



Summer Camp Registration

(Complete & Sign Both Sides)

___ AMP Student ___ TKD Student ___ Returning Camper ___ New Camper ___ Boy ___ Girl

Child's Name: _____ Date of Birth: _____ Age: _____
 Street Address: _____ City _____, State _____, Zip: _____
 Mother's Name _____ Father's Name: _____
 Mother's Occupation: _____ Fathers Occupation: _____
 Mother's Cell Phone: (____) _____ Father's Cell Phone: (____) _____
 Mother's Other Phone: (____) _____ Father's Other: (____) _____
 Best E-mail: _____
 Other Emergency Contact Name: _____ Phone: _____
 Who is this Emergency Contact Person? (ex: babysitter, relative...) _____
 Doctor's Name: _____ Doctor's Phone: (____) _____
 My child has permission to leave UMAC Campus for field trips? ___ Yes ___ No
 I hereby enroll my child for the **2018** Camp Season. Remaining Payment must be paid IN FULL by June 15th, Late Payment will be charged at \$335 per week. Adding additional weeks after June 15th will be subject to weekly rate of \$335. Please make the checks payable to UMAC Ardsley. I understand all payments are non-refundable.
 A copy of a **current physical exam/immunization record** must be attached. For any conditions requiring medication: You must have you physician fill out and sign one of our medical forms. Camper will not be allowed to attend without such documents, and will miss each day until document(s) are attached.

EMERGENCY TREATMENT RELEASE (Required by the New York State Camping Law)

In the event we cannot be reached in case of emergency affecting my child at camp or going to and from camp, I hereby give permission to my physician as listed in the camp record, or if unavailable, the physician selected by the camp director to administer proper treatment to my child as named above.

X _____ Date _____
 Parent or Guardian Signature

<p><u>UMAC Ardsley Summer Camp FEES</u></p> <p>Normal Rates (By June 15th) :</p> <p>1-4 Weeks= \$295 5-7 Weeks= \$275</p> <p>\$75 Down Payment upon Registering*</p> <p style="margin-left: 20px;"> *Will be applied to Final Payment *Non-Refundable *Saves your spot in the Camp 5% OFF family member <i>weekly rate</i> </p> <p><i>Additional Camp Shirt: \$15</i></p> <p>Final Payment Due 6/15/2016 (Late Payment will be charged at \$335/week)</p> <p><i>Registering/Adding Weeks after 6/15/2016 = \$335 per week</i></p>	<p>CAMP HOURS:</p> <p>9:30am – 4:30 pm</p> <p><u>Early Drop Off</u></p> <p><u>Late Pick Up</u></p> <p>7:30am-6:00pm \$10 per day</p>	<p>PLEASE CHECK WEEKS ATTENDING</p> <p><input type="checkbox"/> Week 1 = July 9 – July 13</p> <p><input type="checkbox"/> Week 2 = July 16 – July 20</p> <p><input type="checkbox"/> Week 3 = July 23 - July 27</p> <p><input type="checkbox"/> Week 4 = July 30 – August 3</p> <p><input type="checkbox"/> Week 5 = August 6 - August 10</p> <p><input type="checkbox"/> Week 6 = August 13 - August 17</p> <p><input type="checkbox"/> Week 7 = August 20 - August 24</p> <p>TOTAL WEEKS _____</p>
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Registration Down Payment \$ _____ **Registration Paid Date:** _____ **Staff Initials** _____
Weekly Rate \$ _____ **FINAL PAYMENT PAID** _____ **Staff Initials** _____

CAMPERS WITH MEDICATIONS or EPI PEN NEED SEPARATE MEDICAL FORM FILLED OUT FROM DOCTOR

UNITED MARTIAL ARTS CENTERS CONDITIONS OF REGISTRATION

Important information we need to be aware of:

Parents warrants and represents the camper is in sound physical and mental health and fully able to participate in all camp activities without need of individual or specialized attention or medial regimen and the camper’s health will not impinge or impact negatively on other campers or the camp program. This includes any **allergies, physical conditions, mobility issues, emotional etc.**, which may require special attention and, if so, please list and specify below, the nature of such condition and the necessary treatment or accommodations. Parent further agrees to advise camp promptly of any change in the camper’s physical or mental health between the date of enrollment and start of the camp season.

“I understand that part of the camping experience involves activities and group arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp’s rules, and my child and I both agree that he or she is familiar with these rules and will obey them.”

Parent will advise in writing (below) of his/her camper’s *history of medical conditions or surgical procedures, therapy programs and or regularly-taken prescriptions medications or special needs:* PLEASE BE SPECIFIC

Is there anything else we should know about your child? _____

At any time before opening day or during the camp season United Martial Arts Centers retains the right to cancel this contract if it determines that the physical, mental, medical or emotional condition of the child would prevent him/ her from participating safely and satisfactorily in our program or interacting positively with other campers. Also, once United Martial Arts Centers is in session, UMAC can initiate the cancellation of this contract and the dismissal of the child if the child exhibits unacceptable behavior which prevents our staff from safely supervising him/her or proves detrimental to himself/herself, other campers or staff members as determined by UMAC directors.

The parent/guardian who signs this registration form represents that he/she has full authority to do so and will be responsible for payment of the camp fees. No refund will be made for early withdrawal of the child before the end of the camp season.

The parent/guardian irrevocably authorizes and consents to the Camp’s use of the child’s name, photograph, portrait or image in connection with the Camp’s brochure or other promotional or advertising publications and to the Camp’s use of a child’s and/or child’s family’s home address and phone number for group and car pool lists. The parents/guardians release the camp and shall indemnify and hold the camp harmless from and against any and all claims, liabilities and expenses (including reasonable attorney’s fees arising from such use).

I have read and agree to the above conditions and have filled in the requested information, if any. If there is a written agreement and/ or court order pertaining to custody, please attach a copy.

Who will be mainly responsible for your child’s transportation from the Camp?

Name: _____ Phone: _____

Who else can pick up my child:

Name: _____ Phone: _____

Member/Camper Name: _____

X _____
Parent or Guardian Signature

Date _____

Summer Camp Policies 2018



1. Let us know **Verbally**, about any medical conditions and/or allergies your child may have, in addition to the forms you have filled out
2. Be aware, if students require medication during camp hours, we must have a form from their doctor, allowing us to administer the medication
3. Should your child become ill, the following guidelines should be adhered to:
 - Any child with a fever will not be allowed to attend camp that day and will be sent home
 - Your child must be fever free for 24 hours before returning to camp
 - Any child experiencing stomach illness will not be allowed to attend camp that day
 - 24 hours must pass before the student will be allowed to attend camp again after vomiting.
 - You must let us know ASAP if your child comes down with any highly contagious disease (i.e. chicken pox) as we will be required to inform all the other campers.
4. If your child will not be attending camp, or will be leaving early/arriving late, please let us know as soon as possible. On field trip days we cannot wait for a child who is not coming.
 - If we are out on a field trip, we have specific plans as to when we will be going, and coming back. If you need your child, and we are out, you are more than welcome upon calling, to come and pick them up at the trip location.
5. If someone other than those listed on the Summer Camp form will be picking your child we will need a written note from you. NO exceptions.
6. ALL campers must have their camp shirt on the field trip days. Any camper that comes on a trip day without their shirt, they must purchase a new one.
7. **General Disciplinary Actions** (Some issues are handled “in house” & some may require us to contact parent/guardian. We make our best judgement on what to do):
 - Verbal Warning > Reminder > Sit of activity or office (based on magnitude of offense)
 - Physical Contact:
 - a. > Automatic sit out of activity or office (based on magnitude of offense)
 - b. > Intention to hurt someone or action in anger > sit out for the day, and possible suspended from camp
 - Repeated issues may lead to suspension from camp, parent will be notified beforehand as warning
8. All paperwork must be received before the first day of camp. **NO camper may be brought to camp without completed paperwork (Emergency Contact Sheet and Immunizations).**
9. Down Payment put down guarantees your spot, and also locks in your weekly rate. Remaining Payment must be paid IN FULL by June 15th, Late Payment will be charged at weekly rate at time of payment. Adding additional weeks will be subject to weekly rate at time of adding weeks. Registration after June 15th must pay in full upon registering. Please make the checks payable to UMAC. I understand all payments are non-refundable.

****Our summer camp is licensed by the County of Westchester and we must adhere to their rules****
I have read and understand the policies, rules and consequences for UMAC Summer Camp.

Name of Parent/Guardian

X _____
Signature of Parent Guardian

_____ Date