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Ages 7-12

June 2nd – July 31st

8:00 AM – 5:00 PM

Registration Deadline - May 26th



REGISTER
TODAY





308 SE 9th St. Ste. 100
 Pella, Iowa 50219
 Phone: 641-628-4622

www.pellarec.com
 contact@pellarec.com
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Pella Recreation Center

Dear Parent,

Let us introduce ourselves, we are Pella Recreation Center. We are a long running business in Pella with a new name and many new offerings. You probably knew us as Work Systems Rehab & Fitness Inc. (Work Systems Rehab is still in operation within our building). We've added to our fitness business, a new 25,000 square foot indoor multi-purpose turf field; the PRC Fieldhouse is located just north of our existing building on 308 SE 9th Street in Pella.

Our goal is to serve all individuals, and ages in the community with a wide variety of programs. One I would like to give introduction to today is our *PRC Summer Camp* for kids. The camp is geared towards fun, play and movement -not sports specific- however, some sporting activities will be played. Below is an example of what a week at PRC Summer Camp looks like and a sampling of activities. The activity schedule changes weekly. The camp will be lead by our experienced staff for 9 weeks from June 2nd to July 31st, Monday through Friday, 8:00 am to 5:00 pm. We will incorporate field trips, activities, and an end of the summer "camp out".

For additional details and cost, visit our website at www.pellarec.com. Please download our registration packet, fill out the registration form and return to Pella Recreation Center via walk-in, email; josel@pellarec.com, or postal mail to: 308 SE 9th Street Suite 100, Pella, IA 50219. Register now as spots are limited! Registration deadline 5/26/14.

Questions, call 641-628-4622 or email; josel@pellarec.com. Like Us - Follow Us

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-9:30	Drop-off, Orientation	Drop-off, Attendance	Drop-off, Attendance	Drop-off, Attendance	Drop-off, Attendance
9:30-10:00	Walk, Set up	Walk, Set up	Walk, Set up	Walk, Set up	Walk, Set up
10:00-Noon	Activity 1	Activity 1	Activity 1	Activity 1	Activity 1
Noon-12:30	Break down, Walk	Break down, Walk	Break down, Walk	Break down, Walk	Break down, Walk
12:30-1:30	Lunch	Lunch	Lunch	Lunch	Lunch
1:30-2:00	Walk, Set up	Walk, Set up	Walk, Set up	Walk, Set up	Walk, Set up
2:00-4:00	Activity 2	Activity 2	Pool	Activity 2	Activity 2
4:00-4:30	Break down, Walk	Break down, Walk	Break down, Walk	Break down, Walk	Break down, Walk
4:30-5:00	Activity 3, Pick-ups	Activity 3, Pick-ups	Activity 3, Pick-ups	Activity 3, Pick-ups	Activity 3, Pick-ups

- *Week 1 will consist of mostly "ice-breaker" activities
- **Walk - Children and staff walk to and from activity location
- ***Set-up, Break-down - Children and staff will set-up and break-down field of play

<u>Activity 1</u>	<u>Activity 2</u>	<u>Activity 3</u>
Kickball	Flag Football	Arts and Crafts
Dodgeball	Basketball	Movie Room
Wiffleball	Softball	Free Time
Relay Races	Soccer	Study Hall
Scavenger Hunts	Pool (Weds)	
Tag Games		And many more...



Summer Camp Pricing

- Summer Camp runs June 2nd – July 31st
- 9 weeks
- \$100 per week, per child (\$75 for any additional siblings)
- This fee includes: Snacks, T-shirt, arts and crafts, transportation to off-site activities, and equipment costs)

“Extras”

- Lunch is **not** included (refrigerator available on site)
- Local delivery options are available at cost (Jimmy Johns, Pizza Ranch, etc.)
- Field trips (Optional) - Permissions slips go out on Monday, the week of the field trip. Children return permission slip and money prior to, or the day of the trip (usually Friday).
- Field trip fee varies depending on the field trip, snacks and transportation costs will be included. Lunch will **not**. Children will be able to bring sack lunches.
- *Weekly pool session (every Wednesday) - \$5 a week (\$40 for entire summer)

Field trips include:

- Movie Theatre
- Bowling
- Nature Day and Hike
- Paintball
- End of the summer camp-out (Overnight)

* Pool sessions can be added to Summer Camp fee



Summer Camp Registration Form

Please complete this form and return it with entire summer camp packet.

Campers Name: _____

Age: _____ Gender: _____

Grade: _____ T-Shirt Size: _____ (Youth or Adult)

School: _____

Favorite Sport: _____ Favorite Activity: _____

Parent/Guardian's Name: _____

Home Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____

E-mail: _____ (Newsletter, Field trip info, camp schedules)

Emergency Contact Name and Phone: _____

Relationship to Camper: _____



Payment Method

Included with this portion is:

Personal Check in the amount of: _____

Cash in the amount of: _____

Credit card/Debit card in the amount of: _____

MasterCard Visa Discover

Credit Card #: _____ Exp. Date: _____

Signature: _____

Please drop-off or mail this portion to: Pella Recreation Center Attn: Summer Camp
308 SE 9th Street, Suite 100
Pella, IA 50219

We will follow up to confirm registration
For more questions or information, please contact Jose Lainez at: JoseL@PellaRec.com
Additional Registration forms and Summer Camp packet available online at: Pellarec.com



CAMPER NAME: _____

In order to participate in our Summer Camp, each participant must submit completed versions of this Assumption of Risk, Waiver of Liability and Parental Permission Form and the accompanying Health Forms. Participants who have not completed All forms will not be permitted to participate in camp activities until they are received.

AGREEMENT TO PARTICIPATE

To ensure that you and your parents understand and accept the risks of participation in the Pella Recreation Center Summer Camp), you both must indicate your understanding and agreement by signing on the appropriate lines below.

CAMPER AGREEMENT

I affirm that my participation in the Summer Camp is entirely voluntary, and understand that participation in the Summer Camp involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the Summer Camp staff prior to signing this Form. I also understand that, despite safety precautions, neither the Summer Camp nor Pella Recreation Center can guarantee that I will not be injured. I agree to assume these risks.

I understand that the best way to make sure that I remain safe and avoid injury is to follow the rules, regulations and instructions of the staff of the Summer Camp. I agree that I will learn and obey all the rules and regulations and will follow all instructions of the staff of the Summer Camp.

PARENT/GUARDIAN AGREEMENT

I agree to allow my child/ward to participate in the Summer Camp and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the Summer Camp (some of which are described above) which may cause serious injury or even death. I also understand that, despite safety precautions, neither the Summer Camp nor Pella Recreation Center can guarantee that my child/ward will not be injured. My

child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Summer Camp.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO

SUE: In consideration for permitting me/my child/ward to participate in the Summer Camp, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following:

TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from the Summer Camp.

1. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the person or entity responsible for administering the Summer Camp, Pella Recreation Center, or its trustees, officers, employees, agents, students, and staff (hereinafter referred to as "releasees") from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the Summer Camp.

MEDICAL EVALUATION: I understand that I must obtain a medical evaluation and doctor's approval prior to participation in the Summer Camp, and submit a completed Health Form. I understand that I should obtain health insurance coverage prior to participating in the Summer Camp. I further understand that I will be responsible for my medical expenses.

PHOTO RELEASE: I give permission for photographs taken of me/my child/ward while participating in the Summer Camp to be used in marketing/public relations material in the promotion of Summer Camp.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:

Parent/Guardian Name

Signature _____ **Date**

Camper Name

Signature _____ **Date**



Health History

Please complete this form and return it with entire summer camp packet.

Name: _____ Date of Birth: _____

Age: _____

Address: _____ City: _____ State: _____

Zip: _____

Parent/Guardian/Spouse: _____

Phone: _____

In Emergency Notify: _____ Address: _____

Phone: _____

(Check those that apply):

Allergies (Specify)

• Animals

• Food

• Insect Stings

• Medicine/Drugs

• Plants/Pollen

• Other

Chronic or Recurring Illness

• Ear Infection

• Heart Defect/Disease

• Seizures

• Bleeding Disorders

• Asthma

• Hypertension

• Diabetes

• Musculoskeletal Disorders

• Other (Specify) _____

Other Health Conditions

- Constipation
- Menstrual Cramps
- Motion Sickness
- Nosebleeds
- Emotional Disturbances
- Fainting
- Hearing Impairment
- Special Dietary Regimen
- Wears Glasses or Contact Lenses
- Other (Specify) _____

Please describe any other conditions and/or medical information that may be of concerns for these camps:

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted:

Name of family physician: _____

Phone: _____

Health Insurance Provider: _____

Policy Number: _____

Parent's/Student's Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In event I cannot be reached in an EMERGENCY I hereby give permission to the physician named above, or if not available, to the physician selected by the adult in charge, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Date: _____

Signature: _____

(Parent/Guardian if the participant is a minor)



Pick-Up Authorization Form

Please complete this form and return it with entire summer camp packet.

Child's Name: _____

Please list people who are authorized to pick-up your child from camp.

1. Name: _____ Phone Number: _____

Relationship to child: _____

2. 1. Name: _____ Phone Number: _____

Relationship to child: _____

3. 1. Name: _____ Phone Number: _____

Relationship to child: _____

4. 1. Name: _____ Phone Number: _____

Relationship to child: _____

** If someone else other than those listed on this form is going to pick-up your child from camp, please send a note or call ahead of time (PRC 641-628-4622).

If there are any access or custody restrictions, please inform staff.

I give permission for the people listed above to pick up my child(ren) from camp.

Name

Date

Signature