

WIDE WORLD OF INDOOR SPORTS

Vacation Camps: Parent Packet

Thank you for choosing Wide World of Indoor Sports for your Vacation Camp! Our programs will help keep your child active and healthy in a SAFE and FUN environment. The information below will assist you in preparing for your child's camp experience. Please call with any questions– we're more than happy to help!

Forms for Submission

Please be sure that the following information has been provided to Wide World of Indoor Sports:

- Parent Packet– Including Participant Information, Emergency Contact Information, Pickup Authorization, Administration of Medication Form and Participant Waiver (*due 1 week prior to your camp week*)
- Proof of Physical Examination within the last year (*due 1 week prior to your camp week*)
- Immunization records (*due 1 week prior to your camp week*)

Camp Supplies

Please have your child wear comfortable clothing and sneakers to camp. Campers should also bring a small water bottle. Each child should bring two snacks and a lunch; half-day campers should bring one snack. Wide World has drink and snack vending machines available for camper use during snack and lunch times. Please label all personal items sent to camp. Please leave the following items at home: electronic devices, including but not limited to: iPods, cell phones and handheld game systems. Wide World of Indoor Sports is not responsible for any lost or stolen items, including snack money.

Sport-Specialty Camps may require additional equipment. Please refer to the listing below. Please label all personal items sent to camp.

Soccer Specialty Camp: shin-guards, sneakers/turf shoes/cleats, soccer ball

Baseball Specialty Camp: glove (players are welcome to bring their own bat if they have one)

Softball Specialty Camp: glove (players are welcome to bring their own bat if they have one)

Field Hockey Specialty Camp: field hockey stick, ball, shin-guards, mouth-guard

Flag Football Specialty Camp: no additional equipment is required

Wide World Healthcare Policies

Wide World of Indoor Sports has a healthcare consultant on-call who has advised us on Wide World health policies. This individual will advise us in both acute and chronic medical situations. Per Wide World healthcare policy, Wide World of Indoor Sports cannot accept any child who has been diagnosed with a communicable disease (which includes but is not limited to chicken pox, measles and mumps). Parents should not bring their child to Wide World of Indoor Sports if he/she is unable to participate due to illness or if the child requires special attention due to their illness. Any child who has a potentially contagious disease such as a new cold, sore throat, rash, fever, or vomiting should not be brought to camp. In the event of a child being exposed to an infectious disease, the child's parent/guardian must notify Wide World of Indoor Sports. In the event a child is too ill to participate in camp activities, Wide World of Indoor Sports will notify the parent/guardian and the parent/guardian will be asked to pick the child up from camp. If a parent/guardian cannot be reached, Wide World of Indoor Sports will contact an individual on the child's emergency contact listing. If emergency contact information changes, it is the responsibility of the parent/guardian to notify Wide World of Indoor Sports. Please inform Wide World of Indoor Sports if your child will be absent from camp by calling 401-767-1234.

Parent Packet Submission

Please return this packet to Wide World of Indoor Sports at least one week prior to camp start date. This packet can be mailed to Wide World of Indoor Sports, 621 Pound Hill Road, North Smithfield RI 02896. Forms can be faxed to 401-767-3070.

Questions?

Please call our friendly camp staff at 401-767-1234 for camp information.

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Participant Name: _____ **Date of Birth:** _____ **Age at Camp:** _____

Home Address: _____
Street Address *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____ Email: _____

Participant Physical Information

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Gender: _____

Identifying Marks: _____

Parent/Guardian Primary Contact: _____ **Relationship:** _____

Home Address: _____
Street Address *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Ext: _____

Work Address: _____
Street Address *City* *State* *Zip*

Parent/Guardian Secondary Contact: _____ **Relationship:** _____

Home Address: _____
Street Address *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Ext: _____

Work Address: _____
Street Address *City* *State* *Zip*

Emergency Contact/Pickup Authorization

Parent/guardians are required to sign out their child and show a valid photo identification card at the time of pickup each camp day. In the case of an emergency, please provide the names of persons who can be called and are authorized to pick up your child if we cannot reach a parent/guardian. A photo-ID will be required of this person at the time of pickup.

Name: _____ Relationship: _____

Address: _____
Street Address *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____
Street Address *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____
Street Address *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____

Not Authorized for Pickup: _____

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Participant Name: _____ **Date of Birth:** _____

Medical Information

Physician Name: _____ **Physician Phone:** _____

Physician Address: _____
Street Address *City* *State* *Zip*

In order for Wide World of Indoor Sports to better serve your camper, please list any special needs or medical concerns our camp staff should be aware of. Please attach a copy of your child's most recent physical examination within the last year and a copy of your child's immunization records. This information will be kept confidential.

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma/wheezing | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Headaches | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> IEP | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Other: _____ | |

If you checked yes to any of the above questions, please provide a detailed explanation:

Allergies

- My child has no known allergies.
- My child has allergies, detailed information is listed below. *(Please attach an additional page of information if needed.)*

Allergy 1: _____ **Severity:** _____

Symptoms/Reactions: _____

Treatment(s): _____

Allergy 2: _____ **Severity:** _____

Symptoms/Reactions: _____

Treatment(s): _____

Allergy 3: _____ **Severity:** _____

Symptoms/Reactions: _____

Treatment(s): _____

Please describe any other medical conditions our camp staff should be aware of: _____

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Administration of Medication

Wide World of Indoor Sports has the following policy regarding administration of medication to campers: medication must arrive in the prescription container with date, dosage and the doctor's name; a parent must fill out the information below and sign the medication authorization line; medication must be handed directly to a camp administrator upon arrival to camp. Wide World of Indoor Sports will not administer non-prescription drugs (unless authorized by a parent/guardian and indicated below), medication exceeding indicated dosage on prescription container, or medication not contained in the prescription package. Any medications that do not follow the above policy will not be administered and will be sent home.

This individual takes NO medications on a regular basis and will not need medication administered during the camp day.

This individual takes the following medications:

Medication 1: _____ Dosage: _____ Route (oral/topical): _____

Time(s) taken each day: _____ Refrigeration Required? Y / N

Medication 2: _____ Dosage: _____ Route (oral/topical): _____

Time(s) taken each day: _____ Refrigeration Required? Y / N

Medication 3: _____ Dosage: _____ Route (oral/topical): _____

Time(s) taken each day: _____ Refrigeration Required? Y / N

Please describe any special administration instructions: _____

By signing below I certify that this health history is correct, to the best of my knowledge, and the individual described herein has permission to engage in all camp activities except as noted. I hereby authorize Wide World of Indoor Sports to administer the above medications to my child in accordance with Board of Health Regulations.

Parent/Guardian Signature

Print Name

Date Signed

Participant/Photo Waiver

In conjunction with my son or daughter's participation in events sponsored by the Wide World of Indoor Sports, Inc. ("the Company"). I understand that participation in or observation of sports may result in serious injury including permanent paralysis or death. I recognize and assume this risk and understand and agree that neither the company nor any of its officers, directors, shareholders, employees, agents, coaches or referees shall be responsible for any accidents, injury (including paralysis and/or death), loss of equipment or any other costs, expenses, damages or losses in connection with such participation. I hereby represent to the Company that my son or daughter is in good health and is fully able to participate in the rigorous physical activity of the Company sponsored sports program. In the event of injury or illness, the Company has my permission to provide, or make arrangements for the provisions of, emergency first aid.

As the parent/guardian of the listed child, I hereby grant permission to Wide World of Indoor Sports to take and use photographs that may include my child for use in promotional materials without compensation.

Please check one: Yes, my child's photo may be taken and used in promotional materials without compensation.

No, my child's photo may not be taken and used in promotional materials without compensation.

Participant Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Print Name: _____

Date Signed: _____