

SECTION 1: Household Information

Recreation & Parks Registration Form

Primary Contact Info	Street Address: _____	City: _____	State: _____	Zip: _____
	Home Phone: _____	Work Phone: _____	Cell Phone: _____	
	Email Address: _____	Email Address #2: _____		
	Adult Last Name: _____	Adult First Name: _____	DOB: _____	/
Adult #2 Last Name: _____	Adult #2 First Name: _____	DOB: _____	/	/
Street Address (if different): _____		City: _____	State: _____	Zip: _____
Emergency Contact (Full Name): _____		Relationship: _____	Phone: _____	
Emergency Contact #2 (Full Name): _____		Relationship: _____	Phone: _____	

SECTION 2: Program Registration

Participant Name (Last, First)	Birth Date	Sex (M/F)	Grade	Shirt Size*	Program Name	Program Code	Fee	Accommodations? (details requested)
	/ /							<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

*Shirt Size Examples: Youth (YS, YM, YL) Adult (S, M, L, XL, XXL)

Total Amount Due: \$

RELEASE AND WAIVER OF ALL CLAIMS: The Undersigned participant (Parent/Guardian) understands that this release forever discharges and holds harmless, St. Mary's County Government/Department of Recreation and Parks from any liability or claim that participant may have against St. Mary's County Government with respect to any bodily injury, personal injury, illness, death, property loss or damage that may result from participant's activities, whether caused by the negligence of St. Mary's County Government/Department of Recreation and Parks or its officers, directors, employees, agents, volunteers or otherwise. Participant (Parent/Guardian) also understands there are inherent physical risks associated with activities and programs and that, St. Mary's County Government does not carry or maintain health, medical, or disability insurance coverage for any participant. Each participant is expected and encouraged to obtain his or her own medical or health insurance coverage. I also authorize the Commissioners of St. Mary's County (including its departments, boards, commissions, agents, employees and volunteers when authorized by the Commissioners of St. Mary's County or by the Director of Recreation and Parks) to use my image and/or voice in any media form (including, but not limited to, cable television broadcasts, videos, internet communications, and publications). I release the Commissioners of St. Mary's County from any and all claims and liability regarding the making or use of an audio and/or visual recording of my image and/or voice (including claims related to rights of publicity or privacy, defamation, or portrayal in a false light, whether intentional or unintentional).

ACCOMMODATIONS: Please indicate if the participant requires accommodations for any medical or behavior conditions, medications, allergies, dietary restrictions or other needs.

PRINT: Participant or Parent/Guardian

SIGNATURE

Date



2019 SUMMER FUN CAMPS REGISTRATION FORM

Child's Name: _____ DOB: ____/____/____ Age: ____ SY19/20 Grade: ____

EMERGENCY CONTACT & AUTHORIZED PERSONS FOR PICK UP — (must be someone other than a parent/guardian)

(1) Name: _____ Relation: _____ Home Phone: () _____ - _____
 Work Phone: () _____ - _____ Cell Phone: () _____ - _____ Other: () _____ - _____
 (2) Name: _____ Relation: _____ Home Phone: () _____ - _____
 Work Phone: () _____ - _____ Cell Phone: () _____ - _____ Other: () _____ - _____

MEDICAL INFORMATION

Primary Physician: _____ Phone: () _____ - _____
 Is camper missing any immunizations because of medical contraindication or exemption by religious belief? ___ YES ___ NO
 Is camper enrolled in a Maryland schools? ___ YES ___ NO If yes, what is the name of the school: _____
 If camper is not registered in a Maryland school, you must furnish Recreation & Parks with required records of immunization, contraindication statement from child's physician or exemption by religious belief statement before child can be admitted to the program.
 Are there any health problems including physical, psychiatric or behavioral conditions, medications, allergies, dietary restrictions or special needs that we need to be aware of? ___ YES ___ NO. If yes, please explain:

INITIALS—Please initial each statement below acknowledging your understanding.

EMERGENCY MEDICAL RELEASE : In the event of injury/serious illness, I give permission for St. Mary's County Recreation & Parks (SMCRP) staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

FIELD TRIP/SWIMMING RELEASE : I give permission for my child to participate in the program's field trips. I understand I will be notified of dates, destinations and times.

USE OF PROTECTIVE SUBSTANCES: I agree to follow program guidelines set by SMCRP for staff to assist my child with his/her sunscreen each day. I will be provided an authorization form to be completed. On the form I will also indicate whether staff may assist the camper in the application of the sunscreen. Please apply sunscreen on your child every morning of CAMP. Bring your child's spray sunscreen and labeled with their name, on the first day. It will be sent home with your child at the end of the program.

PARENT HANDBOOK: I understand that I am responsible for the information contained in the Parent Handbook. This handbook is available online at www.stmarysm.com/recreate. If I do not have access to a computer, I will visit the main office and pick up a paper copy of the information.

REGISTRATION RECEIPT: I understand all field trip and camp details regarding my child's camp is located on the registration receipt.

Please check all Camps you wish to sign up each child for this summer:

<p><u>WEEK 1: June 17-21</u></p> <p style="text-align: center;">Spirit Week</p> <p><input type="checkbox"/> Margaret Brent Rec <input type="checkbox"/> Carver Rec <input type="checkbox"/> Hollywood (Wed-Fri)</p>	<p><u>WEEK 2: June 24-28</u></p> <p><input type="checkbox"/> Tiny Tots <input type="checkbox"/> Anchors Aweigh <input type="checkbox"/> Knights & Princesses <input type="checkbox"/> Craft & Create <input type="checkbox"/> Movie Moves <input type="checkbox"/> Fun & Fitness <input type="checkbox"/> Survivor</p>	<p><u>WEEK 3: July 1-5</u></p> <p><input type="checkbox"/> Tiny Tots <input type="checkbox"/> Animal Planet <input type="checkbox"/> Lab Scientists <input type="checkbox"/> Crazy Concoctions <input type="checkbox"/> I'll Tumble For You <input type="checkbox"/> Imaginarium <input type="checkbox"/> Teens On the Go</p>	<p><u>WEEK 4: July 8-12</u></p> <p><input type="checkbox"/> Tiny Tots <input type="checkbox"/> Camp Warriors <input type="checkbox"/> Fun & Fitness <input type="checkbox"/> Mysteries of the Universe <input type="checkbox"/> Wild West <input type="checkbox"/> Teens On the Go</p>	<p><u>WEEK 5: July 15-19</u></p> <p><input type="checkbox"/> Tiny Tots <input type="checkbox"/> Camp Warriors <input type="checkbox"/> Camp Throw Down <input type="checkbox"/> Music Makers <input type="checkbox"/> More Than Meets the Eye <input type="checkbox"/> Lab Scientists <input type="checkbox"/> Crazy Concoctions <input type="checkbox"/> Teens On the Go</p>	
<p><u>WEEK 6: July 22-26</u></p> <p><input type="checkbox"/> Tiny Tots <input type="checkbox"/> Game Show Mania <input type="checkbox"/> I'll Tumble For You <input type="checkbox"/> Creative Talent <input type="checkbox"/> Under the Big Top <input type="checkbox"/> Teens On the Go</p>	<p><u>WEEK 7: July 29-Aug 2</u></p> <p><input type="checkbox"/> Tiny Tots <input type="checkbox"/> Little Inventors <input type="checkbox"/> Inventors Workshop <input type="checkbox"/> Music Makers <input type="checkbox"/> More Than Meets the Eye <input type="checkbox"/> Survivor <input type="checkbox"/> Craft & Create <input type="checkbox"/> Teens On the Go</p>	<p><u>WEEK 8: Aug 5-9</u></p> <p><input type="checkbox"/> Tiny Tots <input type="checkbox"/> Movie Moves <input type="checkbox"/> I'll Tumble For You <input type="checkbox"/> Superheroes <input type="checkbox"/> Camp Throw Down <input type="checkbox"/> Camp Warriors <input type="checkbox"/> Teens On the Go</p>	<p><u>WEEK 9: Aug 12-16</u></p> <p><input type="checkbox"/> Tiny Tots <input type="checkbox"/> Animation Celebration <input type="checkbox"/> Food & Fitness <input type="checkbox"/> Fun & Fitness <input type="checkbox"/> Raiders of the Lost Artifact</p>	<p style="text-align: center;"><u>Camp Keepers</u></p> <p>Week 1: AM ___ PM ___ Week 2: AM ___ PM ___ Week 3: AM ___ PM ___ Week 4: AM ___ PM ___ Week 5: AM ___ PM ___ Week 6: AM ___ PM ___ Week 7: AM ___ PM ___ Week 8: AM ___ PM ___ Week 9: AM ___ PM ___</p>	
<p><u>SPORTS CAMPS</u></p> <p style="text-align: center;">Indicate info on reverse side</p>					

PLEASE COMPLETE SECTION 1, SIGN & DATE ON REVERSE SIDE (R&P Registration Form)