

DAY CAMP REGISTRATION PROCEDURES

CAMPER REGISTRATION FORMS ARE AVAILABLE starting on page 26 of this brochure or online at www.greenbeltmd.gov/recreation. Forms also may be picked up at the Greenbelt Youth Center and the Greenbelt Community Center during all facility hours. We recommend that you fill out the forms at home where you have access to necessary information such as medication data, date of last tetanus shot, and emergency contact numbers.

COMPLETED REGISTRATION FORMS can be submitted by mail, email, fax, or in person. All camp contact information is provided below. Forms will be accepted from Greenbelt residents* for Spring & Summer Camps beginning on February 1 and from non-residents beginning on February 15. Mail-in registrations and faxed registrations will be dated and entered accordingly. Camper registration forms will be accepted on an ongoing basis until all slots are filled. At that point, interested persons' names will be placed on a waiting list. Those persons will be contacted in the order in which names were taken if/when a slot becomes available.

Camp Pine Tree I & II, Youth on the GO, Basketball Clinic, and Spring Camp: please direct completed forms to the Greenbelt Recreation Department, 25 Crescent Rd, Greenbelt, MD 20770, Email: cpracht@greenbeltmd.gov, FAX: 301-397-2203, Attn: Camps, or visit our business office at the Greenbelt Youth Center, 99 Centerway, Monday through Friday, 9:00am-4:30pm or call 301-397-2200.

Creative Kids Camp, Performance Camp, Camp Encore, Circus Camp, Spring Circus Camp and Kinder Camp: please direct completed forms to the Greenbelt Community Center, 15 Crescent Rd, Greenbelt, MD 20770, Email: rcampbell@greenbeltmd.gov, FAX: 301-220-0561, Attn: Camps, or visit the Community Center business office Monday through Friday, 9:00am-4:30pm or call 301-397-2208.

* **GREENBELT RESIDENCY:** In order to qualify to receive the resident rates as listed in this brochure, you **MUST** provide **CURRENT** proof of Greenbelt residency in the form of a driver's license, MVA change of address form with a driver's license, or a lease. **If you are unable to provide one of these documents at the time of registration, you will be charged the non-resident rate.**

A **DEPOSIT** of \$50 per child/per camp session is required at the time of registration for ALL CAMP sessions.

DEPOSITS ARE NON-REFUNDABLE AND NON-TRANSFERABLE

MEDICATIONS: If your child requires ANY medication including over the counter medications during the camp day, a Medication Form must be completed and signed by your Physician. Please call the 301-397-2200 or 301-397-2208 to obtain the medication form or visit our website at www.greenbelt.gov/recreation.

CAUTION: REGISTRATION FORMS MUST BE COMPLETED IN FULL in order to be processed. Don't lose your place in camp due to missing information or signatures!

SPRING & SUMMER CAMP REGISTRATION DATES

**GREENBELT RESIDENTS:
FEBRUARY 1, 2017**

**NON-RESIDENTS:
FEBRUARY 15, 2017**

PARTICIPANT PROFILE FOR TEACHERS, MANAGERS AND STAFF

Profiles are reviewed by staff and help them to better serve your child. Please take the time to complete.

Child's Name:	Date:
Child's Preferred Name:	Age:
Parent/Guardian:	
Camp:	
Child's likes and dislikes:	
My child enjoys these physical activities:	
My child has difficulty with these activities:	
Things my child may need help with:	
Fears and concerns of the participant:	
Current medications:	
Any change in daily medication of the last six months:	
Specific behavioral concerns:	
Triggers of the specific behavioral concerns:	
What behavioral techniques have been successful that can be maintained during programs?	
Are any special accommodations needed to give your child a positive learning experience during the program?	
Is there any other additional information that would help to ensure that your child is successful during the program?	
<i>If there is any confidential information you don't want to include on this form but feel it is important to share with us, please contact Karen Haseley, Therapeutic Recreation Supervisor at 240-542-2054.</i>	
Greenbelt Recreation - Maintaining a Safe, Fun and Enriching Environment	

2017 Greenbelt Day Camp Registration Form

This form must be completed in full for each participant to be registered.

1. PARTICIPANT INFORMATION

Participant Name: _____ Preferred Name: _____

Age: _____ DOB: _____ Gender _____ T-shirt Size _____

Street Address: _____ City/State/Zip _____

Parent/Guardian Name: _____ (H) _____ (W) _____ (cell) _____

Parent/Guardian Name: _____ (H) _____ (W) _____ (cell) _____

Parent/Guardian's Email Address(es): _____

Emergency Contact Name: _____ (H) _____ (W) _____ (cell) _____

Emergency Contact Name: _____ (H) _____ (W) _____ (cell) _____

Maryland School attended this year: _____

Please Note: A participant who does not attend a Maryland public or private school, Kindergarten through 12th grade must attach an age appropriate immunization record to this form (i.e., home schoolers, out of state schools). Is this participant exempt from immunization for religious or medical reasons? Yes No If yes, the Maryland Department of Health and Mental Hygiene Immunization Certificate must be completed and attached to this form. Recreation Department office staff can provide you with this form.

2. HEALTH INFORMATION

Primary Care/Clinic Name _____ Phone Number _____

Date of last tetanus or DPT shot (required by state law) Month/Year: _____

Participant has Allergies? Yes No

If yes, specify, including medication: _____

Camper currently takes medication (excluding allergy medication)? Yes No

If yes, name the medicine, dosage, time(s) given, and doctor's name. _____

Participant requires special health care? If yes, Please explain. (i.e. inhaler, EpiPen, etc.) Yes No

Please check all that apply to this participant:

Diabetes Deaf or hard of hearing

Asthma Legally blind

Uses mobility aide (i.e. wheelchair, braces, etc.)

Autism

Asperger's

Intellectual Disability

Other Developmental Disability: _____

Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Disorder (ADD)

Behavioral/emotional disorder

Request special accommodation; please elaborate.

Other health concerns; please elaborate. _____

Participant has seizures? Yes No

Medication for seizures? Yes No

If yes, name the medication and usual treatment.

Medication: _____

Date of last seizure: _____

Treatment: _____

Limits on participant's physical activities? Yes No

If yes, specify. _____

Please attach any additional information if needed.

A **Medication Authorization Form** is required in advance for any medication (including non-prescription) distributed at the program. A **Medication Authorization Form for Epi Pens, Inhalers and Insulin Pumps** is required in advance for any medical device/procedure used at the program.



Continued on back

3. PARTICIPANT RELEASE AUTHORIZATION

The Greenbelt Recreation Department Day Camp is authorized to release my Child,

Participant's Name

to the following individuals who may pick up my child from the Day Camp. I understand that each authorized person must be at least sixteen (16) years old, and my child will not be permitted to leave the camp with anyone not listed at the right. All authorized individuals will be required to show identification and sign the child out each day. My child may be released to the following people: *

Name	Phone Number	Relationship
1. _____		
2. _____		
3. _____		
4. _____		

Departure Procedure:

Please notify your child's camp when one of the above people will be picking up your child.

* If you wish for your child to sign himself/herself out, please complete the camp sign-in/sign-out release permission form and return to the camp office.

4. LATE PICK UP POLICY

A late fee will be assessed for participants who are not picked up by the program's scheduled closing time. The Greenbelt Recreation Department's Policy is \$1 per minute in 5 minute increments.

We understand that emergencies do arise and request that parents call the camp's office if they are delayed. However, late charges may still be assessed. Payment is due by 4:30pm the next business day. **Thank you for your cooperation in ensuring your camper is picked up from the program on time.**

5. ACTIVITY/PROGRAM FIELD TRIP LIABILITY RELEASE/AUTHORIZATION

I hereby give permission for the participant to participate in all program activities, including field trips in approved vehicles (school buses and coach buses) and agree to release the City of Greenbelt and the Greenbelt Recreation Department, its officers, employees and agents, from all liability arising from any harm or injury incurred by the participation of my child in the summer day camp programs.

6. PHOTOGRAPHY/VIDEO RELEASE

I agree that photographs and video footage may be taken of participants during program activities for use in City of Greenbelt publications, cablecasts, and social media, as well as for the production of camp show keepsake videos, which may be ordered through the Recreation Department business offices.

7. MEDICAL CARE/HOSPITAL TREATMENT RELEASE

By way of copy of this form, I authorize the staff of The City of Greenbelt and the Greenbelt Recreation Department to obtain medical/hospital treatment for the above participant in the event of an emergency.

I hereby represent and warrant that if the participant is a minor, I am his/her parent or guardian and I am authorized to provide the releases, authorizations, and permissions as stated above.

X SIGNATURE OF PARENT/GUARDIAN

PRINT NAME OF PARENT/GUARDIAN

Date



CITY OF GREENBELT

Department of Recreation
 25 Crescent Road, Greenbelt, MD 20770
 Business Office: (301)397-2200
 Fax: (301)397-2203

Camper Name: _____

Guardian's Name: _____

Please take a moment to fill out the front and back of this form to assure that your child is registered in the proper camp and session. Refer to the Camp Brochure for the correct registration number and session. For those needing Before Care and/or After Care until 6:00pm, please place an X in the appropriate box. If you would like to register for Storybook, Clay, Tennis or Soccer at the End of the Day, please refer to the Camp Brochure for the corresponding class code.

Please total your fees at the bottom of the table and choose your payment option. A \$50 deposit for each session of camp is due at the time of registration. Also, those registering for after care classes need to pay the full amount at the time of registration. Each session's payment is due in full ten days prior to the start of each session.

PAYMENT DUE DATES

- Spring Camps
- Summer Session 1
- Summer Session 2
- Summer Session 3
- Summer Session 4
- Summer Session 5
- Summer Session 6

- Friday, April 7, 2017 / 4:30pm
- Friday, June 9, 2017 / 4:30pm
- Friday, June 23, 2017 / 4:30pm
- Friday, July 7, 2017 / 4:30pm
- Friday, July 21, 2017 / 4:30pm
- Friday, Aug. 4, 2017 / 4:30pm
- Friday, Aug. 11, 2017 / 4:30pm

PLEASE MAKE SURE TO COMPLETE FINANCIAL INFORMATION ON THE BACK OF THIS PAGE!

CAMP NAME	SESSION #	BEFORE CARE 7:00am- Start	AFTER CARE CLASS				AFTER CARE until 6pm
			STORY BOOK until 5pm	CLAY until 5:15 pm	TENNIS until 5:15 pm	SOCCER until 6pm	
<i>Example: Camp Pine Tree I</i>	336503-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL INFORMATION

PLEASE NOTE: A \$50.00 Non-Refundable, Non-Transferable deposit, per child, per session is required at the time of registration. Registrations will not be processed until all paperwork is complete and the appropriate payments have been submitted. All Aftercare Class payments are due in full at the time of registration.

PAYMENTS DUE

		Fees Due	TOTAL
Number of Camp Sessions		X \$50	
Storybook, Clay, Soccer or Tennis at the end of the day			
Total Due at Registration:			

CREDIT CARD INFORMATION

If you prefer, you may phone this information in, however a signature is required.

Name on Card: _____

Billing Address: _____

Type of Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

YES! I would like to have my credit card charged for the remaining balance due for each session, on the date that it is due. Initials: _____

FOR ADMINISTRATIVE USE ONLY:

Registration Received by: _____

VERIFY:

Date Received: _____

License

Amount Received: _____

Lease

CASH CREDIT CHECK

MVA Change of Address Card

Physician's Medication Authorization Form

** Required for prescription and non-prescription medications **

ONE MEDICATION PER FORM

Full Name of Child: _____ **DOB:** _____

Parent/Guardian Name & Phone: _____

Home: _____ Cell: _____ Work: _____

Camp(s): _____ **Camp Address:** _____

(camp staff will fill in the physical address)

Name and strength of medication: _____		Emergency Medication	Yes	No
Reason for medication: _____		Dosage of medication: _____		
Date medication begins: _____		Date medication ends: _____		Route of administration: _____
Time of day medication is to be given: _____		If as needed, for what symptoms? _____		
Side effects: _____				
Physician's Printed Name/Title: _____				
Physician's Address: _____		Phone: _____		
_____ Physician Signature			_____ Date	

Greenbelt Recreation Department Medication Policies:

Each medication, prescription and non-prescription, medical device or emergency medical device requires a separate medication authorization form **signed by the child's physician.**

All medications must be self-administered, **with the exception of emergency medication (epi-pen).** The child **MUST** be able to name and recognize their medication and know how to administer the proper dosage. Staff is not authorized to administer medication and will only supervise the self-administration.

Prescriptions must be in the original pharmacy container, labeled by a registered pharmacist, with the name of child, name of physician, name of medication, date filled, prescription number and directions for administration. Expired medication will not be accepted.

Over-the-counter, non-prescription medication must be in the original packaging, with the name of the child, name of physician, date and directions for administration affixed. Expired medication will not be accepted.

Non-emergency medication will be secured in locked storage at the location of the camp. On field trips, medication will be in the secure possession of the staff member with primary responsibility for the child.

Emergency medical devices (inhaler, epi-pen) will remain in the secure possession of the staff member with primary responsibility for the child during camp hours.

I have read and understand the above policies and will supply the Greenbelt Recreation Department with the proper equipment/supplies needed for my child to self-administer the medication.

I understand that the physician will be called if a question arises about my child's medication.

I understand 911 will be called in an emergency.

I request the authorized youth camp operator or staff to supervise the child in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication; otherwise it will be discarded (one week after the child leaves camp). I authorize camp personnel to communicate with the authorized prescriber as allowed by HIPAA.

I authorize self-administration of the above listed medication, except in the case of emergency medication, for the child named above under the supervision of a designated staff member.

Parent/Guardian Signature

Date

Physician Signature

Date