EXERCISE YOUR RIGHT FOR FUN THIS SUMMER!
WELCOME TO
SUMMER CAMPS
at Mercer County Community College

UNIQUE PROGRAMS
Mercer County Community College provides “one-stop” shopping to fill all of your summer camp needs for children, ages 6-15. Whether you’re looking for a variety of sports, intensive visual and performing arts workshops, traditional camp, half and full-day arts and science programs, or an opportunity for high school students to earn college credit for academic study, look no further. For additional information or to request a brochure for any summer youth program, see page 3.

• SPORTS CAMPS
A variety of six one-week sports camps for ages 6-13.

• CAMP COLLEGE
Four-week traditional camp of academic and recreational programs and half and full day arts, sciences, and recreational programs for ages 6-17.

• TOMATO PATCH
An intensive visual and performing arts summer workshop for students entering grades 5-7 and grades 8-12.

• SUMMER COLLEGE FOR HIGH SCHOOL STUDENTS
A unique opportunity for students who have completed at least one year of high school to earn from three to seven college credits.

• SMILE, GEAR UP, AND COMMUNITY OF LEARNERS
Open to students who attend targeted secondary schools in the Trenton Public School District, for grades 7-12, to prepare them for success in high school and college.

• UPWARD BOUND
is offered to educationally and economically disadvantaged Trenton students who have the desire and potential to succeed in college.

LOCATION
More than 70 different summer programs, full of variety and fun for young people ages 6-17, will be offered at Mercer County Community College’s beautiful West Windsor campus.

The 292-acre campus is located five miles south of Princeton on Old Trenton Road in West Windsor/Hamilton Townships, bordering Mercer County Park.

For directions to the college call (609) 586-4800, ext. 3950.

TOP-NOTCH FACILITIES
• Fully equipped “state of the art” computer and technology laboratories
• A variety of art studios
• A 400-seat professional theater
• Air conditioned, handicapped-accessible buildings
• 25 yard heated indoor swimming pool
• Greenhouse complex, athletic fields (including an astro-play soccer field) and new state-of-the-art tennis courts
• College cafeteria serving a variety of hot and cold breakfast and lunch items
• 1000-seat gymnasium

HOW TO USE THIS CATALOG
• See pages 11-17 for the registration and medical forms required for every program.

Read the descriptions carefully for information regarding applications, deadlines, and prerequisites.

NOTE
When registering for any of our camp programs, enclose a completed and signed copy of the medical form on page 17 with your application and payment.

We look forward to seeing you this summer!

RYAN ZEGARSKI
for Sports Camps
(609) 570-3778
TABLE OF CONTENTS

INTRODUCTION TO SPORTS CAMPS
  Information on the sports camps: costs, ages, hours, etc.

BEFORE-CARE AND AFTER-CARE
  Extended hours program (ages 6-13)

REQUIRED FORMS
  Registration form for each camp
  Health history and medical form

THE FITNESS CENTER
  Information on equipment, membership fees, hours

SPORTS CAMPS
  18 separate one-week sessions focused on six different sports camps:
    Basketball Camp (ages 6-13)
    Field Hockey Camp (ages 6-13) CO-ED
    Soccer Camp (ages 6-13)
    Speed, Agility, & Quickness (ages 6-13) CO-ED
    Tennis Camp (ages 6-13) CO-ED
    Volleyball & Recreational Sports Camp (ages 6-12)

OTHER SUMMER YOUTH PROGRAMS AT MCCC

CAMP COLLEGE (AGES 6-17)
  Art, performing arts, science, juggling, crafts, archery, swimming, computers, sports and more! Campus Kid’s campers choose six “courses” and activities for each session to make this a truly customized experience for ages 6-13. Specialty Camps are one-week or multiple-week workshops, half and full-day offering a variety of art, aviation, science, computer, engineering and culinary programs for ages 6-17. Optional “Early Bird” program begins at 7:15 a.m. and “After Camp” ends at 6 p.m. For more information call (609) 570-3311 or visit www.mccc.edu/campcollege.

TOMATO PATCH WORKSHOPS (GRADES 5-12)
  An intensive visual and performing arts summer workshop now celebrating its 40th year, Tomato Patch is the longest running, most successful summer arts program in Central N.J. Designed for children entering grades five through twelve who have had some structured study in any one of the visual or performing arts, Tomato Patchers select a “major area of interest” in performing or visual arts which they may pursue in the morning. During the remainder of the day, they enroll in courses to expand their awareness and skills in other disciplines. For more information call (609) 570-3566 or visit www.kelseyatmccc.org/tomato_patch.

SUMMER COLLEGE FOR HIGH SCHOOL STUDENTS
  A unique opportunity for students who have completed at least one year of high school to “try” college in the supportive environment for which Mercer has become known. Under the guidance and supervision of Mercer staff, qualified students will be able to earn from three to seven college credits this summer. For more information call (609) 570-3225 or visit www.mccc.edu.

SMILE, GEAR UP, AND COMMUNITY OF LEARNERS
  A six-week summer and 20-week academic year program designed to stimulate the interest of youngsters in mathematics, science, and technology. Students receive personal, academic and career counseling and have the opportunity to improve vocabulary, reading, writing, library, and test-taking skills.

UPWARD BOUND
  Through the federally funded Upward Bound program, the college provides Trenton city high school students with college preparatory courses and tutoring as well as personal and career counseling. Upward Bound’s primary purpose is to help students improve their grades and develop the skills needed for college or other programs of higher education. In addition, limited college credit courses are available to ease the transition from high school to college.
EXPERIENCED STAFF, QUALITY FACILITIES
Celebrating their 43rd season, this year’s Sports Camps include nine different sports in one-week, full-day sessions. Staffed by experienced instructors, including local visiting college and high school coaches and college athletes, our camps are designed to help youngsters develop their skills in a competitive, but fun, environment. Making use of the college’s excellent athletic facilities, campers enjoy small group, individualized instruction based on their age and/or ability, along with friendly competitions.

Our directors have many years of experience and expertise in their sport. They structure their approach to ensure that each camper, from the beginner to those with more advanced skills, makes progress and achieves new goals. Appearances by special guest coaches supplement the activities developed by the regular staff.

Mercer’s camp programs are inspected and certified annually by the NJ State Dept. of Health. Each camp includes certificated K-12 Instructors.

CAMPER RESPONSIBILITIES
✓ Campers must submit a completed copy of the medical form on page 15 with each application submitted. Registrations will not be accepted without a medical form.
✓ Campers may bring their own lunches (refrigeration is not available) or purchase meals and drinks at the college cafeteria.
✓ Campers are invited to use the college’s Olympic size swimming pool at the end of the afternoon session. Those wishing to swim must bring a bathing suit, towel and sandals. From 3 to 3:30 p.m.
✓ Locker facilities are available. Campers are asked to bring their own locks to secure their items.
✓ Campers should not bring electronic games or devices.

AGES
The age range for MCCC Sports Camps is 6-13. Exceptions may be made in some cases at the discretion of the Sports Camps staff.

CAMP HOURS
Campers must report to the gymnasium at 8:30 a.m. on Monday for registration and at 9:00 a.m. on all other days. Campers may be picked up at 3:00 p.m., or at 3:45 p.m. if they choose to swim at the end of the day’s activities.

COST
The cost for each sports camp session is listed in the following pages and on each application form.

CAMP DAY DISMISSAL POLICY
Campers are dismissed daily with Elementary School (not Day Care) type supervision. Example: counselor supervision and sign out in the lobby and gymnasium area.
*Optional daycare type dismissal for 7-8 year olds
The elective After-Care program will provide Day Care sign-out type dismissal for 7-8 year olds

REFUND POLICY
Refunds will only be granted when written notice of a camper’s withdrawal is received no later than five working days before the first day of camp. Refunds thereafter will be charged a $25 processing fee. Telephone withdrawals will not be accepted.
## Introduction

Refunds will only be granted when written notice of a camper's withdrawal is received no later than five working days before the first day of camp. Refunds thereafter will be charged a $25 processing fee. Telephone withdrawals will not be accepted.

## Celebrating 43 Years of Fun

<table>
<thead>
<tr>
<th>Sport</th>
<th>Age Range</th>
<th>Co-Ed</th>
<th>Dates</th>
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<tr>
<td><strong>Basketball Camp</strong></td>
<td>Ages 6-13</td>
<td>Co-Ed</td>
<td>June 25-27, July 2, 3, 5, 6, July 9-13, July 22-26, July 30-August 3, August 7-11</td>
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<td><strong>Soccer Camp</strong></td>
<td>Ages 6-13</td>
<td>Co-Ed</td>
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<td><strong>Speed, Agility, &amp; Quickness</strong></td>
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<td><strong>Field Hockey Camp</strong></td>
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<td><strong>Volleyball &amp; Recreation Sports Camp</strong></td>
<td>Ages 6-12</td>
<td>Co-Ed</td>
<td>July 16-20</td>
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<tr>
<td><strong>Tennis Camp</strong></td>
<td>Ages 6-13</td>
<td>Co-Ed</td>
<td>June 18-22, June 25-29, July 2, 3, 5, 6, July 9-13, July 16-20</td>
</tr>
</tbody>
</table>

## Before and After-Care for Sports Camps

For parents whose workdays extend beyond the regular camp hours of 9 a.m. to 3:45 p.m., Mercer’s Sports Camps offer Before-Care and After-Care programs. Campers may be dropped off **as early as 7:30 a.m. and stay as late as 6 p.m.**

Families may sign up for before-care, after-care or both, depending upon their scheduling needs. Before-Care campers are supervised by experienced camp staff members who ensure your child’s safety and prompt check-in for the 9 a.m. start. In After-Care, campers remain at the Physical Education Building for an optional swim period and additional activities from 4 p.m. to 6 p.m. The cost for Before-Care is $50; After-Care is $75 per week. For further information or to register for Before- and/or After-Care, see applications on page 13 or call (609) 570-3779.

*Children who have not been picked up by 6 p.m. will be taken to the Security Office in the Student Center for pick-up.*
INSTRUCTIONAL SKILLS & ACTIVITIES
Camp Director Mike Tenaglia’s program emphasizes fundamentals and personalized attention.
- Dribbling
- Passing
- Shooting
- Offensive and defensive strategies
- Conditioning
- Game competition
- Swimming (optional)

FACILITIES
- Spacious, renovated gymnasium
- Video Room
- Olympic size indoor swimming pool

AGES
Boys and girls ages 6-13 are welcome. Participants will be separated by age and/or ability for both instruction and games. Participation is co-ed.

CAMP STAFF
Director Mike Tenaglia
Head Coach, MCCC Women’s Basketball
College basketball players and visiting coaches

DAILY SCHEDULE
9:00-9:30
Warm-up
9:30-10:30
Team game
10:30-11:45
Visiting coach instruction
11:45-1:00
Lunch
1:00-2:00
MCCC instruction
2:00-3:00
Team game
3:00-3:30
Swim or practice drills

REQUIRED EQUIPMENT/ATTIRE
Campers should wear sneakers and suitable gym clothing. Those interested in the end-of-the-day swim should bring a bathing suit, sandals and towel.
FIELD HOCKEY CAMP
AGES 6-13 (CO-ED)
July 2, 3, 5, 6

INSTRUCTIONAL SKILLS & ACTIVITIES
• Passing
• Dribbling
• Shooting
• Offensive and defensive skills
• Game competition
• Swimming (optional)

CAMP STAFF
Director Suzanne Albanese
Certified K-12 Physical Education Teacher
USFHA Level I Certified Coach
USFHA Level III Umpire
College and club players on staff

FACILITIES
• MCCC full-size turf field
• Spacious, renovated gymnasium
• Olympic size indoor swimming pool

AGES
Participants will be separated by age and ability for both instruction and games.

DAILY SCHEDULE
9:00-10:00
Attendance & warm-up
10:00-11:45
Fundamentals/drills
11:45-12:15
Lunch
12:15-1:00
Instructional films
1:00-1:45
Instruction
1:45-2:45
Games
3:00-3:30
Swim, gym or classroom for video

VOLLEYBALL & RECREATIONAL SPORTS CAMP
AGES 6-12 (CO-ED)
July 16-20

INSTRUCTIONAL SKILLS & ACTIVITIES
• Volleyball
• Bocci Ball
• Badmitten
• Kick Ball
• Ping Pong

CAMP STAFF
MCCC staff and collegiate players

FACILITIES
• Turf stadium
• Two practice fields
• Spacious, renovated gymnasium
• 25 yard indoor swimming pool

AGES
COED ages 6-12 are welcome.

REQUIRED EQUIPMENT/ATTIRE
Participants should wear sneakers and gym attire.

DAILY SCHEDULE
9:00-10:00
Warm-up and games
10:00-11:45 (2 sessions)
Individual and group instruction
11:45-12:15
Lunch
12:15-1:00
Films
1:00-1:45
Afternoon sessions/defense
1:45-2:45
Team games
3:00-3:30
Swimming or practice drills

609-570-3779
SOCCER CAMP
AGES 6-13 (CO-ED)
June 18-22
June 25-29
July 23-27

INSTRUCTIONAL SKILLS & ACTIVITIES
• Passing
• Dribbling
• Shooting
• Offensive and defensive skills
• Game competition
• Swimming (optional)

FACILITIES
• MCCC full-size turf field
• Smaller field for younger players
• Spacious court for indoor games
• Olympic size indoor swimming pool

CAMP STAFF
Director Tigana Dalce, Head Coach Men’s Soccer
College Players and Coaches

AGES
Boys and girls ages 6-13 are welcome. Campers will be separated by age and ability for both instruction and games. Participation is co-ed.

DAILY SCHEDULE
9:00-9:30
Attendance & warm-up with junior staff, daily announcements

9:30-10:00
Demonstration of activities for the day (senior staff)

10:00-11:30
Three instructional periods (½ hour each)

11:40-12:20
Film or video

12:20-1:00
Lunch

1:00-2:00
1 instructional period

2:00-2:45
League games/indoor and outdoor

3:00-3:30
Swim, gym or classroom for video

REQUIRED EQUIPMENT/ATTIRE
Campers should bring sneakers, soccer cleats, shin guards and a lock for their belongings. Sneakers or flat soccer shoes are mandatory for indoor games (which may be part of the regular schedule or due to inclement weather.) Those interested in the end-of-the-day swim should bring a bathing suit, sandals and towel.
SPEED, AGILITY, QUICKNESS
AGES 6-13 (CO-ED)
June 18-22
July 9-13

INSTRUCTIONAL SKILLS & ACTIVITIES
• Core training
• Drills
• Mechanical analysis
• Personalized instruction
• Videos
• Skills testing
• Team play
• Swimming (optional)

FACILITIES
• Turf field
• Spacious, renovated gymnasium
• Tennis courts
• Fitness Center
• 25 yard indoor swimming pool

AGES
Full day: boys and girls ages 6-13

DAILY SCHEDULE
9:00-9:30
Dynamic warm-up
9:30-10:30
SAQ and Plyos
10:30-10:45
Mandatory water
10:45-11:45
Videos
11:45-1:00
Lunch
1:00-1:45
Instruction
1:45-2:30
Core training
2:30-3:00
Games/drills
3:00-3:30
Swim, gym or classroom for video

REQUIRED EQUIPMENT/ATTIRE
Participants should wear sneakers and clothing suitable for working out. Those interested in the end-of-the-day swim should bring a bathing suit, sandals and towel.
CAMP STAFF
Director Marc Petchel
Former MCCC/Rider University player. Teacher and Tennis pro.

INSTRUCTIONAL SKILLS & ACTIVITIES
• Basic strokes, including groundstrokes, serve and volley
• Tennis Etiquette
• Rules and scoring for beginners
• Strategy and tactics for various levels
• Movies and exhibitions
• Games, round robins, singles and doubles
• Swimming (optional)

FACILITIES
• Newly refurbished state-of-the-art tennis courts
• Spacious, renovated gymnasium
• 25 yard indoor swimming pool
• Mercer County Tennis Center

AGES
Boys and girls ages 6-13 are welcome, and all participation is coed. Participants will be separated by age and/or ability for both instruction and games. Younger or handicapped applicants may be accepted with approval of camp director.

DAILY SCHEDULE
9:00-9:30
Attendance & warm-up
9:30-11:30
Groundstrokes, serve, volley, and drills
11:30-12:15
Lunch
12:15-1:00
Film
1:00-2:45
Games, round robins, singles & doubles
3:00-3:30
Swimming or free play on courts

REQUIRED EQUIPMENT/ATTIRE
Participants are required to bring their own tennis racket. Those interested in the end-of-the-day swim should bring a bathing suit, sandals and towel.
Camper's Last Name_________________________ First Name __________________________
Street____________________________________ Male/Female__________________________
City _____________________________________ State & Zip _______________________________
Home Phone ____________________________ Date of Birth ________ Age ________________
T-Shirt Size (S/M/L) ___________ Ball Size (Soccer Camp Only) #4 ___________ #5 ______
Ball Size (Basketball Camp Only) - Adult Size _________ Girls/Youth (28.5) __ Boys (30.0) ______

Mark your SELECTION(S) for the desired sport(s) and dates...

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<td>July 16-20</td>
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<td>Volleyball &amp; Recreational Sports (ages 6-12) CO-ED</td>
<td>July 16-20</td>
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Total for Sports Camps $__________

Mail this signed, completed form with full payment and a completed medical form to:
Athletics Department • Mercer County Community College • PO Box 17202 • Trenton, NJ 08690
### PLAYER LEVEL AND PREFERENCES

**FIELD HOCKEY**
Does camper have experience? Yes____ No____

**TENNIS**
Check the camper’s tennis ability:
- _____ Beginner (never had lessons — cannot rally)
- _____ Advanced Beginner (can rally 3 or 4 times)
- _____ Intermediate (can play games and sets)
- _____ Advanced Intermediate (play in local or USTA tournaments)

**SOCCER**
Which ball size?  #4_____ #5_____
Which position? ______________ Second choice? ______________

**BASEBALL**
Which position? ______________ Second choice? ______________

**SOFTBALL**
Which position? ______________ Second choice? ______________

**BASKETBALL**
Which position? ______________ Second choice? ______________

**GOLF**
Beginner_____ Intermediate_____ Advanced_____  

### SIGNATURE (REQUIRED)

Also enclosed is the completed medical form. I am aware that locker facilities are available and that campers must bring their own locks or be prepared to carry all items. Participants of optional swimming from 3:00 to 3:30 p.m. daily are required to bring their own locks.

In addition, for Golf & Tennis Camp, and all other camps that incur inclement weather, I give my child permission to be bused to an indoor facility or campus property by a licensed school bus company, and under the supervision of directors and counselors.

Signature of Parent or Guardian ________________________________  
Date ______________

### DISCOUNTS!

REGISTER FOR 8 WEEKS AND GET 1 WEEK OF CAMP FREE!

10% OFF EACH ADDITIONAL CHILD PER WEEK!

### METHOD OF PAYMENT

$__________ Check or Money Order payable to MCCC

Write camper’s name on check. **DO NOT SEND CASH.**

Charge to:  [ ] Visa  [ ] Mastercard  [ ] American Express  [ ] Discover

Card Number ____________________________  Exp. Date _______  CVV2 # _______

Cardholder’s Name ____________________________________________

Cardholder’s Signature _________________________________________

Charge Amount $______________

Questions? Email athlete@mccc.edu or call (609) 570-3779.
## BEFORE CARE

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**METHOD OF PAYMENT**

$_________ Check or Money Order payable to MCCC

Write camper’s name on check. **DO NOT SEND CASH.**

Charge to: □ Visa □ Mastercard □ American Express □ Discover

Card Number ____________________________ Exp. Date _______ CVV2 # _______

Cardholder’s Name __________________________________________________________

Cardholder’s Signature ______________________________________________________

Charge Amount $________________

Questions? Email athlete@mccc.edu or call (609) 570-3779.
For your child’s safety, a valid photo/picture ID must be presented at pick-up which authorizes a child’s release to the bearer of the card. The name listed on the form below must be identical to driver’s license or other picture ID. Campers will not be released without proper identification. If you need emergency camper pickup or early pickup for your child, you must provide the camp office with a note including the person’s name, relationship and phone number who is authorized for this early or emergency pickup.

**CAMPER NAME:**

The names below are individuals authorized to pickup my child from MCCC Sports Camps.

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I have authorized the above persons to pickup the above mentioned camper from MCCC Sports Camp and I am aware that the camper will not be released to any individual without proper identification.

____________________________________________________
Signature Date
MCCC – SPORTS CAMP

Health History & Medical Authorization For All Persons Under Age 18

This form must be completed with inoculation dates and returned with EACH camp application.
NOTE: A doctor’s signature is NOT required.

NAME OF STUDENT ____________________________________________________________

Last                  First                MI                Birthdate

Male □ Female □

Parent/Guardian #1 Name: ____________________________ Daytime Phone: ____________
Cell Phone: ________________

Parent/Guardian #2 Name: ____________________________ Daytime Phone: ____________
Cell Phone: ________________

Alt. Emer. Contact: ____________________________ Daytime Phone: ____________

Family Physician: ____________________________ Daytime Phone: ____________

PLEASE COMPLETE THE FOLLOWING:

For the safety of your child, do not withhold any pertinent medical information.

1. Were you ever advised not to allow this child to play in any sports? YES* NO
2. List any malfunction or loss of an organ: __________________________________________
3. List any allergies including bee stings, peanuts, hives, asthma: ______________________
4. Currently under physician’s care for: ________________________________________________
5. Current medications being taken: _________________________________________________
6. Will your child need medication at camp? N Y Name of Medication __________________
If yes, please bring medication to the nurse on the first day your child attends camp.

7. Has this child: YES* NO
   (a) had difficulty with sight? __________
   (b) had difficulty with hearing? __________
   (c) ever been unconscious after an injury? __________
   (d) had a fracture or dislocation within the last three years? __________
   (e) ever experienced high blood pressure? __________
   (f) ever experienced chest pain/palpitations? __________
   (g) had to stay in the hospital overnight within the last year? __________
   (h) other __________________________________________

8. Does this child have a history of:
   (a) fainting with exercise? __________
   (b) undue tiredness/fatigue? __________
   (c) a family member having sudden unexplained death under the age of 40? __________
   * Please explain (attach extra pages if necessary.)

According to state law, all campers must be immunized or submit a statement from a physician that
immunization is in progress.**

IMPORTANT: Attach a CURRENT copy of Immunization Record from Doctor’s office.

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Mercer County Community
College to treat and/or send this person to a physician or hospital and authorize the necessary treatment. I also
authorize the physician or hospital to release my child after treatment to a representative of Mercer County Com-
munity College. My child's medical insurance carrier is ____________________________
I authorize MCCC to share pertinent health information with camp staff as needed to safeguard my child's
health. My hospital of choice is ____________________________ All information on this form is complete, true and
accurate to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN __________________ DATE __________________

**NOTE
1. If there is a religious objection to immunization of a child, a written statement must be signed and submitted
which states that the child is in good health and that you will assume full responsibility for his/her health
while in camp.
2. If immunization is contraindicated for medical reasons, the parent or guardian shall submit to the camp
a written statement signed by a licensed physician, indicating both the reason and length of the medical
contraindication.

A COMPLETED COPY OF THIS FORM MUST BE SUBMITTED WITH EACH CAMP APPLICATION
I request Camp College staff to administer the medication described below to my child:

Name: ___________________________________________ Date of Birth: _____________________

Name of medication: ___________________________________________________________________

Amount to be administered: ____________________ Time(s) to be given: ____________

Reason: ___________________________________________________________________________

__________________________________________________________________________________

Side effects: _______________________________________________________________________

Phone Numbers: _____________________________________________________________________

Parent Signature/Date: ______________________________________________________________

**IMPORTANT – PLEASE READ:** Administering medication is discouraged; however, some children with various illnesses and disabilities will require medication during camp hours. If medication must be administered, please complete and sign this form for each medication, including over-the-counter drugs. This form may be copied as needed. Notify the camp director in writing if there is a change in the medication, or if it should be discontinued. Medication must be delivered in the original container, appropriately labeled by the pharmacy or physician, and handed to a camp administrator or nurse with a completed and signed copy of this form. The medication will be held in the health office and must be taken by the camper under staff supervision. (Medications that a child must carry throughout the day for self-administration must have a completed Camper Self-Medication Permission.)

**PHYSICIAN SIGNATURE REQUIRED** ______________________________________________

Health Office – SC 141 • Telephone (609) 570-3777
Complete this section only if self-medication is required.

Camper’s Name: ____________________________________________________________

Camp Session or Program: ________________________________________________

**PARENT/GUARDIAN AUTHORIZATION**

My child has a physical condition which requires him/her to receive medication as quickly as possible in order to avoid a medical crisis. In the interest of his/her personal well being, I hereby grant my child the authority to carry his/her medication ___________________________ and to self-administer it as directed by the prescribing physician when needed.

Name of Medication: ___________________________  Dose/Amount: ________________

Condition requiring self-medication: ___________________________________________________________________________________

In granting this permission for my child to self-medicate, I hereby absolve Mercer County Community College and all its employees from any liability or legal responsibility for any condition that may arise from the administration or lack of administration of such medication.

Parent/Guardian Signature: ___________________________  Date: ______________________

**PHYSICIAN’S AUTHORIZATION**

The above-named patient must use ________________________________ by self-administration. He/she has been instructed in its proper use.

Physician’s Signature: __________________________________  Date: ________________

**NOTE:** A completed and signed copy of this form must be given to the camp director or nurse no later than the first day of camp or on the first day that the child brings the medication to camp. (609) 570-3777.
1200 OLD TRENTON ROAD, WEST WINDSOR, NJ • 609-570-3758

HOURS
Mon, Wed: 6 a.m. - 9 p.m.
Tues, Thurs: 7 a.m. - 9 p.m.
Friday: 6 a.m. - 8 p.m.
Saturday: 9 a.m. - 3 p.m.
Sunday: 10 a.m. - 2 p.m.

THE FITNESS CENTER AT MERCER
WELCOMES COUNTY RESIDENTS AGES 15 AND UP

FOR THOSE WHO ARE NOT FAMILIAR WITH THE PROPER USE OF OUR EQUIPMENT, THE CENTER OFFERS A SPECIAL INSTRUCTIONAL COURSE.

OPTIONS  TIMES  FEES
ANNUAL  MON. - SUN.  $225 ANNUAL*
ANNUAL RESTRICTED  MON. - FRI. (9 a.m. - 3 p.m.)  $150 ANNUAL*
QUARTERLY  MON. - SUN.  $75 PER QUARTER
MONTHLY  MON. - SUN.  $35 PER MONTH
ALUMNI / SR. CITIZEN  MON. - SUN.  $200 ANNUAL*
SENIOR QUARTERLY  MON. - SUN.  $50 PER QUARTER

*ONLY ANNUAL MEMBERSHIPS INCLUDE THE USE OF OLYMPIC-SIZE POOL DURING RECREATIONAL HOURS

VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER ACCEPTED

• ASSISTED CHIN/DIP
• FULL NAUTILUS TRAINING CIRCUIT
• INDOOR OLYMPIC-SIZE POOL
• DUMBBELLS & BENCHES
• STAIR MASTERS
• ELLIPTICAL MACHINES
• RECUMBENT BICYCLES
• LOCKER ROOMS WITH SHOWERS
• TREADMILLS
• NORDICTRACK
• ROWING MACHINE
• STRIVE TRAINING CIRCUIT

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SPORTS CAMPS • Summer 2018
609-570-3779