

Health & Wellness (1 per camper)

Child's Name: _____ Grade as of September 2018: _____

D/O/B: _____ Boy/Girl _____ Returning Camper _____ New Camper

Home Address: _____ City/Zip: _____

Child Lives With: _____ Both Parents _____ Mother _____ Father _____ Other

If other, please explain: _____

How did you hear about our camp: _____?

Please include a photo of your child for our records.

You may also e-mail a photo to put into their digital file.

(PLEASE INCLUDE CAMPER'S NAME ON THE BACK OF PHOTO)

Parent/Guardian (1) Name: _____ Home #: _____

Home Address: _____ City/Zip: _____

Work #: _____ Ext.: _____ Cell#: _____

Email: _____ (This email will receive all camp information and notices)

Parent/Guardian (2) Name: _____ Home #: _____

Home Address: _____ City/Zip: _____

Work #: _____ Ext.: _____ Cell#: _____

Email: _____ (This email will receive all camp information and notices)

Please answer all of the questions (1-7) below (Use additional paper if necessary)

1. What does your child like to do in his/her free time? _____
2. Describe how your child interacts with his/her peers: _____
3. Have there been any major changes in your family situation in the past year (family move, separation, divorce, death, new school, birth, etc.) If so, what effect did this have on your child? _____

4. Is your child or family receiving any special help with emotional concerns or behavior at school or home? (Psychiatrist, counselor, social worker, etc.) If so, please explain. (Use additional sheet if necessary) _____

5. Is there anything else you would like us to know about your child that will aide us in helping him/her have a safe and enjoyable summer? Any specific concerns about your child? (Use additional sheet if necessary) _____

6. Any photos/video footage taken while your child is at camp may be used for promotional purposes in print media and/or internet promotion. No financial compensation is available should such a picture/video be used. If you **DO NOT** wish to have your child appear in photos/video used to promote our camp, please initial: _____
7. If you **DO NOT** wish to have your child watch a movie with a PG rating, please initial: _____
Has your child been identified as needing support or supplemental services during the school year in any of the following areas?

Health & Wellness (page 2)

Has your child been identified as needing support or supplemental services during the school year in any of the following areas?

Please check all that apply:

Academic

Behavioral (i.e. ADD/ADHD)

Health (i.e. diabetes, allergy)

Speech

Personal/Social

Physical

Emotional (i.e. anxiety, fears)

Language

Please describe the nature of these services: _____

Please Circle

Does your child have an Epi Pen?	Yes	No	
If so, will your child be bringing the Epi Pen to camp?	Yes	No	
Does your child use an inhaler?	Yes	No	
If so, will your child be bringing the inhaler to camp?	Yes	No	
Is your child allergic to any medication/ animals/ insect stings?	Yes	No	If Yes, please explain:
Does your child take any daily medications?	Yes	No	If Yes, please list the medication and dosage:
Does your child have any medical/physical restrictions?	Yes	No	If Yes, please circle: Asthma Hearing Loss Diabetes Convulsions Other If Other, please explain:
Does your child have any FOOD ALLERGIES? <small>*All campers with food allergies will be seated at a table designated for food allergies.*</small>	Yes	No	If Yes, please list the foods that your child is allergic to:
Are there foods that you do not wish your child to have?	Yes	No	Please list:
Do you give us permission to administer Tylenol* to your child?	Yes	No	If yes, please list your child's weight and correct dosage: Camper Weight _____ Chewable: _____ tablets Liquid: _____ tsp <small>*Please note we will not administer Tylenol without calling you directly first.</small>

We are required by the NJ Department of Health and Senior Services to have a current copy of each camper's Immunization Records on file. If your child attended our camp in 2018 and has not had ANY new immunizations, you may check below and we will use last year's records as long as they were new (we can only reuse immunization records once). All others MUST have this updated and returned to us prior to attending our camp or attach an updated copy from your physician's office.

 No changes the immunization records on file summer since 2018

HEALTH AND WELLNESS AGREEMENT

I certify that the health history information provided on this form is correct. My child has permission to engage in all camp activities. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above. I will notify the Camp Director if there is a change in my child's medical information in writing.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR CHILD RELEASE

One form per family

Child's Name: _____ Grade as of September 2018: _____

Child's Name: _____ Grade as of September 2018: _____

Child's Name: _____ Grade as of September 2018: _____

Child's Name: _____ Grade as of September 2018: _____

In addition to the parents/guardians listed on the Health and Wellness form, ISC of Cherry Hill requires that parents/guardians provide a list of authorized persons who may pick-up their child from ISC School's Out Day Camp. The names of all authorized persons must be on file with the Camp Office prior to your child's attendance. Only authorized persons will be permitted to pick-up children from the camp. To make changes to this form you may do so by emailing the Camp Director. Please make sure that any person (including parents/guardians) picking up your child has photo proof of identification at all times. **PLEASE NOTE: Under no circumstances will we release campers to anyone who is not listed below.**

I authorize the following individuals to pick up my child from ISC School's Out Day Camp:

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

AUTHORIZATION FOR CHILD RELEASE AGREEMENT

I hereby give permission for the people on my authorization for child release form to pick-up my child from ISC School's Out Day Camp. I will inform them that proper photo identification must be presented at the time of pick up or my child will not be released in their custody.

Parent/Guardian Signature: _____ Date: _____

BEHAVIOR MANAGEMENT POLICY

One form per family

Child's Name: _____ Grade as of September 2018: _____

Child's Name: _____ Grade as of September 2018: _____

Child's Name: _____ Grade as of September 2018: _____

Child's Name: _____ Grade as of September 2018: _____

The ISC School's Out Day Camp wants all of our campers to have a rewarding and memorable experience. In order for this to take place, there are a few rules campers are expected to follow. Please review the following rules and discipline measures with your child to ensure that he/she has a safe, positive and, most importantly, fun summer.

Camp Rules:

1. Be kind and respectful to yourself, others, and camp property.
2. Listen and follow directions.
3. Keep hands, feet, all other body parts and objects to yourself.
4. Be responsible for your personal belongings at all times (not PK and K campers)
5. Leave expensive toys/cell phone at home. We are not responsible for the loss or theft of these items.
6. If you have a problem always tell a counselor or a director immediately.

Camper Consequences:

1. Redirection of camper
2. Verbal warning or time-out
3. Visit to Camp Director and phone call home (Child will speak to parents at that time)
4. In the event that a second phone call is necessary, the child may be suspended from camp.
5. Parent will be notified in writing of the date the child will be permitted to return to camp.
6. In the event of severe, consistent or excessive failure to follow the rules, the camper will be suspended or removed from camp. Camper must be picked up within 1 hour of parent notification.
7. There are no refunds, credits or substitutions for any days a child has been suspended from camp.
8. If the camper severely endangers the physical, mental or emotional health of another individual, the camper will be expelled from the camp.
9. ISC reserves the right to terminate a child's enrollment at our discretion.

PARENT/GUARDIAN AGREEMENT:

I, the undersigned, have carefully read and gone over the above rules and consequences with my child. I agree with the above policy, and understand that in the event my child is suspended or expelled from camp for failure to follow the rules, I will not receive a refund for any camp monies for that time. If my child is removed from the camp for any reason, I will not receive a refund for that week or for any field/swim trips paid in advance. My contract will be terminated at the end of the week that the camper was removed.

Parent/Guardian Signature: _____ Date: _____

Release and Indemnity Agreement

Camper Name: _____ **Camper Grade as of Sept 2018:** _____

IN CONSIDERATION OF (camper name): _____ being allowed access to the facilities of ISC of Cherry Hill LLC, and/or International Sports Centre, and/or ISC Summer Day Camp, ISC School's Out Day Camp and/or Roll CH it is understood and agreed:

1. ACKNOWLEDGE, agree and state that I understand that nature of ISC of Cherry Hill LLC, and/or International Sports Centre, ISC School's Out Day Camp and/or ISC Summer Day Camp, and/or Roll CH activities and that I am (or my minor child) qualified, in good health, and in proper condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
2. Summer Day Camp Programs, School's Out Day Camp, roller skating, soccer, lacrosse, field hockey, volleyball, basketball, roller hockey, deck hockey, baseball, flag football, futsal and all other sports conducted by ISC of Cherry Hill LLC, and/or International Sports Centre, ISC School's Out Day Camp and/or ISC Summer Day Camp, and/or Roll CH are games involving physical exertion, speed, and physical contact and that participation in these sports or activities potentially could result in serious injury or death arising out of field/surface conditions, player conduct, referee conduct, equipment, and other factors, including random chance. I and / or my minor child are fully aware of these risks.
3. ISC of Cherry Hill LLC, ISC School's Out Day Camp and/or International Sports Centre, and/or ISC Summer Day Camp, and/or Roll CH it's owners, operators, employees, counselors, directors, and agents are hereby released from any and all claims for injuries or damages which may occur while player is on or off the premises of ISC of Cherry Hill LLC, and/or International Sports Centre, ISC School's Out Day Camp and/or ISC Summer Day Camp, and/or Roll CH or engaged in any activity in connection therewith, whether such injuries or damages are foreseen or unforeseen. It is further understood and agreed that the undersigned agrees to defend, hold harmless, and indemnify ISC of Cherry Hill LLC, and/or International Sports Centre, ISC School's Out Day Camp and/or ISC Summer Day Camp, and/or Roll CH from any claim by camper, the undersigned, camper's family, estate, heirs, or assigns.
4. I/We as parents/guardians give consent and permission for our camper to participate in the field trips/swim trips/sport camps as selected on the enrollment contract. In consideration of permission granted by ISC of Cherry Hill LLC, ISC School's Out Day Camp and/or International Sports Centre, and/or ISC Summer Day Camp, and/or Roll CH for our camper to participate in these off-site field trips/swim trips/sport camps, we release and all claims against ISC of Cherry Hill LLC, and/or International Sports Centre, ISC School's Out Day Camp and/or ISC Summer Day Camp, and/or Roll CH and their respective owners, operators, employees, counselors, directors,, for damages and/or injuries to us or to our camper which may arise from participation in these off-site field trips/swim trips/sport camps, and agree to indemnify and hold these entities harmless from and against any claim or claims brought by or on behalf of our camper or by or on behalf of any other person arising out of or in any way connected without camper's participation in the off-site field trips/swim trips/sport camps.
5. I also represent and warrant that I carry my own health and liability insurance coverage in amounts sufficient to provide adequate compensation for any losses or expenses incurred due to injury while I am (or my minor child is) a participant at the ISC of Cherry Hill LLC, ISC School's Out Day Camp and/or International Sports Centre, and/or ISC Summer Day Camp, and/or Roll CH.
6. I am fully aware of the rules and regulations of ISC of Cherry Hill LLC, ISC School's Out Day Camp and/or International Sports Centre, and/or ISC Summer Day Camp, and/or Roll CH and agree to be bound thereby.
7. I further state that I am of lawful age and legally competent to sign this affirmation, release, hold harmless, and indemnity agreement; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document after reading it and as my own free act.
8. This Release and Indemnity Agreement shall be effective from today, the day it is signed; dated this _____ day of _____, in the year _____ through one full year after signing.

Camper's Name (Please Print)

Parent's Name (Please Print)

Address

Parent's Signature (if minor)

City State Zip

Cell Phone