

2017

PE Academy Summer Sports Camp



Activities

- Kickball
- World Cup
- Dizzy Bat
- Soccer
- Wiffle Ball
- Hand Tennis
- Nukem
- Balloon Toss
- Basketball
- Gauntlet
- Pickle Ball
- Flag Football
- Battle Ships
- Ultimate Frisbee
- Capture the Flag
- Street Hockey
- Dodgeball Games
- Battle Ships
- King of the Hill
- Hunger Games
- Team Handball
- Balloon Launcher
- Riverton Ninja Warrior

HOSTED BY:

DAVE ZALIN & BOB SCARROTTA

Week 1

Tuesday - Friday
June 20th - 23rd
8:30 AM - 1:00 PM

Week 2

Monday - Friday
June 26th - 30th
9:00 AM - 12:30 PM

Week 3

Monday & Wed-Fri
July 3rd, July 5th-7th
8:30 AM - 1:00 PM



Physical Education Class in the Summer?

That is what we do at PE Academy Summer Sports Camp!

All Campers will participate in a physical education based program that fosters each campers personal health, fitness and safety while having tons of fun!

Early Bird Registration Register by Saturday, April 1, 2017

Single Camper Registration
 1 WEEK—\$135.00
 2 WEEKS—\$250.00
 3 WEEKS—315.00

Sibling Registration
 1 WEEK—\$120.00
 2 WEEKS—\$230.00
 3 WEEKS—315.00



Send Registration with Check/Cash to:
Dave Zalin or Bob Sciarrotta
Or Register Online at
www.peacademy.weebly.com

2017 PE Academy Registration

1 week \$150.00
 2 weeks \$270.00
 3 weeks \$345.00

1 week sibling \$135.00
 2 weeks sibling \$240.00
 3 weeks sibling \$330.00



Who

Children Going Into Grades 1 - 9

Where

Riverton Memorial Park

See Reverse Side For Registration & Waiver

PE ACADEMY SUMMER CAMPS

<u>Single Camper</u>	<u>SPORTS CAMP</u>	<u>“STEAM” DAY CAMP</u>	<u>Circle T-Shirt Size</u>
Name _____ D.O.B. _____ Age _____ 2017-2018 School Grade _____	Circle Week(s) 1 (June 20-23) 8:30am - 1:00pm 2 (June 26-30) 9:00am - 12:30pm 3 (July 3, 5-7) 8:30am - 1:00pm	Circle Week(s) 1 (June 20-23) 8:30am - 1:00pm 2 (June 26-30) 9:00am - 12:30pm 3 (July 3, 5-7) 8:30am - 1:00pm	Youth (S, M, L) Adult (S, M, L, XL, XXL)
Medications	Allergies	Other Medical Comments	Dismissal Time:
			<input type="checkbox"/> Picked up by parent/guardian <input type="checkbox"/> walk home <input type="checkbox"/> ride bicycle

<u>Sibling #1</u>	<u>SPORTS CAMP</u>	<u>“STEAM” DAY CAMP</u>	<u>Circle T-Shirt Size</u>
Name _____ D.O.B. _____ Age _____ 2017-2018 School Grade _____	Circle Week(s) 1 (June 20-23) 8:30am - 1:00pm 2 (June 26-30) 9:00am - 12:30pm 3 (July 3, 5-7) 8:30am - 1:00pm	Circle Week(s) 1 (June 20-23) 8:30am - 1:00pm 2 (June 26-30) 9:00am - 12:30pm 3 (July 3, 5-7) 8:30am - 1:00pm	Youth (S, M, L) Adult (S, M, L, XL, XXL)
Medications	Allergies	Other Medical Comments	Dismissal Time:
			<input type="checkbox"/> Picked up by parent/guardian <input type="checkbox"/> walk home <input type="checkbox"/> ride bicycle

<u>Sibling #2</u>	<u>SPORTS CAMP</u>	<u>“STEAM” DAY CAMP</u>	<u>Circle T-Shirt Size</u>
Name _____ D.O.B. _____ Age _____ 2017-2018 School Grade _____	Circle Week(s) 1 (June 20-23) 8:30am - 1:00pm 2 (June 26-30) 9:00am - 12:30pm 3 (July 3, 5-7) 8:30am - 1:00pm	Circle Week(s) 1 (June 20-23) 8:30am - 1:00pm 2 (June 26-30) 9:00am - 12:30pm 3 (July 3, 5-7) 8:30am - 1:00pm	Youth (S, M, L) Adult (S, M, L, XL, XXL)
Medications	Allergies	Other Medical Comments	Dismissal Time:
			<input type="checkbox"/> Picked up by parent/guardian <input type="checkbox"/> walk home <input type="checkbox"/> ride bicycle

NOTE: If someone other than the regular parent/guardian is picking up your child, notify Robert Sciarrotta or David Zaun in writing.

Mother's Name _____ Home Phone _____ Work/Cell _____
 Father's Name _____ Home Phone _____ Work/Cell _____
 Emergency Contact Name _____ Phone _____
 Campers Address: _____
 Email 1: _____ Email 2: _____

ACKNOWLEDGEMENT OF RISK /WAIVER & RELEASE OF ALL CLAIMS/MEDICAL INFORMATION AND RELEASE FORM

I certify that my child/childrens current physical condition is satisfactory for participating in the P.E. Academy Summer Camp Program. I recognize and acknowledge that there are certain risks of physical injury in any recreational program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the P.E. Academy Summer Camp Program.

I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless P.E. Academy LLC, and Riverton Township and their boards, committees, officers, agents and employees, including but not limited to their officers, agents and employees from any and all claims from injuries, damage or loss which may have accrued or which accrue to my child/children or me on account of my child/childrens participation in the P.E. Academy Summer Program other than injuries, damage or loss resulting from negligence or willful misconduct.

As parents/guardians of the child/children identified in this registration form, I/we hereby consent, in our absence, to any adult in possession of the Consent & Release consenting to authorizing or approving any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and emergency and hospital care to be rendered to our child under the general or special supervision and on the advice of any licensed physician, dentist, surgeon, nurse or paramedical person, and we agree to pay for such treatment. We also agree to indemnify and hold harmless such person who may be in possession of this Consent & Release, P.E. Academy LLC, and Riverton Township and their boards, committees, officers, agents and employees, including but not limited to their officers, agents and employees and any qualified medical person form any and all claims, demands, suits or judgments or actions of any kind arising out of our child/childrens participation in the program. Also we release any and all medical persons, institutions and organizations from reliance upon the consent authorization of approval of medical treatment for our child/children made by an adult in possession of this Consent & Release.

Parent or Guardian's Signature _____ Date _____

Primary Medical Insurance Company _____ Policy # _____ Group # _____

PHOTO RELEASE WAIVER

I hereby grant and convey to the PE Academy LLC all rights, title and interest in any and all photographic images and video or audio recordings made by or on behalf of PE Academy LLC during the PE Academy Summer Camp, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I further agree that PE Academy LLC may photograph and/or videotape my child/children while I am engaged in activities at PE Academy Summer Camp and that PE Academy LLC retains the rights to use these visual images and recordings in any manner without compensation to or prior authorization by me or my child/children.

Parent/Guardian's Signature _____ Date _____