



MECHANICSBURG SPORTSMEN'S PROTECTIVE ASSOCIATION



493 SAMPLE BRIDGE ROAD
ENOLA, PA 17025

YOUTH ARCHERY DAY CAMP MANUAL

Program Details:

Dates : June 24, 2019 – June 28, 2019

Times: Drop – off/Sign in 8:00 – 8:25 A.M.

Program 8:30 – 11:30 A.M.

Pick – up / Sign out 11:30 – 11:45 A.M.

Location: Mechanicsburg Sportsmen's Association
493 Sample Bridge Road
Enola, PA 17025

Cost: \$125 per student for the week (non-refundable)

Registration Dates: April 26, 2019 – June 17, 2019 (extensions possible if needed by instructor)

Camp is limited to 20 students – any received beyond the first 20 will be notified and placed on a waiting list.

Daily Schedule:

Each day the students will be involved in educational activities that allow them to gain the skills to shoot a bow properly. They will also be involved in activities that teach the parts of the bow, the different styles of competition, scoring and more. The class will work on the skills from a distance of 10 yards. If there are students that can accurately and safely shoot from a distance farther than 10 yards, they may, at the instructor's discretion, do so outside on the practice range. (This will be based solely on the group of students in the class and dependent on the daily activities.) There will be a 15 minute break scheduled into each day.

An example of a day: (subject to change based on the material for the day.)

8:30 – 9:15 Introduction / Lesson

9:15 – 10:00 Shooting

10:00 – 10:15 Break

10:15 – 10:45 Lesson

10:45 – 11:30 Shooting

How to Register:

1. Read all of the information contained in this document.
2. Complete and sign the registration & emergency contact form and submit payment (**Checks payable to Mechanicsburg Sportsmen's Association**) to the following address:
Julia Mentzer-Yarlett
P.O. Box 776
New Kingstown, PA 17072-0776
3. Spots will be reserved only after payment has been received along with the completed forms.
Registration is taken on a first come first serve basis.

Questions may be directed to Julia Mentzer-Yarlett Email: julia.mentzeryarlett@gmail.com

or Phone 717-579-7339 (Call between 5 – 10:30 PM)

****Email is the best option.****

ATTENDANCE: Please drop-off and pick-up your child during the hours: 8:00 am to 8:25 am (drop-off), 11:30 am to 11:45 am (pick-up). For those arriving late to drop-off/pick-up, you must provide notification to the Director by 8:00 am that day. If you arrive before the drop-off/pick-up time, please wait patiently outside the doors. Children become distracted when parents arrive early for pick-up. Please do your best to be on time so that we can run a structured program. You may contact the Director at 717-579-7339.

ILLNESS: If your child is unable to attend camp due to a medical emergency/illness, you must provide advance notice by 8:00 am that day. If your child needs to be removed during camp hours for a family emergency, please call 717-579-7339 so that we can arrange for you to pick-up your child. Refunds are not issued for missed days. Should a prolonged illness occur, a doctor's note is required from your family doctor, noting the child's inability to participate in the remainder of the summer camp program. Refunds will be at the discretion of the Mechanicsburg Sportsmen's Association.

MEDICATION(S): Only **prescribed medications** will be administered during the program day, and only at the written request of the parent/guardian. Medications must be in the original container with the physician's instructions. **Absolutely NO over-the-counter** medications will be provided or administered to children.

SNACKS: We encourage you to pack water bottles that can be easily transported to and from activities. Also, there will be a break scheduled each day that the children may have a snack. Please send something in for them to eat for a snack if they would want.

PERSONAL BELONGINGS AND ATTIRE: All **personal belongings must be *labeled with your child's name***. Please dress your child appropriately for activities. The camp will be both inside and out. Short sleeved top (something that isn't baggie) and sneakers. We will be in a wooded area so bug spray and sunscreen are recommended. We do not have any to provide for the students. Please do not send your child in open-toed shoes, or high-heel shoes. Mechanicsburg Sportsmen's Association and its instructors are not responsible for any lost or stolen items. Outdoor activities occur most days.

CODE OF CONDUCT: Children are expected to display appropriate behavior at all times and follow directions from camp staff. They must be respectful of all participants, staff and others. Children are expected to refrain from using foul language and causing harm to self, others or the staff. Should behavioral problems occur, verbal coaching and other accepted discipline measures will be implemented. If discipline measures, and cooperation with parents/guardians fail to resolve a behavioral issue, the child may be suspended or dismissed from the program. No refunds will be issued for those participants removed from the program.

HEALTH AND EMERGENCY PROCEDURES: The parent/guardian of any child, who becomes ill or injured during camp hours will be notified and may be asked to pick-up their child. Should a serious medical emergency arise, local emergency services will be contacted. Staff will remain with the child and the parent(s)/guardian(s) will be contacted. All participants are required to have their own health and hospitalization insurance. Mechanicsburg Sportsmen's Association is not responsible for medical care, treatment or transportation costs of injuries incurred by program participants.



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493 SAMPLE BRIDGE ROAD
ENOLA, PA 17025

YOUTH ARCHERY DAY CAMP REGISTRATION FORM

Participant Name _____ Date of Birth _____ Gender _____

Parent/Guardian's Name(s) _____ Club Member Yes / No

Address _____ Home Phone _____

Email _____ Cell Phone _____

Circle one of the following:

Archery Equipment: None Have own

WAIVER AND RELEASE:

Parent(s)/Guardian(s) must agree to all items and this signed form must be submitted to Mechanicsburg Sportsmen's Protective Association (address provided below).

Photograph Consent: I consent that photograph's taken of my child can be used in the Mechanicsburg Sportsmen's Association Newsletter, for future camp flyers and on the Website.

Pick-up Release: List the person(s) permitted to pick-up. (Attach a separate sheet if needed)

I hereby grant, _____ permission to be released to the following person (s):
(name of participant)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

- As a legal guardian I give permission for the registrant to participate in all phases of camp activities. I understand and agree to cooperate with all regulations. I will not allow registrant to attend if not in good physical condition. In an emergency, when the undersigned or other person named cannot be reached, I give permission for the camp authorities to take any emergency measures deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian.
- I understand and accept the expectations, as outlined, and agree to abide by the program procedures, guidelines, policies and financial commitments, as previously defined. This includes information included in the Archery Camp Manual.
- I hereby waive and release the Mechanicsburg Sportsmen's Association, against all expenses, liabilities and claims of every kind, including reasonable counsel fees, by or on behalf of any person or entity (including, but not limited to the organization, its members, participants, spectators and other third parties) arising out of any activity whatsoever conducted on or around the on-site premises to which this agreement pertains.
- I give consent for my child to receive emergency medical care and/or be transported by staff or EMS personnel to the hospital, should it be deemed necessary.

By signing below, I verify that the answers given and statements made on this form are full and true to the best of my knowledge. I also agree to the terms and conditions as explained on the Archery Camp Manual.

Electronic "signatures" are not valid.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

Complete this form and mail it with payment to:

Julia Mentzer-Yarlett

P.O. Box 776

New Kingstown, PA 17072-0776

EMERGENCY CONTACT AND HEALTH INFORMATION

In the case of a medical emergency, the information below will allow us to provide the best possible care and service for your child. This form will be kept on file and/or provided to medical personnel in case of an emergency. Treatment will not be authorized without parental permission unless it is an emergency.

Participant Name: _____

Birthdate (mm/dd/yyyy): _____ Age: _____ Male: _____ Female: _____

Medical Contact:

Primary: _____ Relationship to Child: _____ Phone: _____

Mother/Guardian Name: _____

Daytime Phone: _____ Secondary Daytime Phone: _____

Father/Guardian Name : _____

Daytime Phone: _____ Secondary Daytime Phone: _____

Other/Guardian Name: _____ Relationship to Child: _____

Daytime Phone: _____ Secondary Daytime Phone: _____

Health Information:

List ALL dietary restrictions, medical issues (medications, epilepsy, asthma and/or disabling conditions) that our instructors should be aware of in order to assure special attention. (Attach a separate sheet if needed.)

Food Allergies: _____

Medications: _____

Special Needs: _____

Other: _____

Complete this form and mail it with payment in the amount of \$125 to:

**Julia Mentzer-Yarlett
P.O. Box 776
New Kingstown, PA 17072-0776**

For Use by Office	
Date Received	
Cash	Check
Total Enclosed	
Date Submitted to Treasurer	