



# Sport Camp Registration

Please fill in application completely and legibly

## Child's Information

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex: M F  
Child's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_ Date of Registration \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## Parent Information

Person (s) or Agency that has legal Custody of Child \_\_\_\_\_  
Enrolling Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Place employed \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Place employed \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

## Emergency Information

Allergies or Intolerance to Food, Medication or other Special Needs \_\_\_\_\_  
\_\_\_\_\_  
Child's Physican \_\_\_\_\_ Phone Number \_\_\_\_\_

## Names & Addresses of Two People to Contact if Parents CANNOT be Reached

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
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



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

**INDIVIDUAL AGREEMENT:** 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 either 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  
(List child/children's names in the lines provided.)


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 workout 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.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If member is under 18 – Parent's Signature)

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

**Summer Camp Blanket Permission Slip  
(Sunscreen, Medical Treatment)**

***Sunscreen:***

I give permission for my child to wear sunscreen. The WISC Staff has permission to apply the sunscreen to my child. (Please clearly label the sunscreen with your child's name.)

\_\_\_\_\_

(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.

\_\_\_\_\_

(Parent/Guardian's Signature)

\_\_\_\_\_

(Date)

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Please provide name and phone numbers of two people to contact in the event of an emergency.

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

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

# Sport Camp Policies

## **Medication/Injury/Emergency /Disciplinary/Vacation/Payment Policies**

### **I. Medication Policy:**

An *Authorization to Give Medicine* form is required for all prescription and non-prescription medicines. Medication shall be in the original container with the prescription label or direction label attached. Medication shall be labeled with the child's name, the name of the medication, the dosage amount, and the time or times to be given. If medication requires refrigeration the medication must be labeled appropriately. If the medication is to continue for 10 or more days, a letter from a physician is required.

### **II. Injury/Emergency Policy:**

WISC will take every precaution to prevent accidents, but in case an accident or injury occurs all situations will be documented using the *Injury Report Form* and a copy will be provided to the parent/guardian. The WISC shall notify the parent immediately if a child is lost, has a serious injury, needs emergency care, or dies. The center shall notify the parent by the end of the day of any known significant injuries.

### **III. Disciplinary Policy:**

The priority of WISC Summer Camps is to provide a safe and enjoyable environment for every child. In order to keep WISC Summer Camps safer for everyone WISC coaches, teachers, counselors, and administrators need to focus their attention on the children and their safety. For this reason, WISC has established a disciplinary policy.

The WISC Disciplinary policy will consist of a three strike system. The first strike will result in a visit to the WISC Administrative Office. The second strike will result in a one-day suspension from WISC Summer Camp. The third strike will result in expulsion from WISC Summer Camp.

**Please Note: If your child is expelled from camp for disciplinary reasons the full tuition payment is required the day of expulsion. No exceptions!**

Actions that warrant disciplinary action include the following:

1. Aggressive and/or physical contact with another child, coach, teacher, counselor, or administrator.
2. Verbal assault with another child, coach, teacher, counselor or administrator.
3. Vandalism to WISC property or anything that belongs to WISC.
4. Persistent disruption of any WISC activity or group to which they are assigned.
5. Any action causing a coach, teacher or counselor to focus their attention outside of where it needs to be: the children and the task at hand.
6. Disrespect towards any other child, coach, teacher, counselor or administrator.
7. Failure to follow the rules.
8. Failure to listen to the coach, teacher, counselor or administrator

WISC asks that you take the time to go over this Disciplinary Policy with our child. WISC wants every child to have a positive, enjoyable experience this summer. This cannot be possible without establishing a safe and protected environment.

### **V. Payment Policy: WISC and VLSC Weekly Sports Campers:**

- \$50.00 deposit required per camper to reserve your spot in the camp.  
**This deposit is non-refundable and non-transferable.**
- Should you withdraw from this camp an early cancellation fee of \$50.00 will apply and your deposit remains non-refundable and non-transferable.

# Authorization to Give Medication

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Prescription and nonprescription medicine may be given to a child only with the parents or guardians written consent.

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

WISC has my permission to administer the following medicine:

Medicine Name and/or Prescription Number: \_\_\_\_\_

Dosages and Times to be Given: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_

\_\_\_\_\_

This authorization is effective until: \_\_\_\_\_ (This date may not exceed ten days, unless otherwise prescribed by child's physician).

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If a medicine (prescription or nonprescription) is administered longer than 10 days, the center regulation requires written authorization from the child's physician and parent or guardian. If authorization from the child's physician is not obtained, the written authorization from the parent or guardian must be renewed every 10 days. The following can be completed for the use of long-term medication.**

**I certify that, in my opinion, it is medically necessary that the medicine described below be administered to \_\_\_\_\_ during center hours and that this medicine may be administered by center staff.**

Name of Child

Medicine Name: \_\_\_\_\_

Dosage and Times to be Given: \_\_\_\_\_

Duration: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_