



**Summer Academic, Arts and Athletic Camp**

**9100 Olmsted Dr. Charlotte, NC 28262**

## Who are we?

We are **Teaching Athletes Plans for Success Inc. (T.A.P.S)**, a nonprofit organization supporting at-risk urban youth. Our goal is to help our youth recognize their full potential on and off the playing courts and fields. We strive to assist our youth in identifying their strengths and developing a plan to execute their dreams. We offer:

- In-School and After-School Enrichment
- Tutoring/Mentoring
- Youth Center
- Trades and Skills Program
- Entrepreneurship/Philanthropy Program
- Dance/Drama
- Empowerment Sessions
- Team Sports (AAU sports leagues)
- Sports Camps/Training
- Summer Academic Enrichment Camps
- Arts Enrichment(Visual, Performing and Cultural)
- Anti-Bullying
- Gang Prevention

**The Golden Norsemen Sports Club** is a deliberate effort to stretch the potential of our players. At T.A.P.S our youth sports programs are second to none fostering great leadership from an athletic faculty that is comprised of a rich mixture coaches and staff who were strategically chosen to help facilitate this program because they embody our mission and have had success on the playing fields and in life. The T.A.P.S athletic division is an avenue to better facilitate the integration of athletics and academics.

**Academic Athletic and Arts Summer Camp** is the combination of our educational arts and sports program packaged in a 11 week window to allow students to continue to learn over the summer, but still have fun. All of our activities are based on a team mindset which means there is very little self-play. The reason behind this is we want to get the youth back to communication, respecting the value and roles others play in outcomes and most importantly teamwork. The morning hours are set aside for educational session where the kids will rotate in the classroom with their grade level group for reading and Math. The afternoon hours are based on the youth being outside participating in a team activity on our turf field or black top. The youth will also have time towards the end of the day to enjoy the multi-purpose room where they can play board games, watch movies, and do crafts. We also have our TAPS store where each child is required to work and participate in our entrepreneur program. This store will touch on saving, investing, credit and running a business. The children will be given TAPS dollars based on Respect, Teamwork, and Accountability which they can use in the TAPS store.

**“Becoming great at sports will not change your character; it reveals who you really are. We are proud to be the catalyst in revealing greatness in all the youth associated with our programs” ~ C. Smith**

## **Sports Camps FAQ's**

### **Where will the Enrichment Camp take place?**

TAPS Education & Sports Academy 9100 Olmsted Drive, Charlotte, NC 28262  
Sugar Creek Recreation Center, Sugar Creek Rd. Charlotte, NC

### **What is the cost? Are there sibling discounts?**

Camp will cost \$110.00 per person per week. An early registration fee of \$85.00 per week is eligible to anyone who registers and pays in full (ALL WEEKS) by April 15th. Because we have a limited amount of space available, we may offer sibling discounts (please inquire) 10% off oldest sibling

### **Do I need to purchase a Player's Card Annual Membership Fee?**

All campers will need a valid T.A.P.S Player's Card to attend camp. The Player's card will allow each camper to establish a year membership and participate in yearly programming offered by T.A.P.S.

### **What ages are appropriate for the SPORTS Camp?**

Because it is a full day of camp, we ask that only campers age 5-13 sign up for this camp. If your child is 14-16 years of age and would like to apply to be a Counselor in Training, please contact our Director of Programs at 704-674-8331

### **What time will camp begin and end?**

The Camp will be 7:30 AM - 5:30 PM, Monday through Friday. Early Drop Off AND Late Pick-Up (30 min before and after) is available for \$25 per week.

### **Will Lunch be provided?**

Breakfast and lunch will be provided to each camper.

What if my child does like sports, will they still have to participate?

Yes. We simply use sports as a catalyst to teach the kids methodologies for the class and life. Your child doesn't have to like sports to be successful at the activity. ALL children are required to participate in ALL sports related activities.

### **T.A.P.S Contact Info:**

**Director of Programs and Administration – Cynthia Smith**

**Phone: 704-674-8331**

**tapssummer@gmail.com**

**Website: [www.tapseducationandsportsacademy.com](http://www.tapseducationandsportsacademy.com)**



## Waiver and Release Form for Summer Camp

### Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance T.A.P.S. Inc. and Golden Norsemen Sports Club, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

### Parental Consent (Complete if applicant is under 18)

I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

### Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that T.A.P.S. Inc. and Golden Norsemen Sports Club will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

**I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.**

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## Waiver and Release Form for Summer Camp

### Photo Release Form for Minor Children

I \_\_\_\_\_ hereby authorize T.A.P.S. Inc. and Golden Norsemen Sports Club to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the T.A.P.S. Inc. and Golden Norsemen Sports Club website and for display in the facility. I release T.A.P.S. Inc. and Golden Norsemen Sports Club from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize T.A.P.S. Inc. and Golden Norsemen Sports Club to use their photographs and names. I acknowledge that since participation in publications and websites produced by T.A.P.S. Inc. and Golden Norsemen Sports Club is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by T.A.P.S. Inc. and Golden Norsemen Sports Club confers no rights of ownership whatsoever. I release T.A.P.S. Inc. and Golden Norsemen Sports Club, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**TAPS Academy, 9100 Olmsted Dr. Charlotte, NC 28262**

**Summer Camp Emergency Contact Forms:**

**Child Information:**

Name of child \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Does your child have any special needs we should be aware of? \_\_\_\_\_

Additional Allergies/ Illnesses: \_\_\_\_\_

Are there any activities that your child should not participate in for health reasons? \_\_\_\_\_

Dietary modifications/ Restrictions: \_\_\_\_\_

Current medications: \_\_\_\_\_

Child's pediatrician: \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ policy/group# \_\_\_\_\_

***We will need a current copy of your child's immunization record. This is mandatory for your child's participation in camp at TAPS.***

**In case of extreme emergency we will go to the hospital with your child. Please list your hospital of choice.**

**Name of Hospital:** \_\_\_\_\_

**Address:** \_\_\_\_\_

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the director to order X-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above. This form may be photocopied for outside use.

Signature of parent/guardian: \_\_\_\_\_

Print Name of  
parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Information:**

Parents

Name: \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**If separated or divorced, who has legal custody? (A court order is needed if a parent is denied access to a child.)**

\_\_\_\_\_

**Emergency Contact (other than parent) \*\* In the event you cannot be reached whom should we contact?**

Name: \_\_\_\_\_

Home address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Is this person authorized to make decisions concerning your child in case of an emergency when we cannot contact you?**

\_\_\_\_ Yes \_\_\_\_ No

**Summer Camp Pick Up Authorization:**

**Please list name of all persons authorized to pick up your child. All authorized persons must be at least 18 years of age and prepared to show valid photo identification.**

Name:	Age	Relationship	Contact Number
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**T.A.P.S. Inc. and Golden Norsemen Sports Club SUMMER FUN CAMP 2017  
PERMISSION FORM**

Parents/Guardians:

We will have **ONE** permission form for all local field trips/In house field trips and activities during the summer camp. If you have any questions about the field trips, please contact Cynthia @ TAPS; 704-674-8331

\_\_\_\_\_ has permission to go on all field trips with the TAPS/Golden Norsemen Summer Day Camp Program. I realize that the campers will be walking from TAPS to Boardwalk. I am also aware that the times of the field are estimations. Exact times will be determined by the activity, number of children, and traffic. I also give permission for my child to play at the playground of Boardwalk which is located across the street. I am aware that campers are occasionally taken on a walk with a camp leader in the neighborhood.

Know all men by these presents, that the undersigned, being the legal guardian of the above named individual, hereby releases the T.A.P.S. Inc. and Golden Norsemen Sports Club harmless from any and all claims of liability on the part of either the undersigned or the above named minor, or both, for any injuries and/or claims arising from the above named minor's participation in any activity sponsored by T.A.P.S. Inc. and Golden Norsemen Sports Club. Further, the undersigned agrees not to commence suit or engage in any litigation directly or indirectly against the T.A.P.S. Inc. and Golden Norsemen Sports Club for any injuries arising from the above named minor's participation in any activity sponsored by the T.A.P.S. Inc. and Golden Norsemen Sports Club.

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

**DATE**\_\_\_\_\_



## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

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### Please complete the information below:

I \_\_\_\_\_ authorize T.A.P.S to charge my credit card  
(full name)

indicated below for \$110.00 on the Friday of each week for payment of my child's Summer Camp.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Checking/ Savings Account

☐ Checking ☐ Savings  
Name on Acct \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Bank City/State \_\_\_\_\_



### Credit Card

☐ Visa ☐ MasterCard  
☐ Amex ☐ Discover  
Cardholder Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Exp. Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify T.A.P.S, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that T.A.P.S, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. I understand that upon withdrawal from any T.A.P.S, Inc. programs all accounts will be paid in full utilizing the credit card on file.