



*Wheely Fun*  
**SUMMER CAMP**



**5315 S. SAGINAW RD.  
FLINT, MI 48507  
(810) 694-4533**

## Welcome to Wheely Fun Camp!

This handbook has been designed to answer the many questions parents and campers may have. Please read this information packet carefully. If you have any questions or concerns, feel free to contact Rollhaven Skating Center at (810) 694-4533.

The camper information form and the release of liability form, included in your packet, must be completed by a parent/guardian and returned to Rollhaven Skating Center ten (10) days prior to your child attending Wheely Fun Day Camp. All information should be brought to Rollhaven Skating Center or mailed to:

WHEELY FUN SUMMER DAY CAMP  
ROLLHAVEN SKATING CENTER  
5315 S. SAGINAW RD.  
FLINT, MI 48507

### Our Goal

The goal of Wheely Fun Camp is to give the children in our care the opportunity to have a fun, safe summer while making new friends and learning new skills. We will provide activities in both small and large group settings under the guidance of caring and well-trained staff members. Attending camp is an experience that children never forget and we want their experience at Wheely Fun Camp to be as positive as possible.

### Camp Staff

Our staff is selected to make your child's experience with us as fun and safe as it can be. All of our managers are CPR & First Aid Certified. The entire staff participates in a training session with emphasis on safety and entertainment. Background checks are conducted on all members of the staff. Rollhaven Skating Center is committed to recruiting & developing an outstanding group of counselors that are dedicated to providing the best possible camp experience.

## 2021 Wheely Fun Camp Dates

Week 1 July 12-16      Week 3 August 9-13  
Week 2 July 26-30      Week 4 August 23-27

## Wheely Fun Camp Fees

FULL DAY 9am - 5pm

One full day      \$45

All week          \$165

HALF DAY 9am - 12 noon or 1:00-5:00pm

One half day      \$35

All week          \$115

Receive 10% off if registered before June 1, 2021. Discount is for full week, full day registrations and will be applied when registration is paid in full. Cannot be combined with any other offer. Must be paid in full one week prior to the camp week you are registering for.

Early drop off at 8:00am available for \$7 per child per day.

Children registered for half day camp must be picked up by 12:00pm

Full day campers must be picked up by 5:00pm.

There is a \$5 late pick-up fee for children picked up more than 15 minutes late.

Full week registration includes camp t-shirt, skate rental & 2 snacks per day.

Half day registration includes skate rental & 1 snack per day.

Camp is for ages 6 through 12 years of age.

## Payments

A \$50 deposit will hold your spot and will be subtracted from your balance. Payments may be made in person, online or by phone. Payments may be made by cash, debit card or credit card (Visa, Mastercard, Discover, American Express). If you have any questions regarding your camp bill, please call the Rollhaven Skating Center office Monday thru Friday, 12:00pm-5:00pm at (810) 694-4533.

### PAYMENT SCHEDULE

Week 1. . . . . Full payment due July 5

Week 2. . . . . Full payment due July 19

Week 3. . . . . Full payment due August 2

Week 4. . . . . Full payment due August 16

Fees must be paid in full one week prior to the first day of camp.

## Cancellations and Refunds

Any cancellation must be made to a Rollhaven Skating Center manager. Money will only be refunded if you cancel at least a week before your camp week starts. The only exception is a note from a doctor stating that the child cannot attend camp for a medical reason. All money will be refunded if we are shut down due to Covid restrictions.

## Attendance Policy

If your child is going to be absent, parents are required to call Wheely Fun Camp at 810 694-4533. If counselors do not answer the phone, please leave a message on our voice mail.

## Lunch and Snacks

Rollhaven Skating Center will provide lunch and snacks with good nutrition in mind. One snack will be provided in the morning and one in the afternoon. Campers may bring their own bagged lunch with the camper's name on it. All lunches will be stored in a refrigerator. A kid friendly lunch will be available for campers to purchase for \$4.00. A menu specific to the week you are registering for will be available to you a week in advance. If you child has any food allergies, please be sure to indicate that on your registration forms. Water is available at all times. Soda, milk, tea, juice and sport drinks are available for sale.

Current MDHHS Covid requirements will be followed.

## Camp Schedule

This is just an example. Activities & Times may change from day to day

Check In	9:00 - 9:45am
Indoor/Outdoor Activity	9:45 - 10:00
Snack	10:00 - 11:00
Arts & Crafts	11:00 - 12:00
Half Day Pick Up	12:00pm
Lunch & Quiet Time	12:00 - 1:00
Free Skate & Bounce Time	1:00 - 3:00
Snack	3:00 - 3:15
Free Choice	3:15 - 4:30
Clean Up & Pick Up	4:30 - 5:00

There are certain times during the camp week when Rollhaven is open to the public. We ask that campers wear their camp shirts to be easily identified. Our staff will be posted at the front door, on the skating floor and in one of our birthday rooms. During open sessions, a birthday room is reserved for Wheely Fun campers only. This room is also used for camper's special activities offered as a non skating option.

## What to Bring to Camp

### Items that should be brought to camp:

Sunscreen (for outdoor activities)  
Comfortable Athletic Shoes  
Proper Clothing for Physical Activity  
Skates (If you do not have your own, skates will be provided)

### Items that should not be brought to camp:

Jewelry  
Toys  
Video Games  
Expensive items  
Cell Phones  
(If you can't take it to school with you, don't bring it to camp with you)

Your child's name should be on anything they bring to camp.  
Wheely Fun Camp is not responsible for lost or stolen items. Lockers are 50 cents.

## Medical and Drug Administration Policy

Medication will only be administered under the following guidelines:

- \*Non-prescription medication will not be administered under any circumstances.
- \*An Authorized Medication Form must be completely filled out including signature and date.
- \*All prescription medication must be in it's original container with the child's name, address and dosage instructions listed.
- \*Medications are to be given to a staff member upon the child's arrival to camp
- \*All medication is secured within a locked area. Medication that requires refrigeration is placed on a labeled shelf in the refrigerator.

## Emergency Procedures

Rollhaven Wheely Fun Camp employs CPR/First Aid certified staff. Our trained first aid personnel will respond to minor illnesses or injuries that arise during the camp day. For any illness or injury that requires medical treatment, parents will be notified immediately. If a parent/guardian cannot be reached, then the emergency contact person will be called. In the case of an injury which requires immediate medical treatment, the following steps will be taken:

1. Ambulance will be called.
2. Parent/Guardian will be notified.
3. A staff member will accompany the child to the hospital.
4. Rollhaven Wheely Fun staff will remain with the child until a parent/guardian arrives.

## Pick-Up/Drop Off Procedures

Parents/Guardians must come into the building and sign your child in no earlier than 8:00am and sign your child out no later than 5:00pm (extended day hours, 8am). Proper identification must be shown when picking children up. Rollhaven Wheely Fun Camp will only release a child to an adult authorized and listed on the child's registration form. In the event that a relative or friend not listed on the registration form needs to pick up a child, parents should provide advance written notification. If an emergency of unexpected need arise for an unauthorized person to pick up the child, precluding written advance written notification, a telephone call from the parents or legal guardian must precede the arrival of the unauthorized person. Identification from this person is required. NO child will be released to any individual with-out proper identification.

## Anti Bullying Policy

At Wheely Fun Camp, bullying is inexcusable and we have a firm policy against all types of bullying. Our camp philosophy is to ensure that every camper has the opportunity to have a safe and fun place to make new friends, acquire new skills and life experiences. We work together as a team to ensure that campers gain self-confidence and go home with great memories. Unfortunately, persons who are bullied may not have the same potential to get the most out of their camp experience. Our leadership addresses all incidents of bullying seriously and trains staff to promote communication with their staff and their campers so both staff and campers will be comfortable alerting us to any problems. Every person has the right to expect to have the best possible experience at camp, and by working together as a team, we can help our campers and staff have a great summer at Wheely Fun Camp.

## Behavioral Management Plan

Discipline and Guidance shall be (1) consistent and (2) based on understanding of the individual needs and level of development of each child. The goal of all discipline is to maximize the growth and development of self-discipline while ensuring the safety of the group.

Rules and limits will be clearly explained to campers frequently so that they understand them and feel secure and safe. Developmentally appropriate methods of behavior management will be used in dealing with unacceptable behavior. These methods include use of some of the following techniques: distraction, redirection, gentle reminders, offering acceptable choices, natural consequences and when absolutely necessary, time away from the situation to relax and renew self control.

“Renewal time” is used with much care and thoughtfulness to prevent it from becoming a punishment. Behaviors which might call for “renewal time” include but are not limited to:

\*Repeated defiance of rules set down for the children’s safety (only after said rules are thoroughly established)

\*Repeated behavior which threatens the physical and/or emotional safety of the child, other children or staff (i.e.: hitting, biting, verbal assault, kicking, throwing objects, pushing and temper tantrums) will result in the following:

First Offense - “In House” behavior management. The child will be asked to sit and discuss what unacceptable behavior they demonstrated and why it occurred. With the assistance of the staff person, they will list alternate appropriate behaviors for possible future situations. Parents will be notified.

Second Offense - An incident report will be completed and the parent will be called in for a conference that same day. Previous documentation will be shared and a plan of action with staff, parent and child will be determined. (Ex: Choices may include loss of privileges at home or camp)

Third Offense - Suspension of 1-3 days depending on the severity of behavior.

Fourth Offense - TERMINATION from the program.

NOTE: Extremely Violent/Threatening Behavior can result in an IMMEDIATE TERMINATION.

At no time will a behavior incident be dealt with in a demoralizing, humiliating, abusive manner. No child will be subject to neglect, cruel, unusual, severe, or corporal punishment including punishment which subjects a child to verbal abuse, ridicule or humiliation, denial of food, rest or use of bathroom facilities. Punishments for soiling, wetting or relating to or not eating food is strictly prohibited.

No staff member shall be subject to verbal or physical abuse by a child enrolled in camp. This includes humiliation, foul or abusive language or ridicule.

### Adjustment to the Camp Experience

If a child is unable, in our opinion, to enjoy the camp experience, we reserve the right to ask for his or her withdrawal after consultation with parents/guardians. Please feel free to speak to our camp staff regarding any questions or problems your child may have adjusting to the camp program.

Your questions, suggestions and concerns are important to the success of Wheely Fun Camp. You are your child's best advocate. It's important that you inform the staff if your child is having difficulty at camp or home that might affect their behavior at camp. Let them know if changes are occurring at home that are affecting your child's mood or behavior. Do not let a potential problem arise and grow. Also, if your camper really enjoyed a particular event or activity and you appreciate something special we did at camp, please tell the staff. Positive feedback lets us know we are doing things right. Rollhaven welcomes parents/guardians to visit camp at anytime during the week.

If you have any questions or concerns, always feel free to contact us. We are looking forward to a great summer of fun at Rollhaven Wheely Fun Camp. (810) 694-4533.





**2021  
SUMMER DAY CAMP  
REGISTRATION FORM**

**CHILD'S NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **SHIRT SIZE (CIRCLE ONE)** **YOUTH** **ADULT**  
(Week Registration Only) **SML** **MED** **LG** **SML** **MED** **LG**  
6-8 10-12 14-16

**PARENT/GUARDIAN** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **OTHER PHONE** \_\_\_\_\_

**EMERGENCY CONTACT (NAME & RELATIONSHIP)** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**FAMILY DOCTOR** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PHYSICAL DESCRIPTION OF YOUR CHILD** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**MEDICATIONS** \_\_\_\_\_

**IN ORDER FOR US TO BETTER SERVE YOUR CHILD, PLEASE LIST ANY DISABILITY OR IMPAIRMENT, SPECIAL EDUCATION SERVICES OR SPECIAL ATTENTION THAT YOUR CHILD HAS HAD:** \_\_\_\_\_

**PICK-UP AUTHORIZATION** \_\_\_\_\_

I understand that I, or another authorized pick-up person, must pick up my child by 12:00pm if registered for the half day camp, and by 5:00pm if registered for the full day camp. I also understand there is a \$5.00 late pick-up fee if more than 15 minutes late. I understand that the Wheely Fun staff will not release my child to anyone not listed on this form as an authorized pick-up person.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_



# WHEELY FUN DAY CAMP RELEASE OF LIABILITY

This document affects your legal rights. You must read and understand this document before initialing it or signing.

NAME \_\_\_\_\_ If under 18 Name of Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

I, the above-named person being above age eighteen, or the legal guardian of the above-named person who is under 18, in consideration of the services of **Skatemoore, Inc.** (Hereafter referred to as "**Rollhaven**") the rate charged for those Services, and the right to engage in **Rollerskating** and other various activities as a participant, hereby acknowledge the following:

## ACKNOWLEDGMENT OF RISKS

I understand and acknowledge that **Rollerskating** and other activities involve certain known risks to myself, my child and/or spectators or other third parties. I understand and acknowledge that **Rollhaven** cannot guarantee the safety of me or my child, as participants or spectators. My participation in these activities is voluntary; no one is forcing me/he/she to participate.

## ACCEPTANCE OF RISK AND RESPONSIBILITY

Being aware that **Rollerskating** and other activities can involve risks of injury to myself or my child, I expressly agree to accept and assume all responsibility and risk for injury, or death, to myself or to my child arising from my/his/her participation in this and other activities at the **Rollhaven** Wheely Fun Summer Day Camp.

## RELEASE

I hereby voluntarily release and forever discharge **Rollhaven**, its officers and employees, and all other persons or entities from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my/his/her participation in Wheely Fun Summer Day Camp. I further agree to hold harmless and indemnify **Rollhaven**, its officers and employees and all other persons or entities from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury or property damage which I/he/she may negligently or intentionally cause to spectators or other third parties in the course of my participation in this camp. I further agree, not to sue, assert or otherwise maintain any claim against **Rollhaven**, its officers and employees, and all other persons or entities, for bodily injury, or death, to myself or to my child, arising from or connected with my/his/her participation in the summer camp program from any claim asserted against any of us by spectators or other third parties.

## ENTIRE AGREEMENT

I understand that this is the entire Agreement between myself and **Rollhaven**, its officers and employees, and that it cannot be modified or changed in any way by the representation or statements of any officer, employee, or agent of **Rollhaven** or by me. My signature below indicates that I have had sufficient opportunity to read this entire document, understand it completely, and agree to be bound by its terms.

Date \_\_\_\_\_ Signature of Participant \_\_\_\_\_

Signature of Parent or Guardian (if under 18) \_\_\_\_\_

Witness or Notary \_\_\_\_\_

Seal

**AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER**  
(To be completed by parent/guardian)

NAME OF CAMPER \_\_\_\_\_ AGE \_\_\_\_\_

FOOD/DRUG ALLERGIES \_\_\_\_\_

DIAGNOSIS (at parents discretion) \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

NAME OF LICENSED PRESCRIBER \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

NAME OF MEDICATION \_\_\_\_\_

DOSE GIVEN AT CAMP \_\_\_\_\_ ROUTE OF ADMINISTRATION \_\_\_\_\_

FREQUENCY \_\_\_\_\_ DATE ORDERED \_\_\_\_\_

DURATION OF ORDER \_\_\_\_\_ QTY RECEIVED \_\_\_\_\_

EXPIRATION DATE OF MEDICATIONS RECEIVED \_\_\_\_\_

SPECIAL STORAGE REQUIREMENTS \_\_\_\_\_

SPECIFIC DIRECTIONS (e.g., On empty stomach/with water) \_\_\_\_\_

SPECIFIC PRECAUTIONS \_\_\_\_\_

POSSIBLE SIDE EFFECTS/ADVERSE REACTIONS \_\_\_\_\_

OTHER MEDICATIONS (at parents discretion) \_\_\_\_\_

LOCATION WHERE MEDICATION ADMINISTRATION WILL OCCUR \_\_\_\_\_

I hereby authorize ROLLHAVEN to administer, to my child, \_\_\_\_\_

the medication(s) listed above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Wheely Fun Summer Day Camp Medical Treatment Waiver

Parent or Guardian Name \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Child's Age \_\_\_\_\_

I understand that in case of an emergency in which I can not be contacted, medical treatment could be required. I give full permission to **Rollhaven** to authorize any treatment necessary to insure the safety of my child.

Preferred Hospital \_\_\_\_\_

Insurance Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This waiver does not any way hold **Rollhaven**, its officers and employees, and all other persons or entities financially responsible or otherwise liable for any medical or emergency care given.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_