

CAMP MSC 2018

Dear Summer Camp Parents,

This summer is going to rock! Our staff has worked hard to plan a summer your child will never forget. They will participate in a variety of activities promoting health, fitness, & FUN. These activities include: swimming, gymnastics, indoor/outdoor games, weekly field trips, arcade, bounce houses, rock wall, and much more. Your children will make friends, build memories, learn about teamwork...in short, they are going to have a BLAST!

Our camp will be 12 weeks beginning May 24th -August 10th. Children ages 3-12 years old (must be potty-trained). Our hours will be 9:00am-3:00pm. **NEW: Before Care** will be available 7-9am and is **included** in the weekly camp rate; After Care is available from 3-6pm- **NEW: \$10/day or \$25/week. NEW:** Car line from 3:00-3:30pm for campers not staying for after care.

Weeks 1 and 12 will be prorated- \$30/day camp from 9am-3pm (sibling \$27/day), FREE before care from 7-9am and \$10/day for after care from 3-6pm (sibling \$5/day).

Campers have the option of bringing or purchasing a lunch each day. Our meals are catered by local businesses: Raising Canes, Nan's Cafe, Subway, Chick Fil A, and MSC Pizza. Camp menu will be posted on the website. Snacks are free and are provided twice daily. At second snack time, children can purchase additional items from the Snack Bar.

REGISTER NOW. The weeks fill up quickly. **EARLY BIRD SPECIAL** will be available through March 31st – ½ off family registration fee (\$30 Savings). Join us for our Annual Fitness Expo on Sunday, April 9th from 1-5pm; get Free Summer Camp registration, sling bag, sunglasses and water bottle...special prices in all programs. **Bonus:** Attend 2 or more weeks of summer camp and get a dance, swim, gymnastics/tumbling or wrestling session for special low rate – SUMMER SESSIONS ONLY.

NEW: Now through May 11th: 10% off 3+weeks (paid in full – no refunds – no sibling discount) and 20% off entire summer tuition (10 full weeks paid in full – no refunds – no sibling discount).

Please do not hesitate to call if you have any questions or visit our website for additional information on other programs offered.

Looking forward to working with your children this summer!

Pam Broussard, BA, ED; RN
Executive Director

Chris Broussard, BA
Business Management/Entrepreneur
Assistant Director

**SUMMER CAMP
MANDEVILLE SPORTS COMPLEX**

Circle If:

**Fitness Member
Or
Full Time After
School Care**

Child's Name: _____

Address: _____

City, State, Zip: _____

Grade in Fall 2018 ____ School: _____ Date of Birth: _____ Age: ____ Sex: ____

Father's Name: _____ Mother's Name: _____

Father's Employment: _____ Mother's Employment: _____

Cell #: _____ Work #: _____ Cell #: _____ Work #: _____

Home Telephone # _____

Email Address: _____

Camper lives with ____ Both Parents ____ Mother ____ Father ____ Other

If parents are divorced, who has legal custody of the child? _____

Emergency Contacts:

1. _____ Relationship: _____

Home # _____ Cell #: _____

2. _____ Relationship: _____

Home #: _____ Cell #: _____

Health Insurance: _____ Ins. ID #: _____ Group: _____

Allergies: _____

Your child will be required to wear his or her camp T-Shirt each day. Please check size for shirts:

_____ SM 6-8 _____ MED 10-12 _____ LG 14-16 _____ XL 18-20

_____ Adult S _____ Adult M _____ Adult L

(Additional shirts may be purchased for \$10.00 _____ extra shirts @\$10.00= \$_____)

FEES & SCHEDULE:

7:00 a.m. - 9:00 a.m.

3:00 p.m. - 6:00 p.m.

9:00 a.m. - 3:00 p.m.

Lunch Optional:

Registration Fee:

Before Care **FREE** - INCLUDED IN CAMP PRICE

After Care - \$ 25.00 per week for after care **OR** \$10.00/day (\$5/day for siblings)

\$ 155.00 per week - Includes camp & field trip (\$140.00/week for siblings)

\$25.00 weekly lunch rate - **OR** \$5.00 per day

\$60.00 non-refundable family registration (2) t-shirts per child

INITIAL FEES FOR ADDITIONAL WEEKS ARE DUE AND PAYABLE IN ADVANCE ON MONDAY OF EACH WEEK AND AFTER CARE CHARGES ARE DUE FRIDAY OF THE WEEK ATTENDING. PLEASE INCLUDE YOUR CHILD'S NAME ON EACH PAYMENT.

INITIAL ADDITIONALLY, NO CHILD WILL BE ALLOWED TO ATTEND CAMP WITH A BALANCE OF \$500.00 OR MORE.

Please sign on the line indicating that you are reserving the week(s) your child will be attending camp. Please remember that you will be responsible payment of each week reserving whether your child attends or not.

Additional weeks can be added subject to availability. *** Week 0: Parent's Signature Example **

Week 1: _____	May 24 – May 25	Week 7: _____	July 2 – July 6
Week 2: _____	May 28 – June 1	Week 8: _____	July 9 – July 13
Week 3: _____	June 4 – June 8	Week 9: _____	July 16 – July 20
Week 4: _____	June 11 – June 15	Week 10: _____	July 23 – July 27
Week 5: _____	June 18 – June 22	Week 11: _____	July 30 – August 3
Week 6: _____	June 25 – June 29	Week 12: _____	Aug. 6 – Aug. 10 (School Starts 8/9/18)

INITIAL I understand that most communication will be via email but that important information will be sent via text messaging, and I hereby give permission to MSC to contact me via my mobile number. Please provide the cell number you would like us to contact: _____

INITIAL If you reserve a date, you are obligating yourself to pay the total charges for the week reserved including any after care or lunch expenses whether your child attends camp or not.

INITIAL No Refunds – If your child does not attend camp on a week you reserved, you will not receive a Refund or Credit. All extenuating circumstances must be in writing and emailed to info@mandevillesportscomplex.com

INITIAL A \$25.00 fee will be charged on all returned payments. Payments that are past due over sixty (60) days will be turned over to a collection agency. I also agree to pay any fees or expenses MSC incurs in collecting any balance due on my account, including attorneys fees, collection agency fees and cost of collection.

INITIAL The parent/guardian executing this document will be responsible for all fees whether in custody dispute or other circumstance.

I have read and understand the contract that I am signing, and understand that if I commit to a week, I will be obligated to pay whether my child attends camp or not.

Parent/Guardian (Print)

Child's Name (Print)

Parent/Guardian's Signature

Date

MSC Representative (Please Print)

MANDEVILLE SPORTS COMPLEX SUMMER CAMP 2018
Field Trip Permission Slip

I hereby give my permission for my child, _____, to participate in a field trip to the following place(s). **I understand the field trips are optional and attendance by my child is not required, although all children who attend camp on field trip days must go on the field trip.**

My child also has my permission to ride on transportation provided by Mandeville Sports Complex and/or the St. Tammany Parish Public School Bus Transportation. I understand that all campers participating in these field trips will be responsible in conduct to the driver and to camp counselors at all times.

I understand all field trips will begin and end at the gym. No parent chaperones are allowed.

Week 1	N/A	
Week 2	Wednesday, May 30 th	Safari Quest Family Fun Center, Hammond (2 nd – 6 th) And Chuck E. Cheese (PK-1st), Mandeville
Week 3	Wednesday, June 6 th	Elevation Station
Week 4	Wednesday, June 13 th	Global Wildlife
Week 5	Wednesday, June 20 th	Movie: <i>Incredibles 2</i> , Slidell
Week 6	Wednesday, June 27 th	Land O’ Pines
Week 7	Tuesday, July 3 rd	In House Fun –Waterslides, Snowballs, Dunking Booth
Week 8	Wednesday, July 11 th	XFusion, Covington (2 nd – 6 th) and Kids Family Arena (PK-2 nd), Mandeville
Week 9	Wednesday, July 18 th	Movie: <i>Hotel Transylvania 3</i> , Slidell
Week 10	Wednesday, July 25 th	Skater’s Paradise, Slidell
Week 11	Wednesday, Aug. 1 st	Elevation Station
Week 12	Wednesday, Aug. 8 th	N/A

Authorization To Treat A Minor

In the event I cannot be reached in an emergency, I hereby give permission to the gym staff to secure proper treatment for my child and give permission to the physician to be selected by the gym staff to treat my child. I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to Mandeville Sports Complex.

I hereby give my child permission to participate in the above described activity.

Parent or Guardian (Please Print)

Date

Signature of Parent or Guardian

Emergency Telephone Numbers

Emergency Telephone Numbers

Allergies: _____

THIS IS A LIST OF REMINDERS AND THINGS THAT SHOULD BE BROUGHT TO CAMP EVERY DAY:

You are required to check in at the front desk and sign out every day.

MSC staff will mark time in and time out and lunch orders.

- EMERGENCY CARD must be completed. On the first day, your child attends camp, you will receive your CODE NUMBER. Your child will only be released to people who know your child's CODE NUMBER.
- Lost and Found located in the lobby.
- Please wear camp shirt every day. Write your child's name on shirts and bag. No one will be allowed on field trips without a camp shirt on. T-shirts will be distributed on your child's first day of camp. If you forget your camp shirt, your child will be given a t-shirt and you will be billed \$10 for a new one.
- Younger children must bring a change of clothes every day.
- Please make sure your child knows if he/she needs a lunch. If your child eats a lunch, you will be charged.
- Bathing suits must be worn underneath clothes. Bring clothes to change into after swim time.
- Sun screen should be applied to camper before he/she comes to camp. If your child burns easily and must bring sun screen; stick or spray only.
- Campers should wear tennis shoes every day for outdoor play AND bring a pair of swim shoes or sandals for swim time.
- Please bring a clean dry towel each day and a waterproof bag for wet swim suit and wet towel.
- Campers can bring money if they want to purchase extra snacks from the snack bar (we provide 2 snacks daily) or for use in the arcade. All money must be placed in an envelope with your child's name and grade on the outside and indicate snack or arcade.
- If your child does not attend the scheduled field trip, he/she cannot attend camp that day. All counselors and chaperones will be with their class on the field trip. **Check your emails for weekly field trip reminders and departure times.**
- Please advise your camper that all counselors and/or chaperones MUST be respected and obeyed. **Bad behavior, bullying and/or fighting will not be tolerated at any level.**
- All medication must be checked in at the front desk and form completed.
- We do not advise bringing electronic games/toys to camp. These items are easily lost or can be damaged and we **will not be responsible** for any toys or hand held electronic games. Please label all toys brought for before care and after care use. No mature rated games permitted. We reserve the right to confiscate a device that we feel is being used inappropriately. These can only be picked up by a parent at the front desk.
- **No cell phones allowed.** Gym telephones are available for use with permission.
- **All extenuating circumstances must be in writing and emailed to Info@MandevilleSportsComplex.com for consideration.**

SUMMER CAMP - PRIZE BUSTERS

(Special for Campers who enroll in a minimum of 2 Weeks of Full Time Summer Camp.)

Swim Lessons or Advanced Swim/Stroke Training (M, T, TH, F - 45 minutes daily) \$90.00 (Regular Price \$145.00 for 8 classes - Savings of \$55.00). Can be scheduled during summer camp hours.

Gymnastics Recreational Session (55 minutes per week - 9-week session) \$90.00 (Regular Price \$150.00 savings of \$60.00) Classes are from 5pm-8pm Monday-Thursday. **SUMMER SESSION ONLY**

Wrestling Session (2 hours per week - 8-week session) \$90.00 (Regular Price \$120.00 savings of \$30.00) Can be scheduled during summer camp hours.

Dance Lessons (45 minutes per week - 9 week session) \$75.00 (Regular Price \$100.00 savings of \$25.00). Classes will be 5-6pm Mondays (ballet, jazz, contemporary, lyrical) and Thursdays. (hip hop).

Child's Name: _____

Date: _____

Parent or Guardian (Please Print)

Signature of Parent or Guardian

CONTRACT OF WAIVER & RELEASE OF LIABILITY

DISCLAIMER: MANDEVILLE SPORTS COMPLEX, INC. IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, or COMPETING in GYMNASTICS OR CHEER OR PARTICIPATING IN KIDS FUN NIGHT, SUMMER CAMP ACTIVITIES, HOLIDAY CAMP ACTIVITIES, SWIM PROGRAMS, BEFORE/AFTER SCHOOL CARE, BIRTHDAY PARTIES, VOLLEYBALL, BASKETBALL, FLAG FOOTBALL OR SPECIAL EVENTS, DEMONSTRATIONS, OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN ACTIVITIES AT MANDEVILLE SPORTS COMPLEX, INC. FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF MANDEVILLE SPORTS COMPLEX, INC. ITS OWNERS, OFFICERS, AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue MANDEVILLE SPORTS COMPLEX, INC. the MANDEVILLE SPORTS COMPLEX, INC. Board of Directors and officers, the MANDEVILLE SPORTS COMPLEX, INC. and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of MANDEVILLE SPORTS COMPLEX, INC. or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading or any other activities or any activities incidental thereto, wherever, whenever, however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless MANDEVILLE SPORTS COMPLEX, INC. and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in activities incidental thereto, whenever, wherever, or however the same may occur. If an injury occurs, the party hereby contracts and agrees that their individual medical coverage is deemed primary in any and all situations.

I give permission to MANDEVILLE SPORTS COMPLEX, their officers and staff, to provide medical treatment in case of an emergency or injury.

I further authorize MANDEVILLE SPORTS COMPLEX the irrevocable right to use photographs of my child and myself in all forms, media and manners, without restriction for advertising, promotion, or any other lawful purposes.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Louisiana and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Louisiana.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of MANDEVILLE SPORTS COMPLEX, INC. or any person/entity listed above.

Waiver is being signed for Parents/Guardians and Children accompanying them while at MSC

Child(ren) Name(s) (Please Print): _____

Parent/Guardian's Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Revised 1/19/16