

NEW HORIZONS OR **CAMP INSPIRE**
REGISTRATION FORM

Please check the camp that you are registering for.

A. PARENT OR GUARDIAN INFORMATION:

Name: _____ Relation to Child: _____
 Home Address: _____
 _____ Home Phone: _____
 Employer: _____ Work Phone: _____
 Cell Phone: _____ Email: _____
Emergency Contact: _____ Phone No: _____
Emergency Contact: _____ Phone No: _____
 School Child Attends: _____
 Parent Signature: _____

B. PARTICIPANTS INFORMATION: (ONE FORM PER CHILD)

Childs Name	Birthday	Age	Grade	Diagnosis
				1. 2. 3.

C. IDEMNIFICATION STATEMENT

Recreation and Parks does NOT provide insurance. I and my child hereby waive and release all rights and claims for damages I may have against the Camp Staff and Recreation and Parks for any injury suffered by my child as a participant in the Summer Camp Programs.

I do _____ I do not _____ give permission to have my child appear in any media coverage approved by Recreation and Parks. I understand the Camp Director in conjunction with the Coordinators has been given the authority by Recreation and Parks to determine appropriate request.



_____ Date _____
 Parent/Guardian Signature

D. PAYMENT INFORMATION

NOTE: The below Agency Sponsorship section MUST be completed by the sponsoring agency with signature for this application to be accepted without full payment.

CREDIT CARD USE ONLY	AGENCY SPONSORSHIP
Visa Mastercard Discover	
Card Number: _____	Agency Name: _____
Expiration Date: _____	Amount: \$ _____
Amount: \$ _____	
Security Code: _____	Responsible Representative Signature: _____
Signature: _____	
Date: _____	

E. EMERGENCY PICK UP

The person or persons who are authorized to pick up the above camper at end of camp activities, in emergencies, or by special request are as follows (please print name or names):

1. Name _____ Relationship _____
Phone numbers _____

2. Name _____ Relationship _____
Phone numbers _____

F. ACCOMPANYING AIDE

Name: _____

Relationship to camper: _____

Street Address: _____

City/State/Zip: _____

Home phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Work phone: (____) _____ - _____ E-mail _____

G. INFORMATION FOR BUS DRIVERS

FOR CAMPS THAT PROVIDE TRANSPORTATION: Please provide the following information for the bus drivers. This form will be given to the driver in order to provide them with emergency information and directions for each child. They will contact you the week prior to camp with tentative pick up and drop off times.

Street Address of pick up/drop off location

Directions to Residence or Daycare:

Daycare information (Please fill out if your child will be picked up from a daycare provider)

Name of Daycare: _____

Name of Contact person _____

Daycare Phone Number _____

G. AUTHORIZATION FOR MEDICAL CARE AND INFORMATION


MEDICAL CARE

I hereby authorize emergency medical care for my child(ren) during attendance at any Recreation and Parks camp, if, in the judgment of the staff, treatment is required for an injury or illness. I hereby also authorize the administering of anesthetics and resource to other procedures deemed necessary by the attending physician. I understand that whenever possible, I will be notified prior to medical treatment of my child. I understand that I will be notified at the earliest possible time should proper notice prove impossible.

The physician of my choice is Dr. _____
Their Phone Number: _____


The hospital of my choice is _____

My child is allergic to the following medications and anesthetics:

 Parent/Guardian Signature _____
Date _____
Child's Name: _____


MEDICAL CARE FINACIAL RESPONSIBILITY

I understand that I am financially responsible for any expenses for medical care or transportation my child's behalf. Recreation and Parks does NOT provide accident insurance. I hereby for myself and for my child wave and release all rights and claims for damages I may have against the staff or Recreation and Parks for any injuries suffered by my child as a participant in the camp.

 Parent/Guardian Signature _____
Date _____
Child's Name: _____

MEDICAL PAPERWORK

I hereby authorize the release of medication orders and other medical paperwork from St. Mary's County Public Schools to St. Mary's County Department of Recreation and Parks.

 Parent/Guardian Signature _____
Date _____
Child's Name: _____

H. FOOD SERVICE ELIGIBILITY

Please indicate below if our child receives free or reduced lunch during the school year, the name of your child and the school they attend. If the camp meets eligibility requirements all children will receive breakfast and lunch free of charge to the Department. Please sign below to give your permission to share this information with St. Mary's County Public Schools AND the Maryland State Department of Education.

THIS MUST BE COMPLETED BY ALL FAMILIES REGARDLESS OF STATUS.

Name of Child: _____

Name of School: _____

1. My child is enrolled in the free and reduced lunch program.

YES _____ NO _____

 **2. Signature of Parent or Guardian:** _____

H. CAMPER INFORMATION

Please remember all information on this form is confidential and will only be used to aid in the care of your child. Failure to provide all requested information may affect your child's registration status.

Does your child have any allergies (food, medication and or environmental)? YES or NO
If yes please indicate

Medical History: (Please include any information that would aid in understanding your child's condition
Medical Diagnoses:

What medications will have to be administered at camp? (Camp must have Nursing orders from school or form filled out from doctor. All medications brought to camp must be in the original labeled container.)

Medical treatments to be administered while at camp. (Tube feeding, catheter etc.)

Has your child ever had a seizure? **Yes**___**No**___

If **Yes**, indicate type of seizure, date of last seizure, and whether it is controlled by medication.

Is there any camp activity in which your child should not participate? **Yes**___**No**___

If **Yes**, please describe: (NOTE: Recreation and Parks does NOT provide alternative care for field trips. If your child is unable to attend a field trip staff WILL NOT be available at camp until the campers return for the day. Please make alternative care arrangements on these days)

Does your child have a history of: (If any of these answers are **Yes**, elaborate below.)

1. Fainting with exercise? **Yes**___**No**___
2. Undue tiredness/fatigue? **Yes**___**No**___
3. Family member with sudden unexplained death under the age of 40? **Yes**___**No**___
4. Tendency toward hyperthermia (over heating, elevated temperature)? **Yes**___**No**___

Details:

Does your child have any dietary restrictions? **Yes**___**No**___ If yes, please describe:

Will your child receive extended school years services during camp hours? **Yes**___**No**___ If yes, please indicate the provider's name, times and dates of services.

