

2018 Maximum Athletics Summer Camp

Maximum Athletics will be hosting a martial arts themed camp for kids, ages 6yrs-13yrs, at 177 North Ave, Dunellen NJ 08812. We have 5 weeks of summer martial arts themed training camps available. Camp Weeks are as followed: June 25th-29th, July 9th-13th, July 23rd-27th, August 6th-10th, & August 20th-24th, Monday-Friday 9am-3pm. Free early drop off and late pick up available. Our facility includes the use of 2 open training floor spaces, and indoor restrooms. Outside park activities will take place at Columbus Park located in Dunellen, NJ.

ADULT TO CAMPER RATIO: The adult to camper ratio will never be higher than 10 to 1. The ratio will frequently be 7 or 8 to 1.

DROP OFF AND PICK UP TIMES: A full day of camp is from 9am-3pm. Free early drop off is at 8:30am and free late pick up is until 5pm. If you would like to drop your child off earlier than 8:30am, or pick them up later than 5:00pm, you will need to fill out an early drop off/late pick up scheduling sheet. There is an additional cost of \$20 per week. Please pick up and drop off campers in our parking lot, located on the opposite side of the Family Dollar Store (far left side of Train Station Plaza).

EARLY DROP/LATE PICK UP SCHEDULING SHEET: If you need to drop your camper off early, or pick them up late, you need to fill out and return the attached Early Drop/Late Pick Up Scheduling Sheet. The cost is \$20 per family. We need to have the sheets filled out and returned to us by the Friday before each week so that we can schedule before and after camp supervision.

DROP OFF/PICK UP POLICY: Maximum Athletics is very concerned about the safety of our campers. We ask that you walk your camper inside each morning to drop them off, and come inside to pick them up each afternoon. Anyone picking up a camper other than a parent/guardian needs to be authorized in writing ahead of time by the parent/guardian. Campers walking or biking to and from camp need to have a signed permission slip from the parent or guardian.

PAYMENT: Payment for each week is due before the first day of each camp week. Failure to pay may result in the removal of the camper from camp.

CANCELLATION /REFUND POLICY: Maximum Athletics requires a two week notice on any cancellations in order to receive a refund of payment. In the event that a cancellation occurs

with less than two weeks notice, we will give you a rain check to be used on a future week this summer or the following summer. If payment has not yet been received at the time of the late cancellation, the family will still be required to pay for the registered weeks. This policy is to allow us adequate time to contact families with campers on the waiting list, and make informed decisions regarding weekly supplies and counselor work schedules.

LUNCHES/SNACKS: Maximum Athletics Camp does not provide lunch, and bringing a sack lunch is recommended. Pizza will be provided for lunch on Fridays, however campers still have the option to bring a sack lunch.

EMERGENCY CARD/WAIVERS: Campers cannot attend camp until the parent/guardians has filled out the emergency information card, permission to treat form, and liability waiver. In addition, we also are asking you to fill out the permission slips regarding over the counter medication, biking/walking to camp, PG movies, and field trips. These forms are included in your packet. You may bring the forms to camp the first day.

WHAT TO BRING TO CAMP: Campers should bring clothes that may get wet/dirty, and athletic shoes. If the camper does not have athletic shoes to wear they may not be able to take part in out door activities. It is also recommended that campers bring with them a water bottle, snacks, and a change of clothes. Campers may bring with them appropriate toys/games to play with during free time at the counselor's discretion. Certain activities may require students to bring additional items with them to camp and will be communicated to you with an email or note home.

<u>Week #</u>	<u>Week Theme</u>
1 June 25-29	Be Legendary
2 July 9-13	Ambitious
3 July 23-27	Empower "Bo Staff"
4 August 6-10	Believe
5 August 20-24	Be Awesome

Maximum Athletics Emergency Card

Child's name: _____ Birth Date: _____
Address: _____ Home Phone: _____
Mother's Name: _____ Father's Name: _____
Employer: _____ Employer: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

Describe any physical condition requiring special attention by camp staff.
(Surgeries, Illnesses, Allergies, Chronic Health Problems, etc.)

Individuals Other Than Parent/Guardian Authorization

ONLY these individuals have my authorization to care for my child in the event of an emergency and/or
for drop-off and pick-up. * Please advise these individuals that they are authorized and will need to
present identification to staff.

Parent/Guardians Initial: _____

Name/Relation: _____ Phone Number: _____
Address: _____

Name/Relation: _____ Phone Number: _____
Address: _____

Name/Relation: _____ Phone Number: _____
Address: _____

Authorization for Emergency Medical Care

I hereby give my permission to Maximum Athletics Camp to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child _____ should an emergency arise. It is understood that the Maximum Athletics Summer Camp staff will make a conscientious effort to locate the parent/guardian or the emergency contact listed on the registration document before any action will be taken. If it is not possible to locate the emergency contact listed, I will accept the expense of emergency medical or surgical treatment.

Signature of parent/guardian _____ Date _____

Authorization to Administer Over the Counter Medication

Maximum Athletics Summer Camp staff cannot supply your child with any over the counter medication unless we have a permission slip on file. If your child has needs beyond over the counter medication, please contact the camp director to make those arrangements. Please fill out this permission slip if you would like your child to be able to receive over the counter medication at the camp director's discretion. I hereby give my permission to Maximum Athletics Summer Camp to administer the following to my child in the manner described on the packaging.

Check the following:

Bug spray__

Antibiotic cream__

Tylenol__

Child's name _____

Signature of parent/legal guardian _____ Date _____

Lost or Stolen Items

I understand that the Maximum Athletics Summer Camp is NOT responsible for personal property lost or stolen while participants are using the Camp facilities or on the camp premises.

Signature of parent/legal guardian _____ Date _____