 • katie@sportfitclubs.com

[sportfitclubs.com/bowie/](http://sportfitclubs.com/bowie/)



**Pick-Up Authorization & Waiver Form**

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

Please list each person who is permitted to pick up your child from Sport Fit Summer Camp without you needing to be contacted. Individuals will be asked to present a photo ID at time of pick-up.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Assumption of Risks and Waiver of All Claims and Liability**

In consideration of the opportunity to attend and participate in the following special Sport Fit Bowie activity, described as follows: Summer Camp

I hereby, for myself, heirs and executors waive and release any and all rights and claims for any losses or damages against any Sport Fit facility, employee, agent, representative, successor, and assign for any and all injuries which may be suffered in all association with participation in this program, assuming all risks, known and unknown. Your signature verifies that you have read and agree to the terms of this waiver as stated above. If the participant is under the age of 18, participation will not be allowed without the signature of parent/legal guardian.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Swimming**

As the parent/legal guardian of \_\_\_\_\_ (child's name), I give my child permission to participate in swimming on a daily basis.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Transportation**

In the case of an emergency in which children need to be immediately transported from Sport Fit Bowie, I give Sport Fit counselors permission to use their own vehicles to transport my child to a safe place off site. I understand that the staff will notify me via telephone to let me know where to meet my child.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

100 Whitmarsh Park Drive Bowie, MD 20715 • 301-262-4553 • [katie@sportfitclubs.com](mailto:katie@sportfitclubs.com)

[sportfitclubs.com/bowie/](http://sportfitclubs.com/bowie/)



**Release for Photo & Transcript Use**

I understand that photo, video, or audiotape or other image taken, captured or recorded of me may be used for promotional purposes and I hereby release Sport Fit (Laurel Racquet, Laurel Swim, Bowie and Severna Park) from any and all claims and demands whatsoever arising out of or connected with the said photo, video, audiotape or other image in consideration for value received. Furthermore, I agree that once taken or recorded, the photo, video, audiotape, or other image of me becomes the exclusive property of Sport Fit and their successors in business. I hereby irrevocably consent to and authorize the use and reproduction of my image by Sport Fit without further compensation to me. If the person signing is under 18 years of age consent shall be given by a parent/guardian.

I hereby certify that I am the parent/legal guardian of: \_\_\_\_\_

the model named above, and for the value received, I do give my consent without reservations to the foregoing on behalf of him or her or them.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Sunscreen Authorization Form**

"The office of Environmental Health and Food Protection no longer considers sunscreen a medication requiring a prescriptive order" -Maryland Dept of Health & Mental Hygeine

Please apply sunscreen to your child before arriving at camp. With your permission, we can help him/her re-apply throughout the day. We will have a "sunscreen application break" mid morning as well as before/after pool time in the afternoon. Please remember to pack a bottle of sunscreen daily. Please teach your child how to apply sunscreen correctly and discuss the importance of applying sunscreen.

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

As the parent or guardian of the above child, I give permission for the staff at Sport Fit summer camp to apply a sunscreen product on my child, as specified below, when he/she will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, bare shoulders, arms and legs. Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

Staff may use the sunscreen that I am providing with this form: Brand\_\_\_\_\_ SPF: \_\_\_\_\_

In the event that my provided sunscreen is not available, I give permission to use any available sunscreen.

Please do not apply sunscreen to the following areas of my child's body: \_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_