



THE FACILITY

The Carroll Indoor Sports Center was built in the summer of 1993 specifically for indoor sports. The arena has three turfed fields totally enclosed by netting and a full size basketball/volleyball court. All fields have electronic scoreboards, home, guest and official boxes, 8' glass dasher boards on spectator side and bleacher seating for spectators. The facility itself has two warm up areas, a party/art room, and a complete snack bar.

FIELD TRIPS

Field trips are taken during random weeks. At the beginning of the week field trips will be posted with the sign in board at the front office. Previous field trips have been taken to Bounce With Me Inflatables, Taneytown Bowling Lanes, Camp Hashuwa, Piney Run Park, Island Green Golf and the Baltimore Ravens Practice at McDaniel College. Admission and bus transportation along with most activities are paid for by the camp for all of our full time/full week campers.

THE CAMP

In its tenth year, the Carroll Indoor Summer Sports Camp is a unique camp that lasts throughout the summer for kids ages 6-13. The camp is not considered an instructional camp, but rather a learn-by-doing and having fun camp. The Summer Sports Camp emphasizes sportsmanship and fair play. The camp incorporates almost every imaginable sports activity from soccer to bocce. Most sports activities are divided into at least two age groups. Some weeks field trips will be taken. All snacks, drinks and lunches are provided by the camp. Drop off is as early as 7:15 AM and pick up is no later than 5:45 PM (a late pick up charge will be assessed at the time of pick up if after 5:45 PM).



Instruction By Gym Teachers

Hot Lunches Included

Carroll Indoor Sports Center
www.carrollindoor.com

Carroll Indoor Summer Sports Camp

2010

Ages 6-13

Age Specific Activities

Daily and Weekly Rates

Climate Controlled Environment

movies

Fun

field trips

games

lunches



INSTRUCTION

The majority of our staff are teachers or college students studying to be teachers. Staff will have background checks and CPR training. Most of the staff will have worked the camp in previous years. Guest staff members, other sport instructors or coaches may be brought in for full or half day sport demonstrations. The campers to staff ratio will be no larger than 10 to 1.

Main Staff Members:

Becki Rimmell-9 Years at Camp. Gym teacher at Carrolltowne Elementary School & former track and soccer coach at Winters Mill.

Rob Vaughn-6 Years at Camp. Gym teacher at Shiloh Middle School & freshman basketball coach at North Carroll High & former coach at McDaniel College.

Katie Hancock-7 Years at Camp. School teacher at Westminster Elementary School.

Chris Vaughn-3 Years at Camp. Gym teacher at Ebb Valley Elementary School & varsity basketball coach at North Carroll High.

Beau Ridgway-7 Years at Camp. Staff member at Century High School & track coach at Winters Mill and former football coach.

SAMPLE DAILY SCHEDULE

- 7:15 AM-9:00 AM:
Regular Drop Off / Free Choice Activity
- 9:00 AM-10:00 AM:
Group or Team Activity
- 10:00 AM-11:00 AM:
Individual Sports
- 11:00 AM-12:00 PM:
Lead up to games for team sports
- 12:00 PM-12:30 PM:
Lunch-served by CISC
- 12:30 PM-12:45 PM:
Carroll Clean-up
- 12:45 PM-1:30 PM:
Sit Down Activities (Board Games, Trivia Games, Videos, etc.)
- 1:30 PM-3:30 PM:
Individual Sports
- 3:30 PM-4:00 PM:
Afternoon Snack
- 4:00 PM-4:30 PM:
Daily culminating activities
- 4:30 PM-5:45 PM:
Pick up / Free Choice Activity

RESERVATION & PAYMENT

\$5 non-refundable deposit per child for each day

Start	End	Reservation- Circle Days For Each Week	Office Use Only
6/14*	6/18	Mon* Tues* Wed* Thur Fri <i>*start date depends on when teachers get out of school</i>	
6/21	6/25	Mon Tues Wed Thur Fri	
6/28	7/2	Mon Tues Wed Thur Fri	
7/5	7/9	Mon Tues Wed Thur Fri	
7/12	7/16	Mon Tues Wed Thur Fri	
7/19	7/23	Mon Tues Wed Thur Fri	
7/26	7/30	Mon Tues Wed Thur Fri	
8/2	8/6	Mon Tues Wed Thur Fri	
8/9	8/13	Mon Tues Wed Thur Fri	
8/16	8/20	Mon Tues Wed Thur Fri	

Complete and return the form to:

Carroll Indoor Sports Center
515 Old Westminster Pike
Westminster, MD 21157

Checks can be made payable to CISC.

FEES

Daily Rates	1st Child	2nd Child	3rd Child	4th Child
Early Registration (prior to June 1st; deposit required)	\$40	\$35	\$30	\$25
Pre-Registration (prior to 5 PM Friday before camper attends)	\$45	\$40	\$35	\$30
Drop-In Registration (only if space is available)	\$50	\$45	\$40	\$35

Weekly Rates	1st Child	2nd Child	3rd Child	4th Child
Early Registration (prior to June 1st; deposit required)	\$160	\$140	\$120	\$100
Pre-Registration (prior to 5 PM Friday before camper attends)	\$180	\$160	\$140	\$120
Drop-In Registration (only if space is available)	\$250	\$225	\$200	\$175

- **Early Registration:** Must be received in our office no later than May 31st with completed registration form & deposit of \$5 per day per child. Balance is due first day of each week that the camper attends. Deposits are non-transferable & non-refundable.
- **Pre-Registration:** Must be received by 5 PM Friday evening prior to week/day attending, with full payment; no exceptions. All fees are non-transferable & non-refundable.
- **Drop-In Registration:** This option is available when space permits. Completed form must be brought to office with full payment; no exceptions. All fees are non-transferable & non-refundable.
- Field trips are included for all full-time weekly campers. An additional charge of \$10 per camper will be applied for any campers not attending a full week of camp during a field trip day.
- These costs include hot lunches, snacks and drinks.
- No registration forms will be accepted without a tetanus date.
- We ask that all campers refrain from bringing inappropriate items such as Game Boys, MP3 players or card games to camp. CISC will not be responsible for any stolen or missing items that campers bring to camp.
- Cell phones may not be used during camp hours.

Credit Card Payments for Deposits:

Name on card: _____ Zip Code: _____

Card Number: _____

Exp. Date: _____ V-Code (last 3 digits on signature panel): _____

Type of Card (circle one):



Amount to place on card: _____

Would you like your credit card charged the balance at the start of the week? YES NO

If yes, please put down the email address you would like the receipt mailed to:

THE APPLICATION

Child's Name: _____ (Last Name) _____ (First Name) _____ (one form per child)

Contact Information:

Primary Parent or Guardian:

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email Address: _____
Company/Employer Name: _____

Secondary Parent or Guardian:

Name: _____ Relationship: _____
Address (if different from above): _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Company/Employer Name: _____

Child Information:

Age: _____ Date of Birth: _____
School Attended: _____ Phone Number: _____
Primary Physician: _____ Policy Number: _____
Any allergies or medical concerns?: _____ Medications for allergies?: _____
Actions that are required by CISC in such an event: _____
Date of last tetanus shot (required info by State of Maryland): _____
Does your child attend a Maryland school (required info by state of Maryland): YES NO
Does your child have all required immunizations: YES NO (if not a MD school participant you must attach a copy of immunization records)
Is your child exempt from any required immunizations for medical or religious reasons? YES NO (if YES please attach documentation)
Provide information on any medical conditions, psychological conditions, behavior conditions, medications, dietary restrictions, allergies or special needs that we need to be aware of to ensure that your child's camp experience is positive.

Emergency #/Pickup Authorization - (if unable to contact primary or secondary parent / guardian):

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes the responsible person at the center to have your child transported to the hospital by a instructor or by ambulance if we are not able to contact you immediately.

Waiver of Liability: I verify that the information provided herein is true and correct. I further verify that I will not hold the Carroll Indoor Sports Center, Inc. (CISC), National Building Leasing, Inc., or any representative or counselor of Carroll Indoor Summer Sports Camp or CISC responsible for any injury or accident which may occur while traveling to, participating in, or returning from any CISC event.

Signature: _____ Date: _____