



# 2017 School Age Summer Camp

Dear Parents,

January 2017

Open enrollment for the *2017 School Age Summer Camp* begins Monday, January 30<sup>th</sup>. Camp spaces fill quickly so register soon!

The WISC Kids Club School Age Camp is an eleven week program filled with fun, structured activities, interactive games, creative arts and crafts projects, hip-hop dance, themed weeks, and our wonderful selection of field trips several times each week! Also a big hit at camp are the group skits where each camp group works on a skit/dance show and performs in front of the rest of the campers on Friday. The winning group for the week receives an ice cream party!!

Throughout the week, campers will have the opportunity to have fun in the WISC "Zone" and enjoy a game or two in Laser Tag, Laser Maze, Clip 'n Climb, or the Indoor Playground at no extra charge! The Café will be open daily for snacks and lunch throughout the summer. There will be a set daily menu for lunch with pricing for campers who wish to order.

Also included in the weekly tuition are our ½ day camps! The ½ day camps offered are: Flag Football, Basketball, Cheer, Soccer, and Art Class.

Below are some guidelines to follow for camp registration:

- Turn in your registration form with a non-refundable one week deposit per camper. The deposit will secure enrollment in summer camp and will be applied to your last week of camp.
- All remaining items in the registration packet should be completed and returned as soon as possible. Campers may not attend camp until ALL items from the registration package are on file.
- The first day of camp is Monday, June 19<sup>th</sup>.
- Camp Tuition is received through our Automatic Payment Program. Everyone must complete and return an Automatic Payment Program form. Any questions about this payment process should be referred to Amy West @ 253-1947, ext 11 or [awest@thewisc.com](mailto:awest@thewisc.com)

Please direct all other questions to me, Conor Dibble, at 267-625-1198 or [cdibble@thewisc.com](mailto:cdibble@thewisc.com)

We look forward to another exciting summer of making friends and having tons of fun!

Thank you,  
Conor Dibble  
Director Kid's Club B & A / SAC

# School Age Camp 2017 Enrollment Application

## Child's Information

Child's Name: _____	Date of Birth: _____	Age: _____
Child's Address: _____		
City: _____	State: _____	Zip: _____
Phone #: _____	Email: _____	
Sex: M F	Date of Enrollment: _____	Start Date: _____
Child is a Rising _____ Grader		
Current School/Center: _____	Previous School/Center: _____	
<b>Program Enrollment:</b>		
\$135.00 weekly _____	\$121.50 weekly _____	(sibling discount)

## Parent's Information

Mother: _____		
Home Address: _____	City: _____	State: _____
Zip: _____	Email Address _____	
Place Employed: _____	Business Phone: _____	
Home Phone: _____	Cell Phone: _____	
Father: _____		
Home Address: _____	City: _____	State: _____
Zip: _____	Email Address _____	
Place Employed: _____	Business Phone: _____	
Home Phone: _____	Cell Phone: _____	
Person(s) or Agency that has legal Custody of Child: _____		
Phone #: _____		

## Additional Children in the Preschool or SAC Program

<b>Name</b> _____	<b>Age</b> _____
<b>Name</b> _____	<b>Age</b> _____
<b>Name</b> _____	<b>Age</b> _____

### Emergency Information

Allergies or Intolerance to Food, Medication or other Special Needs: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Names & Address of Two Local People to Contact if Parents CANNOT be Reached (Please fill out in full)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Person(s) Authorized to Pick Up Child: \_\_\_\_\_

Person(s) **NOT** Authorized to Pick Up Child\*: \_\_\_\_\_

\* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

### Deposit and Early Withdrawal Requirements

**Deposit Requirement:** (Camp Deposit is applied toward the last week of camp)

**Deposit Payment:** VISA    MasterCard    Cash    Check# \_\_\_\_\_    Deposit Payment Date: \_\_\_\_\_

**1 camper** \$135.00 \_\_\_\_\_    **2 campers** \$ 256.50 \_\_\_\_\_    **3 campers** \$364.50 \_\_\_\_\_    **4 campers** \$486.00 \_\_\_\_\_

Early Withdrawal: **A two week notice of withdrawal from the program will need to be submitted and will result in loss of deposit. If a two week notice is not given, a one week fee & loss of deposit will apply.** \_\_\_\_\_ **Please initial.**

**Tuition:** Summer camp tuition is due weekly whether the camper attends or not. Each camper is allotted one week vacation at no charge, provided a two week notice is given. The vacation week will only apply if the camper is not at camp. \_\_\_\_\_ Initial.

### Agreements

1. WISC Kid's Club agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes WISC Kid's Club to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
3. The parent/guardian agrees to WISC Kid's Club's rules and regulations as described in the policy guidelines.
4. The parent/guardian agrees to inform the center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
5. The parent/guardian agrees to have the camp payment deducted weekly through auto pay. The WISC will deduct payment from the credit card/debit card listed on the attached auto pay form every Friday beginning June 16<sup>th</sup> 2017.

**Signatures**

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***Parent or Guardian*** \_\_\_\_\_ ***Date***

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***Director*** \_\_\_\_\_ ***Date***

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Birth Certificate on file: \_\_\_\_\_Yes \_\_\_\_\_No

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, a copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.

# School Age Program

## AUTOMATIC PAYMENT PROGRAM

### ENROLLMENT FORM

#### 2017 Summer Camp

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

**Payment Authorization:** I agree to allow WISC Kids Club, to charge the credit card/debit number listed below for my child's tuition/fees. If at any time I wish to terminate this agreement, I will notify WISC in writing. I understand this information will be kept in a secure location and will be shredded upon the completion of Summer Camp.

Please Circle: Debit Card or Credit Card

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name as it appears on  
account/Card \_\_\_\_\_

Tuition Amount: \_\_\_\_\_ \$135.00 Per Week  
\_\_\_\_\_ \$121.50 Per Week (sibling discount)

All payments are processed on Friday for the upcoming week

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Note: WISC Kids Club accepts Mastercard and Visa only.***

**WAIVER AND RELEASE**  
**Williamsburg Indoor Sports Complex**

I intend to use or participate in some or all of the activities, facilities, equipment, programs and services offered at or by Williamsburg Indoor Sports Complex LLC ("WISC"). WISC's facilities are below referred to as "the WISC".

1. In consideration of gaining membership or being allowed such use or participation at WISC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge WISC and its owners, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in WISC's facilities or arising out of any activities or events occurring at the WISC.

Please Initial \_\_\_\_\_

2. I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at the WISC are educational, recreational, social, or self-directed in nature. Knowing that, I agree that my participation in any and all of the activities at WISC is strictly voluntary and has not been requested or required by WISC. I further agree that my participation in any and all of the activities at WISC is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

Please Initial \_\_\_\_\_

3. I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities at the WISC. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, programs, facilities and services at the WISC, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for my participation in such activities, programs, facilities and services, as well as for my use of any and all equipment and machinery in connection with them.

Please Initial \_\_\_\_\_

4. Finally, I understand that the activities, facilities, equipment, programs and services offered at the WISC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of WISC employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by WISC to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by WISC to provide such professional services.

Please Initial \_\_\_\_\_

**PARENT/GUARDIAN-CHILD AGREEMENT:** I am hereby giving my consent and permission for my child/children \_\_\_\_\_ (print names) to be an active member of the WISC and to participate in the activities and programs for which they are registered. I understand that under certain circumstances they will be able to work out or participate in activities without direct supervision. I acknowledge that I am responsible for their actions, and that if they are not demonstrating proper usage of machines, facilities or equipment or exhibiting proper behavior, they will face appropriate disciplinary actions. I understand that WISC's is a family atmosphere and that my child/children need my support, motivation, encouragement and supervision to succeed in a fitness or sports program, and I agree to provide it.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

WISC Representative \_\_\_\_\_ Date \_\_\_\_\_

**WISC Summer Camp Blanket Permission Slip  
(Sunscreen, Insect Repellent, Field Trips Photography and Medical  
Treatment)**

***Sunscreen: Insect Repellent:***

I give permission for my child to wear sunscreen and or insect repellent. The Kids Club Staff have permission to apply the sunscreen/ insect repellent to my child. (Please clearly label the sunscreen/insect repellent with your child's name.)

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(Parent/Guardian's Signature)

(Date)

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***Field Trips (for Rising Kinders): You do not need to sign if your child is attending weekly sports camps***

I give permission for my child/children to participate in field trips through the WISC. I understand I will be notified of trips ahead of time and have the option to withdraw my child from the planned trip if I so desire.

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(Parent/Guardian's Signature)

(Date)

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***Medical:***

In the event of an emergency, I give permission for WISC Staff/Volunteers to seek appropriate medical attention.

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(Parent/Guardian's Signature)

(Date)

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***Photography:***

On various occasions the staff of WISC Kids Club will take photographs of the children. The photographs may be used within the center for projects, the WISC website, facebook page, as well as in various other media publications. Please indicate below if you would or would not like to have your child photographed.

\_\_\_\_\_ **I do** give permission for my child, \_\_\_\_\_, to be photographed.

\_\_\_\_\_ **I do not** give permission for my child, \_\_\_\_\_, to be photographed. I understand that there may be certain projects/activities that my child may not be included in or that may be altered for my child based on this request.

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(Parent/Guardian's Signature)

(Date)

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**School Age**

**Enrollment Checklist**

\_\_\_\_\_ **Registration Application**

\_\_\_\_\_ **WISC Waiver**

\_\_\_\_\_ **Auto Pay Form**

\_\_\_\_\_ **Last Page Policies & Guidelines**

\_\_\_\_\_ **Photo Opt-Out Form**

\_\_\_\_\_ **Copy Birth Certificate**

\_\_\_\_\_ **Current Immunization Record**

\_\_\_\_\_ **Physical**

**All line items must be checked before your camper can attend summer camp.**