



410-629-0878
WWW.BERLINACTIVITIESDEPOT.COM

TWISTERS CAMPOLOOZA

SUMMER CAMP

JUNE 16-AUGUST 29, 2025

Week 1: 6/16-6/20
Express Yourself



Week 2: 6/23-6/27
Aquatic Adventures

Week 3 : 6/30-7/4
Splash Into Summer



Week 4: 7/7-7/11
Infinity and Beyond

Week 5: 7/14-7/18
Color Your World



Week 6: 7/21-7/25
Sports Extravaganza

Week 7: 7/28-8/1
Wildlife Safari



Week 8: 8/4-8/8
Game Show Mania

Week 9: 8/11-8/15
Mad Scientist

Week 10: 8/18-8/22
Global Expedition

Week 11: 8/25-8/29
Back to school Bash



Enrollment Information

Camper Information

Child Name Information

Child's First Name:

Child's Last Name:

Child's Middle Initial:

Child's Nickname or Name Preference:

Child Personal Information

Date of Birth:

Age:

Gender:

Child Address

Home Street Address:

City:

State:

ZIP Code:

Other

T-Shirt Size (Please Circle One)

Youth: XS SM MED LG

Adult: SM MED LG XL XXL XXXL

Camper Insurance Information: Primary medical insurance information that the camper is covered by:

Insurance Company: _____ Policy #: _____ Group #: _____

Weekly Camp Hours & Pricing

Early Bird Weekly Tuition Rate

\$199

7:45am-5:15pm

** For members registered BEFORE 3/15/2025**

Regular Weekly Tuition Rate

\$219

7:45am – 5:15 pm

**Nonmembers or everyone AFTER 3/15/2025 **

For Office Use: _____ PPW Reviewed/Entered

- Two field trips per week are included in your tuition. See Calendar for the planned Field Trip Schedule.
- **One camp shirt is included per camper-** Notate below if you would like to order more than one t-shirt
 _____ **parent initial** ***Camp T-shirts must be worn on field trips.**
 *Your account will be charged for a shirt if your child is not wearing it on field trip day. *
- **Additional T-shirts desired (\$20/shirt):** _____
- **Grade in 2025-26 School Year** _____

Has your child completed Kindergarten by the 1st day of camp? (circle one): **Yes or No**

By using the chart below, please mark which weeks your child will be in attendance. These weeks should match the selected weeks at the time of your online registration in Jackrabbit.

Week	Dates	Check weeks	\$50 Deposit Paid	Weekly Total Billed Friday before camp week	Parent Initials
Week 1 – Express Yourself	6/16-6/20 (Closed June 19 th)			\$	
Week 2 – Aquatic Adventures	6/23-6/27			\$	
Week 3 – Splash Into Summer	6/30-7/3 (Closed July 4 th)			\$	
Week 4 – Infinity & Beyond	7/7-7/11			\$	
Week 5 – Color Your World	7/14-7/18			\$	
Week 6 – Sports Extravaganza	7/21-7/25			\$	
Week 7 – Wildlife Safari	7/28-8/1			\$	
Week 8 – Game Show Mania	8/4-8/8			\$	
Week 9 – Mad Scientists	8/11-8/15			\$	
Week 10 – Global Expedition	8/18-8/22			\$	
Week 11- Back-to-School Bash	8/25-8/28 (Closed August 29 th)			\$	

Summer Enrollment Confirmation

By signing below, I agree to all conditions of summer enrollment for my child at BAD for Summer Camp 2025. Summer Camp runs Monday-Friday and will be closed on June 19th, July 4th, and August 29th.

Parent Signature _____ Date _____

For Office Use: _____ PPW Reviewed/Entered

PARENT ACKNOWLEDGEMENTS



Please read and initial by each statement.

Sign the bottom of this form and return the completed packet to the office.

____ (initial) I agree to enroll my child in the 2025 Summer Camp program at Twisters for the weeks indicated. I understand that **once I have registered for a camp week, it cannot be canceled or refunded.** Adding weeks may be possible based on availability. Please inquire with the Camp Director in advance.

____ (initial) I will send my child to camp on field trip days wearing their camp T-shirt. I understand that if my child arrives without a camp shirt that I will be auto charged \$20 for a replacement shirt.

____ (initial) I understand that tuition will be processed on the Friday before each week of camp. I will either pay ahead through the Jackrabbit parent portal or the card on file will be charged on Friday. I understand that if tuition is not paid on time, there will be a \$15 late fee due with tuition before my child attends. I understand that if my tuition payment declines, a \$35 decline fee will be added to my account and all fees will need to be paid in full for my child to attend. REMINDER – no cash or check payments. All payments made through Jackrabbit.

____ (initial) I understand that cell phones and personal electronics are NOT permitted at BAD during Summer Camp. If a child brings in an electronic device, it will be held at the BAD front office and can be picked up by parents only. (If you require your child keeps a cell phone, it must be kept put away at all times and only used in case of an emergency. Twisters Inc is not responsible for lost, stolen, or damaged devices.)

____ (initial) I agree to allow Twisters, Inc to transport my child in BAD vans or buses driven by BAD staff members during summer camp activities. Additionally, some field trips may require school bus transportation services. I understand that Twisters, Inc will follow all OCC and DOT regulations and will not hold Twisters, Inc or any of its employees liable for any accidents or injuries.

____ (initial) I understand that my child must arrive at Summer Camp with sunscreen applied and that I must provide a labeled bottle of sunscreen to be used throughout the day or BAD will apply our house sunscreen. I understand that staff will assist and remind my child to apply sunscreen as needed throughout the day.

____ (initial) I understand that my child must arrive at Summer Camp before 9:00 AM on field trip days to attend the field trip using BAD transportation. If my child arrives late, I will need to transport them to the field trip myself or keep my child home and miss camp that day.

____ (initial) I will not send my child to camp if he/she is not healthy enough to participate in all activities. I understand that my child must be symptom free (fever, vomit, diarrhea, rash, etc) for a complete 24 hours WITHOUT MEDICATION to be healthy enough to participate in camp activities.

____ (initial) I affirm that I have reviewed all Twisters Inc Policies through Jackrabbit and will comply with all policies stated within.

Parent Name _____ Signature _____ Date _____

For Office Use: _____ PPW Reviewed/Entered



Twisters Campolooza Summer Camp

Field Trip Permission Slip

Field Trip Permission Swimming Chart (please initial)

<u>Pool/ Water Park</u>	<u>Level</u>	<u>Beach</u>	<u>Level</u>
	<u>Up to knees</u>		<u>Up to knees</u>
	<u>Up to Waist</u>		<u>Up to Waist</u>
	<u>Up to Chest</u>		<u>Up to Chest</u>
	<u>Overhead/ Swimmer</u>		<u>Overhead/ Swimmer</u>

- For water park or swimming field trips, if a child is 4 years old, we recommend a chaperone attends the field trip with them. To attend swimming and water park trips, campers must be able to swim.

Child's Name: _____ Child's DOB: _____

I give _____ (Child's Name) permission to attend all field trips. I, _____ (Parent/Guardian) understand that if I do not want my child to attend a specific field trip (or any field trips), that I must find alternate care for that day.

I, _____ (Parent/Guardian), give the Twisters Summer Campolooza permission to transport _____ (Child's Name) to and from any and all field trips. This may include field trips, mini day trips, etc. Twisters Inc may also transport my child in the event of any emergency. I will not hold Berlin Activities Depot, Twisters Inc., or any of its employees liable if accident, injury or death occurs.

Parent Signature **Date**

For Office Use: _____ PPW Reviewed/Entered

Permission Agreements

- **Picture Permission Slip:**

_____ (child's name) has permission to be photographed at the Depot's discretion for advertisement, press release purpose, and for the yearbook.

Parent Signature: _____

- **Security Video Surveillance:**

Twisters Summer Campoolooza has my permission to videotape _____ (child's name) for security purposes.

Parent Signature: _____

- **Sunscreen/Bug Spray Application Waiver**

I, _____ parent of _____ (child's name) give permission for BAD to apply sunscreen to my child.

_____ (parent Initial) I acknowledge that I must provide sunscreen labeled with my child's name.

Parent Signature: _____

- **Activity/Risk of Injury Waiver**

I, _____ parent of _____ (child's name) am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in gymnastics/ninja activities and events. I further agree that Twisters Inc. and the sponsor of any Twisters Inc. events, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in any event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Parent Signature: _____

WAIVER FOR GYM USE

I, parent or legal guardian of the above child, hereby give approval and permission in any and all risk and hazard. Incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless Twisters Inc., the employees, owners, supervisors, coaching instructors, and any subcontractors working with Twisters Inc. If my child has any physical condition that may impair their ability to engage in these activities, I will consult my physician prior to undertaking any physical exercise program. If necessary, I authorize Twisters Inc. to administer first aid and/or authorize medical treatment. Students are expected to carry their own medical and accident insurance. In signing, below, I agree to be responsible for any medical bills incurred during my child's participation at Twisters Inc. I give my permission for Twisters Inc. to take and use any photos of my child for the purpose of advertising or website use. This waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. By signing this release, I understand the policies and liabilities that may occur in sports activities. I understand there are no refunds or credits given. In the event of a legal dispute, I will pay all Twisters Inc. legal fees.

Parent Signature: _____

Date: _____



For Office Use: _____ PPW Reviewed/Entered

Snacks and Lunches

Please note by initialing each item:

- ____ Snack time will be included in the camp schedule for all ages.
- ____ Lunch time will be included in the camp schedule for ages 5-13.
- ____ BAD will not microwave or refrigerate any snacks or lunches. Please do not send your camper with foods that need to be heated or kept cold in a refrigerator.
- ____ Campers will need to pack their own snacks/lunches and a water bottle for each day and may not share food with other campers due to potential food allergies.

Please note by initialing each line that applies:

____ My child **MAY** purchase concession snacks from Grub Hub.

- Their daily/weekly (*please circle*) allowance for snacks is: _____
- My child may order (*circle all that apply*)

Water/ Sports Drinks/ Soda/ Ice cream/ Chips/ Candy/ Muffins/ ANYTHING

I would like to pay for concession snacks at the Grub Hub by:

- ☐ Charging the card on file.
- ☐ I will send cash with my child. (Twisters is not responsible for lost or stolen cash).

OR

____ My child **May NOT** purchase snack items.

Parent Name (Print) _____

Signature: _____

Date: _____



For Office Use: _____ PPW Reviewed/Entered

YOUTH CAMP HEALTH HISTORY
CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐ NO

☐ YES, Explain: _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? ☐ NO

☐ YES, Explain: _____

IMMUNIZATION INFORMATION:
Must list current residence above.

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? ☐ NO

☐ YES, List: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature

Date

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____) _____
Telephone Number



PLEASE KEEP THIS PAGE FOR YOUR RECORDS

General Important Information

DROP-OFF/PICK-UP

Campers may be dropped off and picked up anytime in between the camp hours of 7:45AM and 5:15PM, unless you have paid for early bird or extended PM care.

- **DOOR CODES:** BAD has a magnetic door lock system to access the facility. A code is required for entry. Your family will be given a door code that will only work for the time that your camper is enrolled in our programs. This is a unique code and is your responsibility to keep secure. Do not give this code to anyone that is not on your authorized pick up list.
- **SIGNING IN/OUT:** All campers must be signed in at the front desk lpad using your primary phone number on your Jackrabbitt account.
- **LATE PICK-UP FEES:** Late pick up fees begin at 5:16pm. It is a \$5 per minute charge after this time. There is no grace period for camp pick up.
- **PICK-UP AUTHORIZATION:** Campers will not be permitted to leave with someone that is not listed on their Emergency Form as an authorized pick-up and identification will be required. Please be aware of these rules as they are in the best interest of all children attending our camp. **BAD must be notified by email from the parent/guardian if someone that is not on the list is picking up their child and that person will also need to show valid picture ID to staff.**

DAILY INFORMATION

- **CLOTHING:** BE COMFORTABLE. Campers should have a change of clothes, bathing suit & a towel with them each day just in case.... always dress for a mess – you never know what we might get into for the day!
- **CAMP BEHAVIOR:** Campers are expected to behave in a positive manner. All campers must treat other campers and camp staff with respect. Campers may be asked to use the “cozy corner” to calm themselves or have a “thinking time” away from the group if the director or a camp counselor feels it is necessary to redirect. We encourage children to own their emotions and will help them learn to self-regulate as much as possible. All behavior issues will be documented. If a child’s behavior continues to be a problem, BAD staff will contact parents and may have to send a child home. Disrespecting staff or counselors will NOT be tolerated. We will discuss our camp rules at length and children will know what is expected.
- **MEALS:** All snacks and meals should be packed and labeled daily. BAD IS A PEANUT FREE FACILITY and food sharing will not be allowed. BAD has additional snacks and drinks that can be purchased with a signed permission form.
- **WATER BOTTLES:** Please send your child to camp each day with a labeled water bottle full of water only. We have water fountains for refilling throughout the day as needed. These bottles must be taken home each night and washed. Water bottles left at the end of the summer are disposed of.



Field Trips Information

- Every week Twisters Summer Campolooza will be embarking on field trips. **The campers must be onsite in their camp t-shirt by 9:00 am sharp to be ready for the trip.** If your child does not have their shirt on, you will be auto charged for another one.
- All campers will attend field trips. There will not be a staff member at the Depot to care for them. If you do not want your child to attend a field trip, please, do not send them to BAD that day.
- Each field trip's instructions and requirements may differ and will be provided to parents/guardians in advance, any changes to our itinerary will be given out that week of camp. If a parent wishes to join their child, they must pay the entry fee for themselves. We always welcome chaperones!
- **For water park or swimming field trips, if a child is 4 years old, we recommend a chaperone attends the field trip with them. To attend swimming and water park trips, campers must be able to swim.**
- Field trip fees are not refunded if your child does not attend the trip.
- BAD reserves the right, without a refund, to refuse any child not exhibiting proper behavior to attend any given field trip or an individual chaperone may be required for the child to attend. There is no alternative care if a child is unable to attend a field trip.
- Tuition is based on a full summer budget and not on individual field trip costs.
- Once all field trips have been confirmed and booked, we will send home a permission form with details that will need to be signed and returned to the office. If a permission form is required by the Field Trip location, a child will not be permitted to attend without it. We will have summer calendars with events & activities available by April and will send them out to all enrolled campers.