



Dear Parents,

I would like to welcome you to Camp Sport Fit! The weeks that your child will spend with us are sure to be filled with fun! They will play organized games, go on nature walks, swim, and so much more! Please read the following information so that you will be aware of policies and procedures, as well as a list of what to bring.

A Camper Health History Form and Photo/Transcript release form are required prior to the start of camp. The Camper Health History form does not require a doctor's signature. If you home school your child, we require a current immunization record. These forms are attached to this packet, or may be downloaded off the website at [www.sportfitbowie.com](http://www.sportfitbowie.com). The forms are on the "All About Kids" page, under Camp Sport Fit. When filling out these forms, please make sure we have an updated emergency contact listed. If you have participated in camp before, these forms MUST be filled out again. Please return them to the front desk or mail them to:

Attention: Jen Buter  
Sport Fit Bowie  
100 Whitemarsh Park Drive  
Bowie, MD 20715

I am excited to welcome you to Camp Sport Fit! Please take the time to read the following information, and if after that you have any questions or concerns, feel free to contact me at 301.262.4553 or [jen@sportfitbowie.com](mailto:jen@sportfitbowie.com). Let's have a happy and safe summer!

Thank you,

Jen Buter  
Children's Activity Director  
Sport Fit Bowie

**BOWIE**  
100 Whitemarsh Park Dr  
Bowie, MD 20715  
301-262-4553  
410-741-1355

**LAUREL RACQUET**  
204 Fort Meade Rd  
Laurel, MD 20707  
301-953-1414  
410-792-2222

**LAUREL SWIM**  
314 Marshall Ave  
Laurel, MD 20707  
301-498-3377  
410-792-7294

**SEVERNA PARK**  
551 Baltimore-Annapolis Blvd  
Severna Park, MD 21146  
410-432-6140

## **What to Bring:**

**Please make sure that ALL of your child's belongings are labeled!!!!!!!!!!**

Book bag- Please have your child pack their things in a regular school book bag, we are often moving around, and they are easier for the children to carry. Please take your child's size into consideration when choosing what you pack their things in.

Lunch- Please put in a lunch box. Be sure to include a bottle of water. We do take water breaks throughout the day, but the children will be allowed to carry their own with them.

Swimsuit, Towel, Sandals- Children may wear their swimsuits under their clothes each day to enable for a quicker change. Also remember if your child likes to use goggles, they should be packed in the bag as well.

Sunscreen- Please make sure that you apply sunscreen to your child before they are dropped off at camp. If you would like them to reapply, you must send sunscreen in a sealed plastic bag along with a note requesting that they be allowed to do so.

\*\*Camp Sport Fit Jr- Please provide a complete change of clothes. This can be placed in a sealed plastic bag and left at the gym during your camp week.

## **Where to Go:**

Camp Sport Fit:

Drop Off and Pick Up are at the house on the right after the main Sport Fit building and the new parking lot. This allows for a better traffic pattern and parking options.

Camp Sport Fit Jr.

Drop Off is in the main building, at the Children's Activity Center.

Pick Up is in the main building at the 3-5 year old room, just past the Children's Locker Rooms in the Pool access hallway.

## **Hours:**

Drop Off is 9 AM and Pick Up is 4 PM. If you have signed up for before/aftercare, you may arrive as early as 8 AM and pick up as late as 5 PM.

\*\* We have provided staff for this time and cannot allow children to be dropped off early or picked up late. If for some unavoidable reason you are not here to pick up your child at the designated time, please call ahead and be aware that care will be provided by the aftercare staff and you will be billed the \$40 before/aftercare fee. You will then be allowed to use the service for the rest of the week. \*\*

\*\* If you are late picking up children beyond 5:10 PM, they will be provided supervised care at the rate of \$1/minute PER CHILD\*\*

## **Medications or Allergies:**

Please let us know of any allergies or special needs prior to camp.

Submit any prescription drugs, including inhalers to the Director. They must be in the original prescription bottle, or they will not be accepted. Keep in mind we are a self administering camp which means that **YOUR CHILD** must know how to administer their own medications. If you have questions about this, please contact Jen.



## CAMPER HEALTH HISTORY

Child's Name: \_\_\_\_\_

The following information is required for a camper to be admitted to  
Camp Sport Fit or Camp Sport Fit Jr.

### CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations (see [www.edcp.org](http://www.edcp.org))

1. Please provide month, day, & year of camper's last tetanus (or DTP) shot: \_\_\_\_\_
2. Is the camper exempt from any immunizations on medical or religious grounds?
  - Yes (provide a signed copy of Maryland department of Health & Mental Hygiene Immunization Certificate from either a licensed physician, indicating the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.
  - No

### CONTACT INFORMATION

Name of Parent(s) or Legal Guardian(s): \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health information:

Please provide information on any medical conditions, psychological conditions, behavioral conditions, medications (we cannot administer any medications to campers), dietary restrictions & allergies (we will provide a snack), or special needs that we need to be aware of to ensure your child's safety:

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Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Release for Photo & Transcript Use

I understand that a photo, video, audiotape or other image taken, captured or recorded of me may be used for promotional purposes and I hereby release Sport Fit (Laurel Racquet, Laurel Swim, Bowie and Severna Park) from any and all claims and demands whatsoever arising out of or connected with the said photo, video, audiotape or other image in consideration for value received.

Furthermore, I agree that once taken or recorded, the photo, video, audiotape or other image of me becomes the exclusive property of Sport Fit and their successors in business.

I hereby irrevocably consent to and authorize the use and reproduction of my image by Sport Fit without further compensation to me.

I am over 18 years of age.      Yes \_\_\_\_\_ No \_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_

If the person signing is under 18 years of age, consent should be given by a parent or guardian.

I hereby certify that I am the parent or guardian of \_\_\_\_\_  
the model named above, and for value received, I do give my consent without reservations to the foregoing on behalf of him or her or them.

Parent or guardian \_\_\_\_\_

Witness \_\_\_\_\_