

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 Discovery, Specialty Camps or New Horizons). 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 11th. 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 or page 12 of 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 May 28, 2010. Registrations received after May 28, 2010 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

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
Phone: 301-475-4200 Ext 1800
Fax: 301-475-4108

Online Registration available at:
www.stmarys.md.com/recreate



CREDIT CARD USE ONLY

Type of Card: Visa MasterCard Discover

Card Number: _____

Expiration Date: _____ Security Code _____

Amount: \$ _____

Signature: _____

Date: _____