

U.S.M.A.A. SUMMER CAMP 2012

3430 Oak Road
Vineland, NJ 08361
Phone: 856-794-8877
Hours: 7:30am-5:30pm (Mon-Fri)
Dates: Mon 6/18-Fri 8/31

CLOSED WEEK OF MONDAY JULY 2nd THRU FRIDAY JULY 6th

Camp tuition U.S.M.A.A. Members: \$25/Non-Members:\$30(per day)

If registered after May 31st Members:\$30/Non-Members: \$35 (per day)

Minimum Attendance required: 3 Days per week 3 Weeks

U.S. Martial Arts Academy is proud to announce our **20ft by 40ft swimming pool/lazy river** for summer camp and our new members. It is U.S. Martial Arts Academy's goal to provide our kids with the most active, fun and safe summer camp. In order to do this we kindly ask our parents to please follow the following procedures regarding our camp.

*A **non-refundable** \$45 registration fee with **completed** paper work must be turned in by **May 31, 2012** in order to insure registration. *After May 31, 2012 a fee of \$5.00 will be added.*

***Payment must be made prior to week of attendance** (First day of each week) ***Example: Camper attends Monday through Friday; payment must be made on Monday for that week. If Tuesday is their first day then payment must be made on Tuesday of that week. There will be a \$5.00 late fee for each day payment is late.

***There will be a \$1.00 late fee per minute if a camper is picked up after 5:30pm (This reflects the clock located in the building).**

***Full payment for the scheduled week is expected and is only excused if the camper misses the entire scheduled week. Absences of only partial weeks are not excused and full payment is still expected (All scheduled days must be paid in full)**

In condition to the following, I have read and understand the procedures with the U.S. Martial Arts Academy Summer Day Camp.

Parent Signature

Date

Summer Camp Registration

Childs Name _____ Address _____ (City,State,Zip) _____

Pediatrician _____ Phone _____

Home phone _____ DOB _____ Sex: M F

Mothers name _____ Address _____ (City,State,Zip) _____

Business _____ Occupation _____ Address _____

Home phone _____ Work Phone _____

Fathers name _____ Address _____ (City,State,Zip) _____

Business _____ Occupation _____ Address _____

Home Phone _____ Work phone _____

Emergency Contacts and Escorts

The USMAA will not release any child without consent of the parent or guardian. Please list at least three other persons, other than the ones listed above, authorized to pick up your child. Inform them that proper identification, including photo ID, will be requested upon arrival at the USMAA.

Name _____ Address _____ Home phone _____

Relation _____ city,st,zip _____ Work phone _____

Name _____ Address _____ Home phone _____

Relation _____ city,st,zip _____ Work phone _____

Name _____ Address _____ Home phone _____

Relation _____ city,st,zip _____ Work phone _____

Custodial Information

If a non-custodial parent is not authorized to pick up my child, explain why on the back of this form and attach documents (i.e. Court orders or divorce papers)

Emergency Medical Release

In the event that a medical emergency occurs and all attempts to reach me have failed, I allow medical care for my child, as deemed necessary by the director.

Insurance _____ Policy# _____ Signature _____

Sunscreen/Repellent

I understand that my permission Human Services for the USMAA Staff to apply any topical ointment to my child. I have provided such to be applied when my child is outdoors.

Sunscreen _____ Repellent _____ Signature _____

Photo Release

I hereby grant my full and any photograph or video to the USMAA for commercial art purposes, in any medium of advertising, publicity, or communication with or without my name or accompanying quotation.

Signature _____

Health History

Camper _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____

Emergency Number _____

1. Please check any of the following symptoms which have been noticed recently:

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> fainting spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> contact lenses |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> ear problems |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> night sweats |
| <input type="checkbox"/> tires easily | <input type="checkbox"/> shortness of breath |
| <input type="checkbox"/> frequent pain in legs and joints | <input type="checkbox"/> hernia (rupture) |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> speech difficulty |
| <input type="checkbox"/> Persistent cough | <input type="checkbox"/> squint |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> crossed eyes |
| <input type="checkbox"/> twitching movements | <input type="checkbox"/> frequent sty's |
| <input type="checkbox"/> running ear | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> Frequent nose bleeds | <input type="checkbox"/> frequent sore throats |
| <input type="checkbox"/> Mouth breathing | |

2. Allergy or reaction to any food, plants, insect toxin, immunizations, medications:
Explain _____

3. Any other condition that may require emergency or special care, medication:

Explain: _____

Immunizations

The following may be obtained from your school nurse or doctor. **Attached a copy of your child's shot records.** State the date that each of the following was received.

_____	_____
_____	_____
_____	_____
_____	_____

Tetanus

Diphtheria

Polio

Whooping cough

Measles

Mumps

Rubella

Chicken Pox

XX

Medical History

Most recent physical examination (date) _____

Do you have any current health problems? Explain below if necessary.

Are you under medical care, or are you currently taking any medications? _____

Has there been any surgery, illness, allergy, or change in health since the last completed physical examinations?

XX

To the best of my knowledge, this history is correct and complete. I know of no reason to restrict the applicant's activity, and give permission for participation in all activities except as specifically noted herein. In the event that I cannot be reached in an emergency, I hereby give permission to the camp director to secure proper treatment for my child as named above.

Date _____ Signature of Parent/Guardian _____

RELEASE/MEDICAL AUTHORIZATION

TO: U.S. Martial Arts Academy, Inc.
3430 Oak Road
Vineland, NJ 08361

DOB _____ F () M ()
Camper's Name Month/Date/Year

Street Address City State Telephone Number

1. **Release:** I have enrolled my child/ward in the summer camp program of U.S. Martial Arts Academy, Inc. I understand that the activities will include martial arts training as well as participation in various types of sports. I, the parent or guardian of the above named minor, do hereby give my approval for his/her participation in any and all activities during the current camping season. I assume all risks and hazards incidental to the conduct of the martial arts, sports and other camping activities including all risks of injuries to my child/ward, whether occurring at the camp location, during transportation to and from activities, or off site at activities. I hereby waive, release, absolve, indemnify and hold harmless U.S. Martial Arts Academy, Inc. and its officers, directors, agents, and employees, and any Volunteers, in case of any injury or damage to my child/ward resulting from any and all acts of commission or omission, including acts of negligence, arising out of or in the course of the above activities. This waiver of legal liability should not be deemed to grant immunity to any person causing damage by his willful, wanton, or grossly negligent act of commission or omission. By signing this document, I certify that I am the parent or guardian of the above camper and am authorized to sign this document.

2. **Medical Authorization:** I understand that U.S. Martial Arts Academy, Inc. shall attempt to contact me in the event of any injury to my child/ward. I authorize U.S. Martial Arts Academy, Inc. to seek medical attention for my child/ward in the event of any injury and authorize any transportation necessary to take my child/ward to a physician or hospital. I agree to be responsible for any expenses so incurred. Set forth below is the name of the insurance company and a policy number of the primary health insurance policy covering my child/ward.

Signature of Parent or Guardian Date

Family Doctor Address of Family Doctor

Allergies

Health Insurance Company Policy Number

Address of Insurance Company (please submit a copy of your insurance card)

U. S. M. A. A. Waiver

In consideration of being allowed to participate, the undersigned does hereby voluntarily submit their application (and/ or child's) application and participation for the U.S. Martial Arts Academy fitness training. I understand that my participation in fitness training is at my own risk.

The undersigned does hereby for himself, his heirs, executors, Administrators, successors and assigns release and forever discharge the promoter and organizers of the said training and their servants, agents, and/ or employees and all those in any way connected with the running and management of same, including but not limited to, U.S. Martial Arts Academy, coordinators, and all sponsors from any and all actions, causes of actions, claims and demands for, upon reason of damage, loss or injury to person and property of death, the undersigned participating in the said training may sustain or incur due to my actions, inaction's or negligence of others, the rule of play or the conditions of the premise or equipment used.

I also release the above named for all claims of damage, demands and actions in any manner due to any personal injuries, property damage or death sustained as a result of my traveling to and from and participation in the U.S. Martial Arts Academy fitness training program.

Signature of participant: _____ Age: _____ Date: _____

I, the undersigned, do hereby voluntarily submit my (and/or child's) application for attendance and participation in the U.S. Martial Arts Academy fitness training program.

Name (Please Print): _____

Parent or Guardian Signature _____

Date: _____

Camp Behavior Contract

1. I will respect the rights and authority of all the staff. I will remember that the counselors are responsible for me while I am away from home, and they will do what I is needed to male camp safe and enjoyable for all.
2. I will make myself aware of and abide by all camp program rules and procedures. If I am not sure of something, I will ask. I will not risk getting into trouble. I understand that problems with my behavior could result in my being removed from the program for the rest of the summer. I will assume that until a rule is waived or altered, it remains in effect.
3. I will be willing to share information in matters relating to health, safety and welfare of the group. If I feel the need to tell a counselor if I hear another camper talking about something that is either dangerous or dramatic.
4. I understand that it is my responsibility to stay with my assigned counselor. If I need to leave the group for any reason, I will ask to do so. I realize that a counselor needs to know where I am at all times.
5. I will take responsibility for my actions. It is up to me to make good and bad choices.
6. I understand that shoplifting, the use of possessions of tobacco, drugs, alcohol/or inappropriate sexual behavior will be grounds for immediate dismissal.
7. I will respect the rights and privacy of all the USMAA staff and campers. If someone wants me to know something about himself, he will tell me. Gossip is unnecessary, unkind, and can be very harmful.
8. I will respect the personal dignity, opinions, and possessions of others. If someone chooses not to share personal possessions with me, that is his/her choice.
9. I will remember that everyone is different. My ideas might be different from someone else's, but that doesn't make me right or them wrong. I will try to think about what I say or do and how it could make someone else feel. Name-calling/teasing is unacceptable.
10. I will avoid swearing and/or using inappropriate language.
11. I will not wear clothing with curse words, put-downs, inappropriate pictures, etc.
12. I will remember to employ my good manners at all times. I will do what I can to make everyone's job pleasant.
13. I will do my best to keep all area's clean and "better than we found them." I will clean up after myself and place all disposable in the proper container (trash, recycling, etc).
14. I will treat all equipment I use in the same manner as I would expect someone else to treat my belongings.
15. I understand that my parents will be charged for any damage that I caused. I will treat everything carefully.

Camp Behavior Contract (continued)

Name of camper _____ Age _____

Signature of camper (parent if necessary) _____

Signature of parent _____ Date _____

**U.S. Martial Arts Academy Summer Day Camp
Parent Guardian Contract**

I, the parent/guardian, have received and reviewed the Summer Day Camp Registration and Handbook including

- *Camp Fees and payment policy
- *Attendance, arrival and departure policy
- *Camp hours, late pick up fee
- *Discipline policy and release of children policy
- *All other information

I moreover understand that payments must be made by the first day of each week, prior to the week of attendance. A \$5.00 late fee will be added for each day payment is late. (Example: Camper(s) are scheduled for Tuesday, Wednesday and Friday of each week, payment must be made every Tuesday. If payment is made after Tuesday, a \$5.00 late fee is added for that week. If payment is made after Wednesday a \$10.00 late fee is charged, and if payment is made on Friday a \$15.00 late fee will be charged. Late fees apply to each camper. Latest pick up time is 5:30pm, there will be a late pick up fee of \$1.00 per minute if your child is picked up after 5:30pm (this time is based on the time at U.S. Martial Arts Academy).

The paperwork listed below is required before I can register my child(ren) for the U.S.M.A.A. Summer Day Camp.

Please initial:

Parent	U.S.M.A.A Staff
_____	_____ Completed registration with all information and signatures
_____	_____ Completed and signed Parent/Guardian Contract
_____	_____ Completed Medical Form (includes: Parent/Doctor signatures, and Immunization records)
_____	_____ Completed and signed Behavior Contract

I understand all policies set forth herein.

Parent/Guardian Signature _____ Date _____