

# Jacobs Aquatic Center

## Summer Camp 2023

**Jacobs Aquatic Center (JAC) Summer Camp is a fun filled, active way to enjoy the summer.**

### **Schedule/Fees**

**Camp** starts May 30th 2023 and runs weekly through August 4th, 2023 8:00AM to 5:30PM

Prices: \$120.00 per week or \$45.00 per day.

Payment in full for your first week is due at the time of registration. Payment for additional weeks will be due on Monday of each week attending camp, or daily if you are paying a day rate. Jacobs Aquatic Center accepts cash, personal checks made out to "JAC", Mastercard and Visa.

### **Policies**

#### **Ages**

5 to 12

Campers must be 5 years old to attend camp this summer. The Parent (or authorized adult – over 18 years old) must deliver the camper to the counselor and sign-in on the daily log. At pick-up, the parents (or authorized adult – over 18 years old) must collect the camper from the counselor and sign-out on the daily log. There are **absolutely** no exceptions to this policy. Any camper arriving without an adult to sign-in will not be permitted to attend camp on that day. No camper will be released from camp without an adult to sign the camper out.

#### **Cancellations**

JAC must be notified prior to the start of a weekly session for you to receive a refund.

#### **No Refunds – No Make-ups**

For sick days or partial weeks. Our staff is here for you everyday. Please do your best to attend.

#### **Lunch**

Campers need to bring a sack lunch Monday-Friday. Water is available to all campers at all times. An afternoon snack will be provided.

#### **What to Bring**

Bring a bag with a towel, suit, gym shoes, flip-flops, hat and sunscreen. Our staff does reapply sunscreen throughout the day. **PLEASE NO SPRAY SUNSCREEN. Do not bring any valuables or camp distractions – gameboys, ipods, etc. Please – label everything! JAC will not be held responsible for the loss or theft of items that are brought to camp.**

#### **Contact us:**

Telephone 305-453-SWIM (7946) or Fax 305-453-7976

## **Jacobs Aquatic Center Rules**

We would like you to have a fun and safe experience. Please read the following:

Every Monday of camp, campers will be required to perform a swim test for pool placement. Red wristbands are for the pirate pool, yellow wristbands for teaching/therapy pool, and green wristbands are for all pools.

1. Obey Lifeguards at all times
2. No running or pushing
3. Do not climb up the slides
4. One person on slide at a time
5. Feet first sliding only
6. No pool toys or inflatables
7. No food or glass products in or around pool (use designated area)
8. Do not climb on netting
9. No street clothes allowed in pool
10. Do not sit or hang on lane ropes or safety ropes
11. Lap lanes are reserved for lap swimming only
12. No one allowed on starting blocks unless instructed by coach
13. No diving in water under 7 feet
14. No jumping into diving well except from the boards
15. After jumping or diving from boards exit the water immediately
16. One person on the board or ladder at a time
17. Only attempt dives for which you are qualified

## **Camp Rules**

1. Be kind to others
2. No rough horseplay
3. Profane language is never acceptable
4. Listen to the counselors
5. Laugh a lot with others, but not at others
6. Have as much fun as humanly possible!!

**\*\*If you break rules you will be warned. If rules are repeatedly broken you may be asked to sit out of certain activities. *Campers who are unable to adhere to the rules may be asked to leave camp with no refund.***

# SUMMER CAMP 2023

## REGISTRATION FORM

1<sup>st</sup> Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

2<sup>nd</sup> Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

3<sup>rd</sup> Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

If there are any health concerns or medications your child/participant is taking, please describe:

### Agreement

- Eligibility:** I agree to comply with the rules of Jacobs Aquatic Center and its staff.
- Drop-off and Pick-Up:** I agree to sign my child(ren) in each day they attend camp, and sign them out each day they attend camp. If I am unable to be present to sign-in or sign-out my child(ren), I will provide an authorized adult (18 years or older) who will act on my behalf.
- Readiness to Participate:** I will only participate in activities for which I believe I am physically and psychologically prepared. I will not attempt athletic skills for which I am not ready.
- Medical Attention:** I hereby give my consent to Jacobs Aquatic Center and its Camp staff to provide customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
- Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in summer camp activities and events. I further agree that Jacobs Aquatic Center, along with its counselors, sponsors, employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

**Primary Medical Insurance:** I am covered by a primary health/medical/accident insurance through (provide carrier and policy number): \_\_\_\_\_

As legal parent or guardian of this individual(s), I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in all activities, events and competitions conducted by Jacobs Aquatic Center and staff.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

"I give permission to run my credit card one week prior to the start of any additional sessions."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Card # \_\_\_\_\_ exp. Date \_\_\_\_\_ CVV: \_\_\_\_\_ Billing ZipCode: \_\_\_\_\_

**\*Payment in full for your first session is due at the time of registration.**