

Application Checklist for WPSD Soccer & Volleyball Camp Summer Camp 2014

Dear Parents,

This is a checklist of required things for camp registration.

- ___ 1. Application completed.
- ___ 2. Physical form included signed by you. You should soon receive, if not already received, a packet from the WPSD Health Center including a physical form for your doctor to fill out and sign, along with a medical consent form. These **MUST** be returned for your child to participate in the camp.
 - A. Signed Doctor's orders are **REQUIRED** by law for prescription medications.
 - B. Any over-the-counter medicine you want given to your child will require a written note by you. (You provide the medicine.)
 - C. Please make sure your child has had a tetanus shot within the past 10 years.
 - D. Medicine needs to be in the original containers. **NO MEDICINE WILL BE ACCEPTED IN BAGGIES OR UNMARKED CONTAINERS.**
- ___ 3. Attach a copy of your current Medical Insurance Card to the physical form.
- ___ 4. Sign and return all the Waivers and Permission Forms included in your application packet.
- ___ 5. Send in payment for evening activities. Checks can be made payable to WPSD.
- ___ 6. Sign and return the Dietary Needs Form.
- ___ 7. Read, sign, and return the Concussion in Youth Sports fact sheets and form.

PLEASE RETURN ALL COMPLETED FORMS IN THE ENCLOSED ENVELOPE

ALL forms MUST be returned by August 1, 2014

June 6, 2014

Dear Parents/Guardians,

WPSD will be hosting a Soccer & Volleyball Summer Camp starting Sunday, August 10th at 5:00pm and running through Friday, August 15th at 12:00pm. All meals will be provided. We will have evening activities scheduled throughout the week, swimming, and ping pong/dart tournaments. Please have your child pack appropriate clothing for all activities.

Parents/Guardians will be responsible for arranging transportation on Sunday and Friday for their child. We will be providing a bus from the Camp Hill office leaving at 1:00pm on Sunday, August 10th and returning at 4:00pm on Friday, August 15th. Please indicate below the appropriate drop-off and pick-up locations for your child.

The WPSD Code of Conduct as well as coaches' expectations will be enforced throughout the entire week. Failure to comply with either will be grounds for dismissal from the camp.

If your child is permitted to participate in this camp, please sign the form below and **return it along with the rest of the application packet by August 1, 2014**. Your child **must have a sports physical for the 2014-2015 school year** before participating in any of these camps.

Please feel free to contact me at 412.371.7000 if you have any questions or concerns. We look forward to seeing your child in August!

Thank you,

James A. Noschese
Dean of Students

JAN/jed

**Soccer and Volleyball Summer Camp
August 10-15, 2014**

My child, _____, is permitted to participate in the Soccer & Volleyball Camp this August.

My child will participate in (please check one):

Soccer (overnight)

Volleyball (overnight)

Drop-off on Sunday, August 10th (please check one):

between 12:00pm-1:00pm at the Camp Hill Office

no earlier than 5:00pm at WPSD

Pick-up on Friday, August 15th (please check one):

4:00pm at the Camp Hill Office

12:00pm at WPSD

Parent/Guardian Signature

Date

June 6, 2014

Dear Parents/Guardians,

As a part of our Soccer & Volleyball Summer Camp we will be planning a couple of off-campus evening outings and also visit a local community swimming pool. The cost for these activities is \$25.00 plus any extra spending money you would like to send for drinks, snacks & souvenirs.

We will be travelling in a WPSD vehicle and the students will be properly supervised at all times.

If you permit your child to participate in these outings, please fill out the form below and return it to me along with the other required forms and \$25.00 by August 1st. Please feel free to contact me at 412.371.7000 if you have any questions or concerns.

Sincerely,

J. Aaron Noschese
Dean of Students

JAN/jed

PERMISSION FORM
Off-campus evening activities – Soccer & Volleyball Summer Camp
August 10-15, 2014

I give my permission for _____ to participate in the off-campus evening activities planned for during the Soccer & Volleyball Summer Camp. I have enclosed \$25.00 to cover the cost of the ticket. I understand he/she will be riding in a WPSD vehicle and will be properly supervised at all times.

Parent/Guardian Signature

Date

Medical Consent:

A. I certify I have insurance in force to cover injuries that may occur to my child while attending the Western Pennsylvania School for the Deaf Soccer & Volleyball Summer Camp. WPSD will not be responsible for medical expenses as a result of illness or an accident or emergency incurred while my child is a camper.

B. I give my consent for the WPSD Soccer & Volleyball Summer Camp medical staff to administer my child's prescribed medication or other over-the-counter medicines (Tylenol, cough medicine) to be administered pursuant to the printed directions on the medication label. (Or you may send your own with specific instructions.)

C. I consent to allow the Western Pennsylvania School for the Deaf to give proper medical attention to _____ (camper's name - please print). Also, any hospital, offices, personnel and

physician providing medical or surgical services to the above named child may rely on the consent or authorization executed by WPSD with the same force and effect as if personally executed by me at the same time that such consent or authorization is obtained. I understand that I will be notified as soon as possible should such medical attention be needed.

D. The Western Pennsylvania School for the Deaf has my permission to correspond with the family doctor of any of the clinics or schools where my child has been seen if a need is indicated.

E. I hereby release the Western Pennsylvania School for the Deaf and its administration, directors, employees, agents and subcontractors, from any and all liability for bodily injury, or cost of medical treatment therefore, or injury incurred as a result of the administration of emergency treatment.

Your signature below indicates consent for sections A, B, C, D and E

Parent/Legal Guardian Signature

Date

Parental Consent Release:

I(We) hereby grant the Western Pennsylvania School for the Deaf PERMISSION to photograph or other wise depict our child, _____(camper's name - please print), and to publish any such depiction along with his/her name, age and address in connection with any publicity program or professional activity.

I(We) understand that any depiction, may be used in connection with newspaper articles, television, WPSD website, radio programs, motion pictures, school publications, professional journals, and in other proper circumstances.

Parent/Legal Guardian Signature

Date

Release Information:

Name of newspapers most often read in your home:

WPSD Disclosure Statement:

I(We) understand that the WPSD Soccer & Volleyball Summer Camp is not responsible for personal items that may be lost or misplaced during summer camp. This includes, but is not limited to any clothing, glasses, cameras, jewelry, pagers, cell phone and hearing aids.

Parent/Legal Guardian Signature

Date

Dietary Needs Form
(please complete and return with all other forms)

My child, _____ has the following dietary needs (please check one):

___ **NO** dietary needs

___ Vegetarian

___ Other (please explain): _____

Parent/Guardian Signature

Date