



## **WELCOME TO HIGH VELOCITY SPORTS ALL-SPORTS CAMPS!**

Dear Parents/Guardians:

Thank you for choosing High Velocity Sports for your child's summer camp experience! We are excited to announce that HVS All-Sports Camps are State of Michigan Licensed.

We need your help to keep the camp experience safe and organized for everyone who attends. By completing the attached forms and reading through the new and updated policies, we hope to provide the best care for your child.

### **Things to Know:**



### **ALL-SPORTS CAMP MISSION STATEMENT**

The purpose of High Velocity Sports All-Sports Camp is to provide a fun and safe place for kids, 5-14 years old, to stay active during summer break playing sports, making friends, and having a blast!

At the end of the camp season, parents will receive a short survey in which they can provide feedback, give compliments, and/or suggestions. This is your opportunity to let us know how we are doing.

The measure of our success is how much fun your child has!



### **ALL-SPORT CAMPER TO COACH RATIO AND AGE REQUIREMENTS**

All High Velocity Sports All-Sport Camp Coaches must be at least 16 years of age at the start of camp.

The following camper to coach ratios will be used as supervisory standards. We will make every effort to always have at least 2 staff members per group present consisting of at least one adult (age 18 or older). In the event that an unusual number of enrollments take place on the morning of a camp, an additional coach may be called in to help. In the meantime, we will do our best to stay within the ratios below.

Camper Age-Group	Number of Day Campers	Number of HVS Staff
Mini Campers (ages 5-8)	10	1
Junior Campers (ages 9-11)	10	1
Senior Campers (ages 11-14)	10	1



### SUMMER CAMP ARRIVAL AND DEPARTURE PROCEDURES

Please follow the following procedures when dropping off and picking up your child to ensure the safety of all HVS patrons, vendors, and employees.

1. **DON'T FORGET! Registrations made for All-Sports camp on the day of camp will be accepted, however there will be a \$10 fee.**
2. When arriving to HVS, please park in a designated parking spot. The fire lane and the handicap spots are not for "quick" drop-offs. They create a blind spot for other cars and unnecessary backups.
3. Every summer camper, regardless of age and frequency at HVS, must be walked in by an adult to the check-in area every day! Although some children know HV like the back of their hand, it is not safe for your child to walk in alone nor is it permitted for him or her to be in the building unaccompanied.
4. The same rules apply when picking up your child—park in a designated parking spot and come in to check out your child. If there is a time crunch, call ahead and we will have your child ready to go, but our policy still states that a parent or guardian must park and come in to check him or her out.
5. If there is an unexpected change in who will pick up your child, phone ahead. You, and the non-parent or guardian may be asked a few security questions to ensure the safety of the child.

Office Number to call:  
(734) 487-7678



### PERSONAL PROPERTY POLICY

Please note that High Velocity Sports strictly prohibits the possession and use of any alcohol and non-prescription drugs on its premises.

All sports equipment is provided and thus please leave personal sporting goods at home.

Cell phones and other electronic devices are permitted, however they must be in proper cases and left at the front office during regular camp hours (9:00 am—12:00 pm and 1:00-4:00 pm). Electronic devices may be used during before care (7:15 am—9:00 am) and after care (4:00 pm—6:00 pm) and during lunch (12:30 pm-1:00 pm). **HIGH VELOCITY SPORTS IS NOT RESPONSIBLE FOR ANY LOST, STOLEN, OR DAMAGED ITEMS.** All electronics must be secured in a protective case & labeled with your child's name.

If your child has cash, it must be checked in at the front desk. Campers will have access to funds, however video games can only be played during before and after care and from 12:30 pm-1:00 pm during lunch and before and after care. If a child would like to use cash for a snack or drink from a vending machine, he or she will have access at any time.

Animals, except seeing-eye dogs, are not permitted inside High Velocity Sports. Please keep all pets at home or in the car.

Weapons of any nature are strictly prohibited at High Velocity Sports.

If any child or adult is assumed in possession of any illegal or dangerous item, the police will be called immediately.

High Velocity Sports is not responsible for any lost items that were not checked in. Please label your child's items to avoid any mix-ups.



#### **CAMPERS RELEASE POLICY**

Each camper will have a form filled out that includes who the child may be released to. Emergencies come up and parents must send a friend, neighbor, or other relative to pick up their child. In that case, the parent will have to call HVS and confirm their address and phone number from MYSAM and then give the name of the person who is to pick up their child.

The non-parent will have to show ID and we will make a copy of that driver's license to attach to the child's form. This will be an extra measure of security that would allow us to give police as evidence should there be some kind of fraud between parents.

#### **ABSENT CAMPERS**

If a child is on the roster and is more than 60 minutes late, then a phone call will be made to the parent. If a parent calls in, a note will be added in MYSAM indicating why the child was not at camp—sick, out of town, etc.

#### **CHANGE OF CLOTHES POLICY**

Please send a change of clothes and undergarments with your child each day. In the event of an accident, a tear or rip, or that your child's clothing becomes wet or somehow extremely soiled, the child will be instructed to change into alternate clothing. If a change of clothes is not provided and your child is in need, a pack with underwear, shorts, and a t-shirt will be provided for \$15 fee.



## PARENT NOTIFICATIONS

Parents will be called if:

- 1) a child is injured more than a simple scratch, bump, or bruise. If a child shows any signs of a possible strain, sprain, or broken bone, a concussion, an allergic reaction or a burn. In the event of a severe injury such as a confirmed broken bone, the child is unconscious, or staff must perform CPR, 911 will be called first, then the parent/guardian. All High Velocity Sports All-Sports Coaches and Managers are CPR/First Aid/AED certified and familiar with how to use epi pens, however all medications (both over the counter and prescription) are required to be checked in at the front office before camp with a label including the child's name, what the medication is for, how much and how often is required to administer, what possible reactions the child may have with or without the medication, and instructions on how to use items like an epi pen.
- 2) a child appears ill or shows signs of fever, chills, or vomits.
- 3) a child hits anyone, uses hostile language or threatens anyone, or is continuously disruptive and disrespectful to staff and other campers.

If your child is ill before camp and shows signs of a fever, vomits, or shows other signs of illness that may be contagious, please consult with your physician before sending the child to camp.



### **Snack Break and Lunch at High Velocity Sports**

At All-Sports Summer Camp, a snack break is taken at 10:30 am and at 2:30 pm. At this time, campers may use the restroom, drink water or Gatorade/Powerade, and eat a light, healthy snack.

Please make sure your child brings a refillable water bottle or sports drink so he/she can stay hydrated. Snacks are important to keep up energy. Please do not send sugary or heavy snacks.

If you do not have time to pack a snack or drink, your child may purchase items from our vending machines. Snacks are typically \$1 each and 20oz. drinks are \$2. High Velocity can provide a snack for your child for \$1 fee that can be paid at the end of the day.



**Lunches MUST be ordered or called in by 10:30 am!**

## **\$5 HOT LUNCH SCHEDULE**



**Mondays: Cheese or Pepperoni Pizza**



**Tuesdays: Pizza or Hamburger**



**Wednesdays: Pizza or Hot Dog**



**Thursdays: Pizza or Grilled Cheese**



**Fridays: Pizza or Chicken Tenders**

**All lunches come with a side of:  
Fruit, Carrots, Chips, or Cookies &  
a Fountain Drink, Juice Box, White or Chocolate Milk**

**Concessions will be open from 12:30-1pm for  
Slushies (\$1) and Sno Cone (\$1) purchases.**







**CAMPER RELEASE FORM**

In the event that a parent or guardian is not available to pick up your child, please list below to whom your child may be released to. If there is an emergency in which none of the people on the list below are able to pick up your child, you must call High Velocity Sports at (734) 487-7678 and give us the name of the person picking up your child. At that time a few security questions will be asked to verify that you are indeed the parent and the person picking up your child will have to show identification verifying who they are. A copy of the ID will be kept on file at HVS. Please complete the form below

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child lives with: BOTH PARENTS IN SAME HOUSEHOLD or WITH MOM WITH DAD

Child may be released to (please include yourself):

Name	Relationship to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anyone that you child should absolutely NOT be released to? If yes, please list the person(s) name below and explain the situation and what our staff is to do if that person tries to pick up your child from camp. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature Date: \_\_\_\_\_

## HEALTH HISTORY RECORD

Michigan Department of Licensing and Regulatory Affairs

Dear Authorized Person:

The following information is request so that the Camp can better meet the physical, intellectual, and emotional needs of the camper. Fill out the information requested. (Use back of form if additional space is required.) "Authorized person" means a parent, guardian, or adult camper's designee.

Camper's Name (Last)		First		Middle	Sex	Date of Birth				
Address (Number and Street)			City		Zip	Telephone (Home)				
Authorized Person's Name (Last)		First		Middle	Telephone (Work)					
Address (Number and Street)			City		Zip	Telephone (Emergency)				
Is the camper having any of the problems listed below?				Yes	No		Yes	No		
1.	Hay fever, asthma, or wheezing			<input type="checkbox"/>	<input type="checkbox"/>	7.	Trouble with passing urine or bowel movements			
2.	Eczema or frequent skin rashes			<input type="checkbox"/>	<input type="checkbox"/>	8.	Shortness of breath			
3.	Convulsions/seizures			<input type="checkbox"/>	<input type="checkbox"/>	9.	Speech problems			
4.	Heart Trouble			<input type="checkbox"/>	<input type="checkbox"/>	10.	Menstrual Problems			
5.	Diabetes			<input type="checkbox"/>	<input type="checkbox"/>	11.	Dental problems			
6.	Frequent colds, sore, throats, ear aches (4 or more per Year)			<input type="checkbox"/>	<input type="checkbox"/>	12.	Other			
Please explain any problem areas identified above including any current infectious diseases:										
If female has she been told about menstruation (answer if appropriate)					Has she menstruated (answer if appropriate)					
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					
Operations or Injuries										
Explain Any Special Health, Behavioral or Emotional Consideration(s)										
Medication Needed of Used (Including Psychiatric)						Currently Being Given				
Kind	Frequency			Dosage		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
						<input type="checkbox"/> Yes	<input type="checkbox"/> No			
						<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin or other drugs), Bedwetting, Fainting, Sleep Walking, etc.										
IMMUNIZATION		Polio	Mumps	Diphtheria	Tetanus	Pertussis (Whooping cough)	Measles	Rubella	Hepatitis B	Other
	Date Initial Immunization Completed									
	Date of Most Recent Booster									
Should the camper's activity be restricted because of any physical limitation or illness?						<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain degree of restriction:		
I certify that this information is true to the best of my knowledge.			Authorized Person's Signature					Date		

Name of Child (Print Last Name, First Name)

I hereby give permission to the children's camp named below, which is licensed by the Department of Licensing and Regulatory Affairs, to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp.

Parent Signature	Date of Signature
Parent Signature	Date of Signature
Camp Name (Print or Stamp)	

LARA is an equal opportunity employer/program.

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### **MEDICAL EMERGENCY CARE AUTHORIZATION**

Michigan Department of Licensing and Regulatory Affairs

**Notice:** By signing the reverse side of this card you are granting the operator of the camp organization authority to secure emergency medical, surgical treatment for your camper while attending camp if there is insufficient time to contact you.

You are giving the camp operator permission to secure routine, nonsurgical medical care for your child while attending camp.

In accordance with MCLA Act 116 of the Public Acts of 1973 and the rules for licensing children's camps, this authorization must be signed by a parent or guardian unless there is religious objection.

MCLA 722.124a, Section 124a(2) states: "A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing the organization with authority to consent to emergency medical and surgical treatment of the child. The parent or guardian shall consent to routine, nonsurgical medical care.

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I, the undersigned, acknowledge and agree that attending or participating in sports may be hazardous and may result in injury. I further agree that I assume all risks of injury for myself and anyone who comes with me to the premises incurred or suffered while upon the premises or as a result of using the facilities or equipment therein.

I further expressly agree to release High Velocity Sports Group, its owners, employees, agents, successors, assigns, affiliates and anyone else associated with High Velocity Sports Group from any claims, demands or damages whatsoever, whether developed or undeveloped, known or unknown, anticipated or unanticipated, have, now or in the future, including, but not limited to any and all claims, demands or damages for negligence, personal injury and/or loss, theft or destruction of personal property. It is my intention that this release be as broad as Michigan law allows releases of this sort to be. I understand that, without this document, the cost of participation would necessarily be greater, and I also acknowledge that I may obtain insurance to protect myself if I so choose.

I further agree to save, hold harmless, and indemnify High Velocity Sports Group, its owners, employees, agents, successors, assigns, affiliates, and anyone else associated with High Velocity Sports Group, from any and all claims, demands or damages, including cost, interest and attorneys' fees which they may suffer or incur as a result of any claims by me, anyone who comes with me to the premises, or related entities, and/or as a result of any claims, demands or lawsuits arising out of my actions or those of anyone who comes with me to the premises.

I HAVE READ THE FOREGOING RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

\_\_\_\_\_

Minor's Name

\_\_\_\_\_

Parent/Guardian's Name

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Date

## **NEW!!! CODE OF CONDCUT AGREEMENT**

In order for the High Velocity All-Sports Summer Camp Program to be fun and safe, HVS has implemented a list of rules and expectations for each camper. It is each camper's responsibility to follow the policies listed below. Please review them with your child and sign the bottom of the form.

- Follow directions at all times.
- Take turns and share with others.
- Solve problems positively.
- Be a friend. Include and help others.
- Keep hands and feet to yourself at all times.
- Use polite words in an appropriate voice.
- Respect all property.
- Care for and encourage one another.
- Clean up and keep area neat for others.
- Accept consequences.
- **THERE IS A ZERO TOLERANCE POLICY FOR HITTING AND BULLYING.**

The above rules are necessary for the program to be a positive environment for all. The rules of the High Velocity All-Sports Summer Camp Program are to ensure that everyone has a good time and remains safe. If a camper has trouble following the above rules, he/she will be referred immediately to the Camp Directors.

Camp Directors will determine the appropriate course of disciplinary action and parents will be notified.

Please sign below indicating that you have discussed these rules with your child.

Print Name

Parent Signature

Date: \_\_\_\_\_



### CAMP CHECK-IN QUESTIONNAIRE

- 1) Does your child have any physical impairments that may limit his/her ability to participate in sporting activities? \_\_\_\_\_  
\_\_\_\_\_
- 2) Does your child have any mental or emotional impairments, social delays, aversions, etc. that our staff should be aware of? \_\_\_\_\_  
\_\_\_\_\_
- 3) Is there any other medical information that may help our staff better relate to your child that we should know about? \_\_\_\_\_  
\_\_\_\_\_
- 4) Does your child have any allergies, and if yes, what are they? \_\_\_\_\_  
\_\_\_\_\_
- 5) Does your child require any medication for allergies, asthma, or any other medical conditions and does he or she know how to administer medication? \_\_\_\_\_  
\_\_\_\_\_
- 6) Is your child up to date with the State of Michigan requirements for immunizations? \_\_\_\_\_  
Has your child ever had a tetanus shot? Yes No

Parents:

If HVS staff is to be responsible for the possible administration of medication to your child, please properly label the medication and include directions, an emergency phone number, and any other information that may be helpful. If your child requires cognitive assistance to administer medications, please sign here to indicate permission to treat your child based on the medications and instructions you provide: \_\_\_\_\_ (Everyone must sign here).

Please include any other information you think may be helpful to our staff:

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I agree that all the information above is accurate and that nothing has been falsified or purposely omitted. With my signature below I give my child permission to participate in All-Sports Camp activities except where otherwise indicated on this form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_