

St. Mary's County Recreation and Parks  
 SUMMER CAMP REGISTRATION AND MEDICAL / IMMUNIZATION RECORD

***Please complete ONE registration form per CHILD***

Please allow 15 minutes on the 1<sup>st</sup> day of camp to complete any additional information needed for your child.

\*\*The shaded information is required for attendance at camp.\*\*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SY10/11 Grade \_\_\_\_\_

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

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

T-Shirt Size: *Circle Size: Youth: 6-8 10-12 14-16 Adult Sm Adult Med Adult Lg Adult XL Adult 2XL*

*(Camp Shirts are required to be worn for all field trips. If child does not attend camp with proper shirt, one will be provided for a \$5.00 non optional charge to Parent's account. T Shirts will be distributed at each campsite)*

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Emergency Contact: (Not Listed Above)**

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

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

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

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

**AUTHORIZED PERSONS FOR PICK UP (other than Parent/Guardians)**

Name Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

Please notify Recreation and Parks Staff & Main Office of any changes or additions immediately.

Please check the box next to the camp(s) and week(s) of choice *OR* complete the Sports Camp info below.

<p><u>June 20 – 24, 2011</u></p> <p><input type="checkbox"/> Mission: Nutrition \$125</p> <p><input type="checkbox"/> Youth Fitness \$125</p> <p><input type="checkbox"/> Are You My Mother \$125</p> <p><input type="checkbox"/> Discovery Zone \$125</p> <p><input type="checkbox"/> Trailblazer Ref. \$105</p> <p><input type="checkbox"/> Trailblazer New \$375</p>	<p><input type="checkbox"/> June 27 – July 1 The Amazing Race \$145</p> <p><input type="checkbox"/> July 5 – 8 Harry Potter \$116</p> <p><input type="checkbox"/> July 11 – 15 Game Show Mania \$145</p> <p><input type="checkbox"/> July 18 – 22 Everyone's Got Talent \$145</p> <p><input type="checkbox"/> July 25 – 29 Imaginarium \$145</p> <p><input type="checkbox"/> Aug 1 – 8 All Ball \$145</p>	<p><u>Aug 8- 12, 2011</u></p> <p><input type="checkbox"/> Mission: Nutrition \$125</p> <p><input type="checkbox"/> Fit N Swim \$145</p> <p><input type="checkbox"/> Thump, Quack, Moo \$125</p> <p><input type="checkbox"/> Discovery Zone \$125</p>
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<p><b>Camps</b> <i>Full week price / Pro-rated week price</i></p> <p><input type="checkbox"/> TREK Central Evergreen \$145/\$116</p> <p><input type="checkbox"/> TREK South Carver Rec Center \$145/\$116</p> <p><input type="checkbox"/> PTO Hollywood Rec Center \$160/\$128</p> <p><input type="checkbox"/> PLAY Hollywood Rec Center \$160/\$128</p> <p><input type="checkbox"/> Arts &amp; Crafts \$125/\$100 <i>begins wk of 7/5/11</i></p>	<p><b>Weeks</b></p> <p><input type="checkbox"/> June 27- July 1, 2011</p> <p><input type="checkbox"/> July 5 – 8, 2011 (Pro-rated)</p> <p><input type="checkbox"/> July 11 – 15, 2011</p> <p><input type="checkbox"/> July 18 – 22, 2011</p> <p><input type="checkbox"/> July 25 – 29, 2011</p> <p><input type="checkbox"/> Aug 1 – 5, 2011</p> <p><input type="checkbox"/> ALL WEEKS</p>
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Sports Camp \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_

Sports Camp \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_

TOTAL AMOUNT: \$ \_\_\_\_\_

**SUMMER CAMP REFUND POLICY**

By registering, I agree to St. Mary's County Recreation and Parks' Refund Policy. This policy, in its entirety can be found in the Parents' Survival Guide to Summer Camps and on our website [www.stmarysmd.com/recreate](http://www.stmarysmd.com/recreate).

**MEDIA AUTHORIZATION**

I give permission to have my child appear in any media coverage (examples: Program Guide, Facebook, bulletin boards, newspaper) approved by Recreation and Parks. I understand that the Summer Camp Directors in conjunction with the LED/YC Coordinator have been given the authority by Recreation and Parks to determine appropriate request.

**MEDICAL INFORMATION**

Date of last tetanus (DTP) immunization: (Month/Year format) \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Is camper missing any immunization because of medical contraindication or exemption by religious belief?  
Yes \_\_\_ No \_\_\_

Is child enrolled in a Maryland school? Yes \_\_\_ No \_\_\_ If "yes" what is the name of the school? \_\_\_\_\_

**If camper is not registered in a Maryland school**, you must furnish Recreation and Parks required records of immunization, contraindication statement from child's physician or exemption by religious belief statement before child can be admitted to the program.

Does the participant **receive** any accommodations for medical or behavioral conditions, medications, allergies, dietary restrictions or special needs?: YES or NO If yes, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT PLAN OPTION**

I will be utilizing the payment plan. I understand to use this plan I must sign up for a total of five weeks or more of the listed camps (Camp TREK, PLAY Camp, PTO Camp, Specialty Camps, New Horizons or Camp Inspire). 50% of balance plus the \$25 payment plan fee must be paid at the time of registration. The remaining payment is due on or before June 17, 2011. Failure to make the final payment as required will result in termination of my summer camp registration. This plan will allow me the full refund privileges found on Recreation and Parks website [www.stmarysmd.com/recreate](http://www.stmarysmd.com/recreate) or in the Parents' Survival Guide to Summer Camps. I further understand that the fee for this plan is \$25.00 and non refundable. This plan is not available to registrants after June 3, 2011. Registrations received after June 3, 2011 will require full payment at the time of registration.

By signing this, you, the Parent/Guardian, agree to the *Payment Plan* terms listed above. \_\_\_\_\_

**IDEMNIFICATION STATEMENT**

I agree to have my child(ren) participate in this/these program(s) knowing that proper safety precautions will be taken, but realizing there is inherent risk involved in participation in recreational activities. I realize that SMC Recreation and Parks does NOT provide medical insurance. I and my child(ren) hereby waive and release all rights and claims for damages I may have against the Summer Camp staff and Recreation and Parks for any injuries suffered by my child as a participant in the Summer Camp Programs.

I understand that it is my responsibility to read and understand the guidelines that are outlined in the Parent's Survival Guide to Summer Camps. This Guide can be picked up at either the Recreation & Parks office, any camp location or downloaded from the website: [www.stmarysmd.com/recreate](http://www.stmarysmd.com/recreate)

By signing this you agree to the terms of this registration and agree that all information provided is true and accurate.

\_\_\_\_\_ Date

*MAIL OR WALK IN REGISTRATION & PAYMENT TO:*  
Recreation & Parks, PO Box 653, 23150 Leonard Hall Drive, Leonardtown, MD 20650  
Online Registration available at: [www.stmarysmd.com/recreate](http://www.stmarysmd.com/recreate)  
For more information call 301-475-4200 Ext 1800