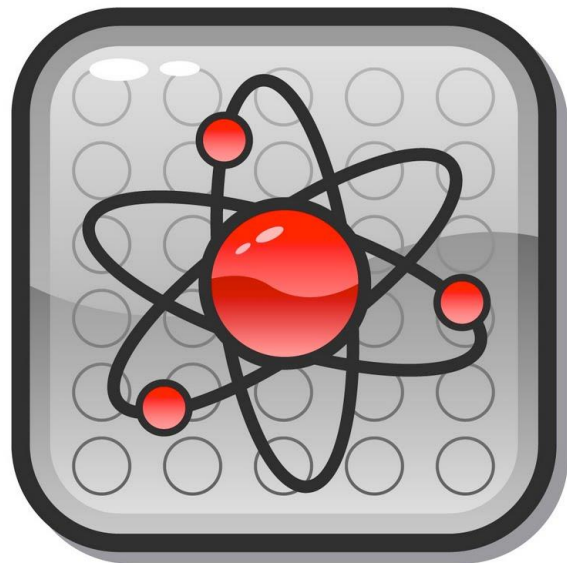
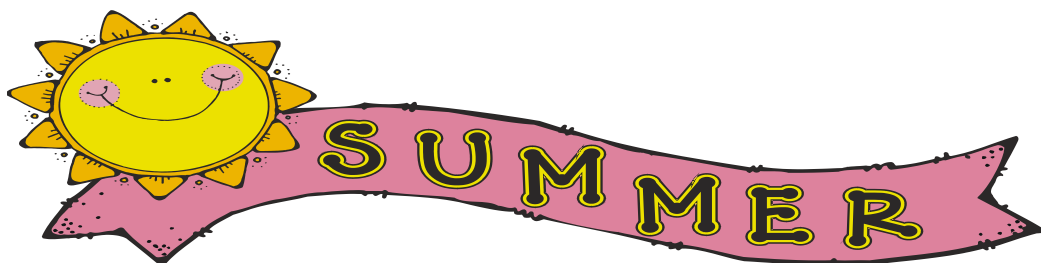


# DISCOVERY OF SCIENCE PACKAGE 9



SUMMER CAMP 2017



**SOAK UP THE SUMMER FUN**  
**with Andrews Academy Summer Camp!**

We are pleased to have your child as a camper in our summer program. We are confident that he/she will have a wonderful experience learning new skills and improving already acquired ones in their selected activity package.

Our qualified staff has worked hard preparing a summer of well organized activities in which the children will participate. Information regarding daily schedules, field trips or special events for your child may be obtained from his/her counselor, or on the T.V. monitor and bulletin board in the lobby. As a courtesy to working parents, complimentary extended care is offered before and after camp, with the hours of 6:30a.m. to 6:00p.m. All children are asked to be at camp by 9:00 a.m. If your child arrives after 9:00a.m., please have them go to the office to sign in. Camp concludes at 3:30p.m. with after care activities continuing up to 6:00p.m.

Please do not allow your child to bring items from home unless they are on the supply list. This would include all electronic devices including cell phones, toys, stuffed animals, or anything of great value. If these items are brought to camp they will be turned into the camp office and given to you when you pick up your child. Thank you for your assistance in this matter.

Children in all packages will be assigned lockers in which they may store their personal belongings. Please make sure all of your child's belongings will fit inside their assigned locker (no locks). We ask that each child have an extra change of clothes stored in their locker just in case daily clothes become soiled. Wet swimming suits and towels are to be taken home daily and dry ones brought for camp the next day. Also, we ask that you **LABEL ALL CLOTHING AND ARTICLES** brought to camp (ex. towels, sunscreen, etc.) Each child needs to bring their own **water bottle** labeled with their name.

On the back of your packet you will need to fill out and return the following items as soon as possible. These forms include the sunscreen permission form, a main field trip permission slip form, and special waivers for specific field trips. If we need to administer any medication to your child, you will also need to fill out a Medication Authorization form available at the front desk or on our website.

Lastly, we remind you that camp fees for **SESSION I were due May 12th**. Camp fees for **SESSION II are due by Friday, June 16<sup>th</sup>**. Payment must be paid before your child attends camp. Please speak with the Camp Registrar if you have questions about camp fees.

If you have any questions about activities in your child's package feel free to contact, Sandy Wideman, at 314-878-1883 or [swideman@andrewsacademy.com](mailto:swideman@andrewsacademy.com) or Cindy Grandcolas at [cgrandcolas@andrewsacademy.com](mailto:cgrandcolas@andrewsacademy.com).

We look forward to another exciting and fun-filled summer.



## **ANDREWS ACADEMY SUMMER CAMP**

### **Drop-off/Dismissal and Before/After Care Procedures**

Welcome to summer camp before and after care! There is no additional charge for before and after care. We are ready for another fun-filled summer with our campers and we just wanted to share with you some important information regarding before care and after care. Our before care hours are from 6:30a.m.-9:00a.m. and after care hours are 3:30p.m.-6:00p.m., Monday through Friday. There is a late fee applied for those children who are not picked up by 6:00p.m.

For morning care your child will enter Andrews Academy through the front entrance and check in with the counselor in the lobby before continuing to their locker. From there they will go to the gym or the playground, depending on what time they arrive. Please ask the counselor in the lobby where the children are if you are not sure. Children will need to know what package they are in and if they will be staying for afternoon care (past 3:30p.m.). Feel free to accompany your child through this process until they are comfortable doing it on their own. Breakfast is served between 7:45a.m. and 8:15a.m. daily at no additional cost.

During after care, campers remain with their packages and follow a schedule including outside time, gym games, computer time, MakerSpace Projects, or additional classroom activities.

A counselor from each package will bring those campers who are to be picked up at 3:30p.m. to the front of Andrews Academy. A counselor will escort your child to your car when you pull around the circle drive. Parents please do not leave cars unattended around the circle drive in front of the school at this time. If you need to come in the school please park your car in our visitor parking area. A counselor will wait with your child until 3:40p.m. If you have not picked up your child by 3:40p.m. they will be sent to afternoon care. No child may wait for their parents on the front porch or in the lobby after this time.

If you arrive after 3:30p.m., you should come into Andrews Academy and request that your child be called from after care for dismissal. There will be a counselor stationed at the table in the lobby that will check your child's name on our main list and call them to the lobby for dismissal. We ask that you tell the counselor which package your child is in to help us locate them quickly. On the table there will be a sign out sheet where parents will be responsible for signing out their children. You may be asked for some form of identification until our staff becomes acquainted with you. If for some reason, someone other than the parent/guardian is picking up a child, a note of permission must be filed in the main office prior to that pick-up. No child will be allowed to leave the lobby area without an adult. Even if a parent calls ahead, your child will not be called from after care until you come in and sign your child out. These precautions are necessary for the safety of your child. Thank you for your cooperation.

If you have any questions regarding our before and after care procedures, please feel free to contact Sandy Wideman or Cindy Grandcolas at 314-878-1883, or by email at [swideman@andrewsacademy.com](mailto:swideman@andrewsacademy.com), or [cgrandcolas@andrewsacademy.com](mailto:cgrandcolas@andrewsacademy.com).



## **Discovery of Science Package**



### **Items Needed For Camp**

**Tennis shoes should be worn daily for safety reasons.**

- Swimming suit/ swimming trunks (to be taken home every night)
- Pool towel (to be taken home every night)
- Swim shoes/sandals (to walk to and from pool)
- Sunscreen
- Plastic bag to take dirty/wet clothes home
- Extra set of clothes (to be kept in locker for emergency purposes)
- Water bottle
- Comb or brush
- Goggles (optional)

Counselors will inform you about special items needed for special events.

**Please make sure that all items are labeled with a name.**

### **Items Not Needed for Camp**

- Baseball/Trading cards
- Electronic devices such as iPads or cell phones
- Toys
- Money (unless otherwise specified ahead of time)

These items and any other items that may be questionable will be held in the camp office until the camper is picked up for dismissal. The item(s) will then be given to the parent(s).





# **Science Themes**

**Week 1 – S.T.E.M. Wars:**

**May the FORCE Be With You!**

**Week 2 – Light It UP:**

**Electricity, Circuits, Makey Makey**

**Week 3 – Coding for Kids**

**Week 4 – Engineering and Structures**

**Week 5 – Concoctions and Explosions**

**Week 6 – Mystery Bag Science Challenge**

**Week 7 – Robotics**

**Week 8 – The World Beyond**

**Week 9 – The Great Outdoors**

**Week 10 – Rube Goldberg Machines**



FIELD TRIPS WILL BE POSTED WEEKLY ON THE BULLETIN BOARD IN THE FRONT LOBBY. PLEASE WATCH FOR EXACT DATES AND TIMES OF TRIPS. ADDITIONAL FIELD TRIPS MAY BE ADDED. FIELD TRIPS ARE SUBJECT TO CHANGE DEPENDING ON WEATHER CONDITIONS, ENROLLMENT NUMBERS AND TRANSPORTATION AVAILABILITY.



FIELD TRIP SCHEDULE SCIENCE PACKAGE 2017		
SESSION 1		
WEEK 1		Bowling
WEEK 2		Epic 6
WEEK 3		Tae Kwon Do
		Skyzone
WEEK 4		City Museum
WEEK 5		Family Fun Night on Thursday, July 6
		HI NRG Gymnastics
SESSION 2		
WEEK 1		Waterpark
WEEK 2		Snapology
WEEK 3		Boeing – James S. McDonnell Prologue Room
		Challenger Learning Center
WEEK 4		Great American Human Foosball
WEEK 5		Waterpark
		Incredible Pizza





**It is important that all campers continue to read over the summer. Therefore every package has built a minimum of 20 minutes into their schedule for reading time. Campers are asked to bring a book or other appropriate reading material each day. Some counselors will be choosing read-aloud books to read to their group. There are also books available for campers to read in their classrooms.**

# Andrews Academy Summer Camp

## Sunscreen Policy:



It is the responsibility of the parent/guardian to apply sunscreen to their child **prior** to their arrival at camp. If you would like Andrews Academy Summer Camp staff to apply an additional application of sunscreen please fill out this permission slip. Without this signed permission slip Andrews Academy Summer Camp staff will not be allowed to put any sunscreen on your child.

Each child needs to provide their own sunscreen. Please send in the sunscreen with the camper's name printed on the bottle.

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### Sunscreen Permission Form

I authorize Andrews Academy Summer Camp staff to assist my child,

\_\_\_\_\_,  
*Please print your child's first and last name*

in package # \_\_\_\_\_ and package # \_\_\_\_\_  
*Session 1 Session 2*

in applying his/her sunscreen as needed while in attendance at camp from June 5, 2017 through August 11, 2017.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_ - My Child is allergic to sunscreen and should not have any applied.



# Andrews Academy Summer Camp

## FIELD TRIP PERMISSION SLIP

**Please return as soon as possible!**

This is a general field trip permission slip to cover the majority of field trips for your child this summer. Some field trips require additional permission slips/release forms which you will be reminded of the week those field trips take place. Please watch the summer camp bulletin board in the school lobby for reminders and changes regarding field trips. You will be notified of any additional items or monies that your child may need prior to a field trip. Important notes, information or reminders can be found on the summer camp bulletin board, on the sign-out table, or in your child's backpack.

If you have any questions regarding field trips please feel free to contact Sandy Wideman or Cindy Grandcolas at 314-878-1883 or

[swideman@andrewsacademy.com](mailto:swideman@andrewsacademy.com)

[cgrandcolas@andrewacademy.com](mailto:cgrandcolas@andrewacademy.com)

---

My Child, \_\_\_\_\_,

*Print your child's first and last name*

in package # \_\_\_\_\_ and package # \_\_\_\_\_,

*Session 1*

*Session 2*

has my permission to attend field trips planned for their package. I have read the attached list of field trips scheduled for their package. I will inform the office of any special medications that are required for my child. I will supply my child with the necessary items needed for each field trip.

---

*Parent/Guardian Signature*

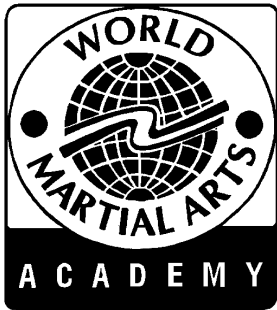
---

*Date*

I **do not** want my child to attend the following field trips planned for their package:

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# MARTIAL ARTS PERMISSION FORM

Group Name: Andrews Academy

Date of Class: Summer Field Trip Program 2017

## STRANGER DANGER AWARENESS AND SELF-DEFENSE PROGRAM

### PLEASE PRINT

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

**WAIVER RELEASE AND INDEMNIFICATION.** You (the Buyer and/or Member) understand and agree that you are aware that, under the Membership Plan, you shall be engaging in physical activities, including but not necessarily limited to, training and instruction in the Martial Arts, which necessarily includes physical contact which could cause injury to you (the "Activities"). You are voluntarily participating in these activities and assume all risks of injury which might result. You hereby agree to waive any claims or rights you might otherwise have against the Academy, its affiliates, owners, employees, agents and assigns (collectively the "Releasees") for injury, loss or damages arising out of or relating to the Activities including, but not limited to, those risks which may be associated with or attributed to any negligent act, omission or fault of the Releasees (the "Waived Risks"). You further agree to indemnify, save and hold harmless the Releasees from any claim, loss or damages, including but not limited to their attorneys' fees, to which they may be subjected arising out of, or relating to, this agreement, the Membership Plan, or the Activities including, but not necessarily limited to, the Waived Risks. You further agree to release the Academy from any liability for any loss or theft of personal property.

This contract constitutes the entire and exclusive agreement between the parties. Any promises, representations, understandings and/or agreements pertaining directly or indirectly to this contract which are not contained herein, are hereby waived. No oral changes are binding. Any and all payments are non-refundable. Testing fees are not included in class prices.

I have read and understood this agreement.

*World Martial Arts Academy may use the information listed above to contact you regarding special offers and/or activities provided by their facilities. Please initial here if you do not wish to be contacted regarding these special offers: \_\_\_\_\_*

Date: \_\_\_\_\_, 20\_\_\_\_

**World Martial Arts Academy  
8002 N. Lindbergh Blvd  
Hazelwood, MO 63042  
(314) 921-9000**

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

\_\_\_\_\_  
**PRINT** Parent/Guardian Name

**Participant Agreement, Release and Assumption of Risk (The Agreement) – St. Louis**Please print and fill out highlighted areas completely or complete electronically at [www.skyzone.com/stlouis](http://www.skyzone.com/stlouis)

Must be completed for participants under the age of 18 (Print up to three names/birthdates below of children of the SAME parent or legal guardian):

Participant 1: Print First Name	Print Last Name	Birthdate
Participant 1: Print First Name	Print Last Name	Birthdate
Participant 1: Print First Name	Print Last Name	Birthdate

In consideration for gaining access to 17379 Edison Ave. Chesterfield, MO 63005, (the "Location") and engaging the services of Sky Zone Recreation Center 63005 LLC, or any other location within the state of Missouri d/b/a Sky Zone Indoor Trampoline Park, RPSZ Construction, LLC, Sky Zone Franchise Group, LLC, Sky Zone, LLC, their agents, owners, officers, directors, representatives, assigns, affiliates, volunteers, participants, employees, insurers, and all other persons or entities acting in any capacity on their behalf, (herein after collectively referred to as "SZITP"), I on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives, estate, and insurers, agree as follows:

(Initial Here) I acknowledge that my participation in SZITP trampoline games or activities entails known and unanticipated risks that could result in physical or emotional injury including, but not limited to broken bones, sprained or torn ligaments, paralysis, death, or other bodily injury or property damage to myself my child(ren), or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I EXPRESSLY AGREE AND PROMISE TO ACCEPT AND ASSUME ALL OF THE RISKS EXISTING IN THIS ACTIVITY. MY AND/OR MY CHILD(REN)'S PARTICIPATION IN THIS ACTIVITY IS PURELY VOLUNTARY AND I ELECT TO PARTICIPATE, OR ALLOW MY CHILDREN TO PARTICIPATE IN SPITE OF THE RISKS. If I and/or my child(ren) are injured, I acknowledge that I or my child(ren) may require medical assistance, which I acknowledge will be at my own expense or the expense of my personal insurer(s). I hereby represent and affirm that I have adequate and appropriate insurance to provide coverage for such medical expense. I UNDERSTAND AND AGREE THAT SZITP WILL NOT PAY FOR ANY COST OR EXPENSES INCURRED BY ME IF I AND/OR MY CHILD ARE INJURED UNLESS SUCH INJURY WAS CAUSED BY GREATER THAN ORDINARY NEGLIGENCE OF SZITP. In consideration of SZITP allowing my participation in trampoline games or activities, I for myself and on behalf of my child(ren) and/or legal ward, heirs, administrators, personal representatives, or assigns, DO AGREE TO HOLD HARMLESS, RELEASE AND DISCHARGE SZITP OF AND FROM ALL CLAIMS, DEMANDS, CAUSES OF ACTION, AND LEGAL LIABILITY, WHETHER THE SAME BE KNOWN OR UNKNOWN, ANTICIPATED OR UNANTICIPATED, DUE TO SZITP'S ORDINARY NEGLIGENCE; and I, for myself and on behalf of my child(ren) and/or legal ward, heirs, administrators, personal representatives, or any assigns, FURTHER AGREE THAT EXCEPT IN THE EVENT OF SZITP'S GROSS NEGLIGENCE AND WILLFUL AND WANTON MISCONDUCT, I SHALL NOT BRING ANY CLAIMS, DEMANDS, LEGAL ACTIONS AND CAUSES OF ACTION, AGAINST SZITP FOR ANY ECONOMIC AND NON-ECONOMIC LOSSES DUE TO BODILY INJURY, DEATH, PROPERTY DAMAGE SUSTAINED BY ME AND/OR MY MINOR CHILD(REN) THAT ARE IN ANY WAY ASSOCIATED WITH SZITP TRAMPOLINE GAMES OR ACTIVITIES. Should SZITP or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this Agreement, I for myself and on behalf of my child(ren), and/or legal ward, heirs, administrators, personal representatives or assigns, agree to indemnify and hold them harmless for all such fees and costs.

(Initial Here) I certify that I and/or my children are physically able to participate in all activities at the Location without aid or assistance. I further certify that I am willing to assume the risk of any medical or physical condition that I and/or my children may have. I acknowledge that I have read the rules, (the "SZITP Rules") governing my and/or my child(ren)'s participation in any activities at the Location. I certify that I have explained the SZITP Rules to the child(ren) listed in this waiver. I understand that the SZITP Rules have been implemented for the safety of all guests at the Location, including myself and/or my child(ren). I acknowledge that failure to follow the rules could result in the expulsion of myself and/or my child(ren) from the Location. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. IF THERE ARE ANY DISPUTES REGARDING THIS AGREEMENT, I ON BEHALF OF MYSELF AND/OR MY CHILD(REN) HEREBY WAIVE ANY RIGHT I AND/OR MY CHILD(REN) MAY HAVE TO A TRIAL AND AGREE THAT SUCH DISPUTE SHALL BE BROUGHT WITHIN ONE YEAR OF THE DATE OF THIS AGREEMENT AND WILL BE DETERMINED BY BINDING ARBITRATION before one arbitrator to be administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures. I further agree that the arbitration will take place solely in the state of Missouri and that the substantive law of Missouri shall apply. If, despite the representations made in this agreement, I or anyone on behalf of myself and/or my child(ren) file or otherwise initiate a lawsuit against SZITP, in addition to my agreement to defend and indemnify SZITP, I agree to pay within 60 days liquidated damages in the amount of \$5,000 to SZITP. Should I fail to pay this liquidated damages amount within the 60 day time period provided by this Agreement, I further agree to pay interest on the \$5,000 amount calculated at 12% per annum.

I further grant SZITP the right, without reservation or limitation, to videotape, and/or record me and/or my child(ren) on closed circuit television. I further grant SZITP the right, without reservation or limitation, to photograph, videotape, and/or record me and/or my child(ren) and to use my or my child(ren)'s name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SZITP on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I understand this Agreement and I voluntarily agree to be bound by its terms.

I further certify that I am the parent or legal guardian of the child(ren) listed above on this Agreement or that I have been granted power of attorney to sign this Agreement on behalf of the parent or legal guardian of the child(ren) listed above.

**Parent/Legal Guardian/Participant's Signature (18 or older)****Date**

Parent/Guardian/Participant (if over 18): Print First Name		Print Last Name		Birth date	
Print Street Address		Apt. #	Print City		Print State
Cell Phone		Emergency Contact Number		Email	

☐ Check box if you would not like to receive free email promotions and discounts to the email address provided above, I may unsubscribe from emails at any time.

Waiver accepted by \_\_\_\_\_ (SZITP Employee)



\*Please call if you have any further questions or if your son/daughter has circumstances that you would like to discuss with Hi-NRG prior to enrollment. We welcome your call! Parents, PLEASE PRINT (especially email address)

Mom's name and cell phone: \_\_\_\_\_

Dad's name and cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT In consideration of participating in the High Energy Gymnastics class or other program, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue High Energy Gymnastics, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_ Printed name of participant. \_\_\_\_\_ DOB \_\_\_\_\_ Medical Concern

\_\_\_\_\_ Printed name of participant. \_\_\_\_\_ DOB \_\_\_\_\_ Medical Concern

\_\_\_\_\_ Printed name of participant. \_\_\_\_\_ DOB \_\_\_\_\_ Medical Concern

PARENTAL CONSENT: AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sure and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I , the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_ Please Initial. I give permission to Hi-NRG to take photos of my child/children for use of marketing within the establishment and on the Hi-NRG website.

\_\_\_\_\_ Please Initial. I give permission to Hi-NRG to contact me via text or email.

\_\_\_\_\_ Printed name of Parent

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

\_\_\_\_\_ Signature of Parent/or Legal Guardian