

Summer Sports Camp

Brought to you by the Arctic Rec Center

Session 2: July 10th – August 4th

Monday – Friday 10:00am – 1:00pm

Open to Grades K – 6th

Place: Arctic Rec Center, 4855 Arctic Blvd.

Phone number: 907-868-3270

Cost: \$400* per session

20 spaces available in each age group, each session

Registration and Refunds:

Registration paperwork and payment for Summer Sports Camp must be completed online through our website at www.centerak.org. You can find more information regarding our summer camp by going to our program tab and clicking Summer Sports Camp. Full payment is required at the time of registration to reserve the child's space. There will be no prorating fees for any days a participant cannot attend.

Age guidelines:

Summer Sports Camp is for children going into Kindergarten in Fall of 2023 and finishing 6th grade Spring of 2024.

Camp Days and Times:

Dates: Session 2: July 10th – August 4th

Times: Monday – Friday 10:00am - 1:00pm

Early Arrivals: Children cannot be dropped off any earlier than before 10 minutes before the camp starts. Early drop offs will incur an early arrival fee of \$1.00 per minute before 9:50am.

Late Pick up: There will be a late fee of \$1.00 for each minute that a child has not been picked up after 1:00pm.

Medical Needs/Allergies:

The Arctic Rec Center is not permitted to administer medication to program participants. In the event of a medical emergency, the Arctic Rec Center will administer first aid, CPR, and rescue in the best interest of the child. Parents will be contacted in an emergency after emergency medical service is called.

Special Circumstances:

Parents and Guardians are required to inform the Arctic Rec Center in writing of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including, but not limited to, any serious behavioral problems or special circumstances regarding psychological, medical, or physical conditions. Once the notice is submitted, a conference will be scheduled to discuss the special circumstances and whether the camp can accommodate those circumstances.

Code of Conduct:

The Arctic Rec Center is a ministry of Faith Christian Community. It is our desire to promote, provide, and facilitate wholesome, positive experiences through sports, recreation, social and business activities. We ask all our guests to conduct themselves in a respectful way in accordance with the Code of Conduct, laws and local ordinances.

- Behavior that is disruptive/abusive in any manner (physical verbal and emotional) is prohibited.
- Non appropriate expressive activity is prohibited.
- Smoking, except in designated areas, is prohibited. Underage smoking is prohibited.
- Appropriate attire is required.
- Respect the Arctic Rec Center's staff, facility, grounds and other guests.
- Respect the coaches of Summer Sports Camp.

Behavior Management/Discipline Policy:

The Arctic Rec Center wishes to create a fun and safe environment for participants in the program. Positive reinforcement and guidance are used for behavior management. Children who do not respond to these methods or who are destructive to others or property will be dealt with in a professional, positive, and timely manner to correct the behavior. If the behavior is a repeated behavior and cannot be corrected, the Arctic Rec Center will issue a written warning to the parents. Continued behaviors will result in a child's dismissal from the camp. Immediate dismissal from the camp can occur at any time given severe circumstances. Refunds for dismissal will not be granted.

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in Summer Sports Camp at the Arctic Rec Center. In exchange for the acceptance of said child's candidacy by the Arctic Rec Center, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless, the Arctic Rec Center, and all its respective officers, agents and representatives from any and all liability for injuries to said child arising out of participating in the camp.

In case of injury to said child, I hereby waive all claims against the Arctic Rec Center, including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent to all sports activities. Some of these injuries include, but are not limited to the risk of fractures, paralysis, or death.

*** Summer Sports Camp includes close contact games and brings with it the risk of illness, including Covid-19. Each player understands the risk of a close contact sport during this illness season. ****

Parent/Guardian Signature: _____ Date: _____

Medical Release and Authorization

As parent and/or guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Arctic Rec Center, and its affiliates including directors, coaches, and team parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized for the dates and duration of the registered camp.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances for the protection of life and limb of the said child, in my absence.

Parent/Guardian Signature: _____ Date: _____