

# HOPEWELL CREST SCHOOL



## SCHOOL AGE CHILD CARE (SACC)

Summer Camp

Parent Information & Registration  
Packet

**HOPEWELL CREST SCHOOL  
SCHOOL AGE CHILD CARE SUMMER CAMP**

**WHO:** Residents of Hopewell Township / Shiloh Borough. This camp is for students attending Hopewell Crest School only.

**WHERE:** APR/Cafeteria at the Hopewell Crest School.

**WHEN:** June 24-28<sup>th</sup>, 2019  
Morning drop-off beginning at 8 AM. Afternoon pick-up by 3:30PM unless your child is attending extended care. Extended care is from 3:30PM until 5:45PM.

**WHAT:** A carefully planned summer camp designed to meet the needs of elementary and middle school students in a supervised environment. Students can participate in specially planned trips/activities. Indoor and outdoor activities are planned. Snacks are provided for those students attending extended care. Parents must provide transportation to and from camp.

**COST:** The cost of camp is **\$175.00 for the week**. All trip expenses are included. The cost of the afternoon extended program is **\$10.00 per day** regardless of the pick-up time. If your child attends the extended program there will be a \$1.00 per minute fee if your child is not picked up by 5:45PM.



**Parent(s) or guardian(s) with whom child resides:**

*(PLEASE PRINT CLEARLY)*

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Name	Home phone	Cell Phone
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Employer	Work phone	Work hours/days
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Name	Home phone	Cell Phone
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Employer	Work phone	Work hours/days
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**Persons authorized to pick-up your child in addition to those listed above. Any changes in this list must be received from you in writing.**

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Name	Mailing Address	Home phone
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Relationship	Work phone	Cell phone
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Name	Mailing Address	Home phone
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Relationship	Work phone	Cell phone
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I give my permission for my child to participate in field trips and activities. Details and information about field trips will be provided.

If a medical emergency arises, the SACC Program staff will first attempt to contact me (parent/guardian). If I (parent/guardian) can't be reached, the SACC Program staff will contact the child's doctor. If the emergency is such that immediate hospital attention is necessary, my child may be taken to the hospital.

I agree to adhere to the SACC Program registration agreement and procedures and give my child permission to participate fully in this program.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

PARENT/GUARDIANS SIGNATURE: \_\_\_\_\_

In case of emergency

Mother/Guardian Phone number: \_\_\_\_\_

Father/Guardian Phone number: \_\_\_\_\_

Additional phone numbers if parents cannot be contacted:

Name	Home Phone	Cell Phone	Work Phone
Name	Home Phone	Cell Phone	Work Phone

PARENT/GUARDIANS SIGNATURE: \_\_\_\_\_

Call the SACC Office, at (856)451-9203 with any questions or concerns.

\*Please sign and return with payment by June 7, 2019. Space is limited!

\*Checks made payable to Hopewell Crest Board of Ed.

## **Camp Agenda**

**Monday** - Morning Activities(HCS) / Afternoon Movies (Regal Cinema Vineland). Please pack a lunch.

**Tuesday** - Camden Adventure Aquarium. Please pack a lunch.

**Wednesday**- Pump it up. Lunch will be provided. Your child will not need to pack lunch. Please read and sign waiver. Return waiver with registration form. Please make sure your child is wearing socks. **They are not able to participate without socks and waiver form.**

**Thursday** - The Oasis Family Fun Center. Lunch will be provided. Your child will not need to pack lunch.

**Friday** - Fun Plex. Students will not be returning to the school until approximately 4:30pm. Please have your child wear their bathing suit. Bring sunscreen, a change of clothes and a beach towel marked with your child's name on it. We will be going to the water park. Please pack a lunch.

For further questions regarding SACC Summer Camp, please call or email.

Jaime Fralick - [jfralick@hopewellcrest.org](mailto:jfralick@hopewellcrest.org)

(856)451-9203

# Pump It Up®

## Waiver, Release, Hold Harmless, and Indemnification Agreement Rev. 15.02

As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at Pump It Up the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

**1:** I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf.

Participant Name	Date of Birth
Participant Name	Date of Birth
Participant Name	Date of Birth
Participant Name	Date of Birth

**2:** I acknowledge and understand that there are known and unknown risks associated with participation in Pump It Up activities and the use of the play area, inflatable equipment and any and all other Pump It Up equipment, including but not limited to the Pop-In Playtime and Open play, which include but are not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death. **3:** I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume. **4:** I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any Pop-In-Playtime and/or any other open play event at Pump It Up. **5:** I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless, release, waive and indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation, except for those arising from the gross negligence or willful misconduct of Pump It Up. **6:** I additionally agree to indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation, except for those arising from the gross negligence or willful misconduct of Pump It Up. **7:** I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion. **8:** I understand that entry, by myself and the participant(s) named, constitutes consent for Pump It Up to use any film, video, or likeness of participants for any purpose whatsoever, without payment to the participant. **9:** The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect. **10:** Any controversy, dispute, or claim arising out of or related to this Agreement, which the parties are unable to resolve by mutual agreement, shall be settled exclusively by submission by either party of the controversy, claim or dispute to binding arbitration; said arbitration to take place exclusively before a single arbitrator located within 25 miles of the Event location and in accordance with the rules of the American Arbitration Association then in effect.

Parent / Guardian Name (please print): \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact number: (     ) \_\_\_\_\_ or (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

By providing your e-mail address you acknowledge we may send you e-mail including Discount offers, special events, and Pump It Up news.