

### SPECIALITY ONE WEEK PRE-SCAMP

**June 14 - 17 Full Day - ages 6 - 11**

Monday - Thursday 9:00 a.m. - 4:30 p.m.

One week Member \$199.00

One week Non-member \$220.00

### 3 WEEK SESSIONS, Monday - Thursday

**Session I June 21 - July 8**

**Session II July 12 - July 29**

**Session III August 2 - 19**

**HALF DAY - age 4 & 6 Only**

Monday - Thursday 9:00 a.m. - 12:00 p.m.

3 Week Session Member \$279.00

Non-member \$325.00

**FULL DAY - ages 6 - 11**

Monday - Thursday 9:00 a.m. - 4:30 p.m.

3 Week Session Member \$495.00

Non-member \$595.00

### SPECIAL ONE WEEK POST SCAMP

**August 23 - 26 Full Day - ages 6 - 11**

Monday - Thursday 9:00 a.m. - 4:30 p.m.

One week Member \$199.00

One week Non-member \$220.00

**FRIDAY OPTION - ages 6 - 11**

Full Day Only 9:00 a.m. - 4:30 p.m.

Friday Member, per day \$39.00

Friday Non-member per day \$49.00

Circle date (s) June 18, 25

July 2, 9, 16, 23, 30

August 6, 13, 20

Child's name \_\_\_\_\_

Special SCAMP Friend \_\_\_\_\_

T-Shirt Size Child 6/8  10/12  14/16

Adult size S  M  L  XL

Is child an Elite Member? No Yes

\$25 enrollment fee PLUS

Session total Friday add-on Before/after Total  
Elite Account # \_\_\_\_\_ Visa Master Card

Charge Amount \$ \_\_\_\_\_

Charge Card Number / Expiration date \_\_\_\_\_

Charge card will be charged 2 weeks prior to start of each session.

\_\_\_\_\_  
Credit card signature

I further grant permission to use any video or photographs that my child may be in for: in-house camp promotions (Initial \_\_\_\_)

SCAMP brochure (Initial \_\_\_\_ ) Media / interviews, (Initial \_\_\_\_)

or on the Elite Clubs Website (Initial \_\_\_\_\_)

**Before & After Care Option**

Before 8:30 a.m. - approximate arrival time

After 4:30 p.m. - approximate pick up time

Before & After Care is available for an additional fee.

Price \$4 / half hour.

Children picked up after 6:00 p.m. will be charged an additional \$10 late-fee.

\_\_\_\_\_  
(Parent's signature & agreement to all enrollment policies)

### SCAMP Enrollment Policies

- A \$25 enrollment fee is required for each child.
- \$50 Non-refundable deposit, applied to session fee, per child, per session, **MUST** accompany registration.
- SCAMP / SCIT deposits are **NON-REFUNDABLE**.
- Balance due 2 weeks prior to session start date.
- No refunds given 1 week prior to start of session.
- No credit will be given for times missed.
- Confirmation will be made within 10 days of receipt of application. (Please include email address.)
- Enrollment/Health Forms must be returned with registration

Initial of parent \_\_\_\_\_



**Questions? Call the Scamp  
(262) 241-4250**

**Return BOTH PAGES with deposit to  
Scamp at Elite Sports Clubs Mequon  
11616 N. Pt. Washington Rd.  
Mequon, WI 53092**

# SCAMP Enrollment & Health History

Child's Name \_\_\_\_\_ Circle Gender M F First day attend \_\_\_\_\_  
First MI Last

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age at the start of camp \_\_\_ Last grade completed \_\_\_\_\_ Past SCAMP Per yes  no

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Email address for parental communication \_\_\_\_\_ @ \_\_\_\_\_

Parent 1 \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

First / Last Work address \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Parent 2 \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

First / Last Work address \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

First / Last Work address \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

If different, address for parent communication? (name and address) \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (person to contact if parent or guardian cannot be reached)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_) \_\_\_\_\_

## OTHER PERSON (s) AUTHORIZED TO PICK UP YOUR CHILD (person other than those listed above)

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship to child \_\_\_\_\_

## PERSONS NOT ALLOWED TO PICK UP YOUR CHILD (please list, attach court order if any)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

## IMMUNIZATION & DATES

HEPATITIS B \_\_\_\_\_ VARICELLA \_\_\_\_\_

HIB \_\_\_\_\_ TB TEST \_\_\_\_\_

MMR \_\_\_\_\_ OTHER (please specify) \_\_\_\_\_

## HEALTH INFORMATION

Does child have any allergies, previous serious illnesses, medications, behavioral concerns, special needs, etc.? \_\_\_yes \_\_\_no

If yes, please explain and include triggers that may cause problems and steps staff should follow to care for child. \_\_\_\_\_

If your child requires medication during camp, please request an Authorization to Administer Medication form.

## PHYSICIAN OR MEDICAL FACILITY

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

## DENTIST OR DENTAL FACILITY

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

I approve this application and certify that the applicant is capable of such an experience. I grant permission for the applicant to participate in all planned camp activities, including out of camp trips by bus with pre-notification. I certify approval of good health of the camper, and, in the event that I cannot be reached in an emergency I authorize the staff to render first-aid, and give permission for emergency care for my child as named above. I understand and agree to release the Elite Sports Clubs from any liability for the risk of illness, accidents or injury. I understand that The Elite Sports Clubs or camp staff is not responsible for lost, stolen or damaged personal articles and I agree to waive any claims against the Elite Fitness & Racquet Clubs and its members and volunteers to injuries or damages that may result from the conduct of my child or other participants in the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for staff to apply kid safe sun screen and /or bug spray to my child when necessary. (Initial \_\_\_\_\_)