

U.S.M.A.A. SUMMER CAMP 2011

3430 Oak Road

Vineland, NJ 08361

Phone: 856-794-8877

Fax: 856-794-3223

Hours: 7:30am-5:30pm(Mon-Fri)

Dates: Mon 6/20-Fri 9/2

CLOSED WEEK OF FOURTH OF JULY

Tuition: USMAA Members: \$30(per day)/Non-Members: \$35 (per day)

Minimum Attendance required: 3 Days per week 3 Weeks

The U.S. Martial Arts Academy is proud to announce our **20ft by 40ft swimming pool and our LAZY RIVER** for summer camp 2011 to 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 per child with **completed** paper work must be turned in by **March 31, 2011** in order to insure registration. *Late registration fee of \$5.00 if not registered by due date.*

***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 also be a \$10.00 late fee if a camper is picked up after 5:30p.m.**

***Full payment for the scheduled week is expected and is only excused if the camper misses the entire scheduled week with couple weeks notice; that camper will not be able to attend the entire 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

U.S. Martial Arts Academy Summer Camp Registration

Child's Name	Address	(City,State,Zip)
Pediatrician	Phone	Allergies
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	Social Security

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 permission for any photograph y and video to the USMAA for commercial art purposes and for Summer Camp only, in any medium of advertising, publicity, or communication with or without my name or accompanying quotation.

Signatutre _____ Date _____

Health History

Camper _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Emergency Phone Number _____ Emergency contact _____

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: _____

XX

Immunizations

The following may be obtained from your school nurse or doctor. **This section must be completed.** State the date that each of the following was received. A copy of the shot records are recommended. (Attach a copy of all shot records)

_____ Tetanus	_____ Measles
_____ Diphtheria	_____ Mumps
_____ Polio	_____ Rubella
_____ Whooping cough	_____ Chicken Pox

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** _____

U.S. Martial Arts Academy Camp Behavior Contact

- 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 some thing that is either dangerous or dramatic.**
- 4. I will assist the staff in operating a safe program. I know that the more helpful I am, the more able they will be to make the summer for me.**
- 5. 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.**
- 6. I will make myself aware of the daily schedule and take responsibility to be on time. I will make sure I know what I need to have each day, and what time I need to be in certain places. I will be ready and waiting for nay counselor when it is time to leave.**
- 7. I will take responsibility for my actions. It is up to me to make good and bad choices.**
- 8. I understand that shoplifting, the use of possessions of tobacco, drugs, alcohol/or inappropriate sexual behavior will be grounds for immediate dismissal.**
- 9. I will respect the rights and privacy of all the U.S.M.A.A. 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.**
- 10. I will respect the personal dignity, opinions, and possessions of others. If someone chooses not to share personal possessions with me, that is his choice.**
- 11. 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 is unacceptable.**
- 12. I will avoid swearing and/or using inappropriate language.**
- 13. I will not wear clothing with curse words, put-downs, inappropriate pictures, etc.**
- 14. I will remember to employ my good manners at all times. I will do what I can to make everyone's job pleasure.**
- 15. I will do my best to keep all area's used clean and "better than we found them." I will clean up after myself and place all disposable in the proper container (trash, recycling, etc.).**
- 16. I will treat all equipment I use in the same manner as I would expect someone else to treat my belongings.**
- 17. I understand that my parents will be charged for any damage that I caused. I will treat everything carefully.**

U.S. Martial Arts Academy

Camp Behavior Contract (continued)

Please have all the rules and behaviors read and explained to your child before signing.

Name of camper _____

Age _____ Grade _____

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) 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. Pick up time is between 5:00pm-5:30pm there will be a late pick up fee of \$10.00 for picking up the camper 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 _____