Greenbelt Summer Day Camp Profile Form

This form must be completed in full for all participants. Participants will not be registered with out this form completed.

1. PARTICIPANT INFORMATION

Participant Name: _____

Age: _____ DOB _____ M / F _____ T-shirt Size _____

Parent/Guardian's Full Name: _____ Email Address: _____

Street Address: _____ City/State/Zip _____

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

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

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. Program Staff can provide you with this form.

2. HEALTH INFORMATION

Primary Care/Clinic Name _____ Phone Number _____

Health Insurance Co. _____ Policy # _____

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, epi-pen, etc.) _____

_____

_____

Please check all that apply to this participant:

- ☐ Diabetes
- ☐ Deaf or hard of hearing
- ☐ Legally blind
- ☐ Uses mobility aide (i.e. wheelchair, braces, etc.)
- ☐ Autism
- ☐ Mental Retardation
- ☐ Other Developmental Disability: _____
- ☐ Attention deficit hyperactivity disorder (ADHD) or (ADD) (circle one)
- ☐ Behavioral/emotional disorder
- ☐ Request special accommodation- **Please elaborate.**

_____

- ☐ Other health concerns– **please elaborate.** _____

_____

Participant has seizures? ☐ Yes ☐ No

Medication for seizures? If yes, name the medicine 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.

THE CITY OF GREENBELT

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3. PARTICIPANT RELEASE AUTHORIZATION

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

PARTICIPANTS 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 give written permission 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 participant is picked up from the program on time.**

5. ACTIVITY/PROGRAM FIELD TRIP LIABILITY RELEASE/AUTHORIZATION

I hereby give permission for the applicant to participate in all program activities, including field trips in approved vehicles (school buses, Greenbelt Recreation Department vans, and coach busses) 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 program.

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

Unless otherwise indicated by a parent in writing at the time of registration, photographs of participants for use in Recreation Department's publications may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances.

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.

X

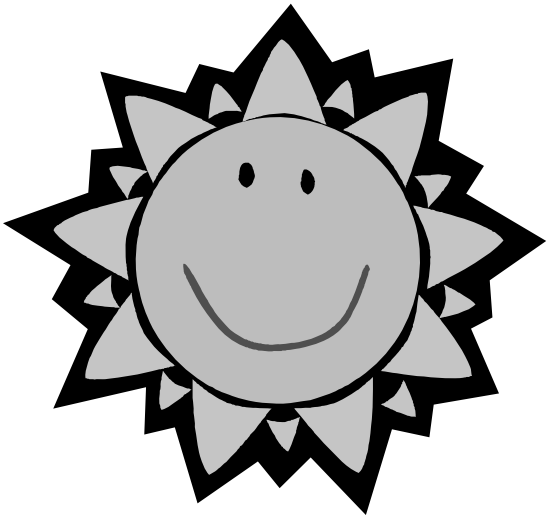
SIGNATURE OF PARENT/GUARDIAN

Print name of parent/guardian **Date**

X

SIGNATURE OF PARENT/GUARDIAN

Print name of parent/guardian **Date**



CITY OF GREENBELT
Department of Recreation
25 Crescent Road, Greenbelt, MD 20770
(301) 397-2200
FAX (301) 397-2203

NON-RESIDENT

2006 SUMMER CAMP REGISTRATION FORM

Name of Camper: _____

Name of Parent: _____

Please refer to the camp descriptions regarding age requirements. Children must be "of age" by the starting date of the camp session for which they are registering. SPECIALTY CAMPS ARE LISTED AFTER SESSION FIVE!

Session One (June 19- June 30)

THESE CLASSES END AT 5:00PM

Camp Choice:	Before Care	Regular Aftercare Until 5pm	Extended Care Until 6pm	*Clay at the End of the Day	*Model Building Class	*Pine Wood Derby Car Class	GRAND TOTAL
O Kinder Camp (Half Day) $135	O $35	O n/a	O n/a	O n/a	O n/a	O n/a	
O Kinder Camp (Full Day) $235	O $35	O $35	O n/a	O n/a	O n/a	O n/a	
O Creative Kids Camp $282	O $35	O $35	O $50	O $70	O $50	O $50	
O Camp Pine Tree One $276	O $35	O $35	O $50	O $70	O $50	O n/a	
O Camp Pine Tree Two $276	O $35	O $35	O $50	O $70	O $50	O $50	
O Counselors in Training $276	O $35	O $35	O $50	O $70	O $50	O $50	

Session Two (July 3- July 14)

THESE CLASSES END AT 5:00PM

Camp Choice: No Camp on July 4. Prices have been Pro-Rated.	Before Care	Regular Aftercare Until 5pm	Extended Care Until 6pm	*Clay at the End of the Day	*Model Building Class	*Pine Wood Derby Car Class	GRAND TOTAL
O Kinder Camp (Half Day) $122	O $32	O n/a	O n/a	O n/a	O n/a	O n/a	
O Kinder Camp (Full Day) $212	O $32	O $32	O n/a	O n/a	O n/a	O n/a	
O Creative Kids Camp $254	O $32	O $32	O $45	O $63	O $45	O $45	
O Camp Pine Tree One $249	O $32	O $32	O $45	O $63	O $45	O n/a	
O Camp Pine Tree Two $249	O $32	O $32	O $45	O $63	O $45	O $45	
O Counselors in Training $249	O $32	O $32	O $45	O $63	O $45	O $45	

Session Three (July 17- July 28)

THESE CLASSES END AT 5:00PM

Camp Choice:	Before Care	Regular After-Care Until 5pm	Extended Aftercare Until 6pm	*Clay at the End of the Day	*Model Building Class	*Pine Wood Derby Car Class	*Creative Book-Making Class	GRAND TOTAL
O Kinder Camp (Half Day) $135	O $35	O n/a	O n/a	O n/a	O n/a	O n/a	O n/a	
O Kinder Camp (Full Day) $235	O $35	O $35	O n/a	O n/a	O n/a	O n/a	O n/a	
O Creative Kids Camp $282	O $35	O $35	O $50	O $70	O $50	O $50	O $60	
O Camp Pine Tree One $276	O $35	O $35	O $50	O $70	O $50	O n/a	O $60	
O Camp Pine Tree Two $276	O $35	O $35	O $50	O $70	O $50	O $50	O $60	
O Counselors in Training $276	O $35	O $35	O $50	O $70	O $50	O $50	O $60	

Total for Page One

-FORM CONTINUES ON THE BACK-

Session Four (July 31- August 11)

THESE CLASSES END AT 5:00PM

Camp Choice:	Before Care	Regular Aftercare Until 5pm	Extended Aftercare Until 6pm	*Clay at the End of the Day	*Model Building Class	*Pine Wood Derby Cars	*Summer Land-Scapes Class	GRAND TOTAL
O Kinder Camp (Half Day) $135	O $35	O n/a	O n/a	O n/a	O n/a	O n/a	O n/a	
O Kinder Camp (Full Day) $235	O $35	O $35	O n/a	O n/a	O n/a	O n/a	O n/a	
O Creative Kids Camp $282	O $35	O $35	O $50	O $70	O $50	O $50	O $60	
O Camp Pine Tree One $276	O $35	O $35	O $50	O $70	O $50	O n/a	O n/a	
O Camp Pine Tree Two $276	O $35	O $35	O $50	O $70	O $50	O $50	O $60	
O Counselors in Training $276	O $35	O $35	O $50	O $70	O $50	O $50	O $60	

Session Five (August 14- August 18)

THESE CLASSES END AT 5:00PM

Camp Choice:	Before Care	Regular Aftercare Until 5pm	Extended Aftercare Until 6pm	*Model Building Class	*Pine Wood Derby Cars Class	GRAND TOTAL
O Parade Camp $141	O $18	O $18	O $25	O $25	O $25	
O Camp Explorer $180	O $18	O $18	O $25	O $25	O $25	

Specialty Camps (Various Dates)

Camp Choice:	Before Care	Regular Aftercare Until 5pm	Extended Aftercare Until 6pm	GRAND TOTAL
O Basketball Camp (6/12- 6/16) $154	O $18	O n/a	O $25	
O Camp Encore- Session 1 (6/19-7/14) $536	O $67	O $67	O $95	
O Camp Encore- Session 2 (7/17-8/11) $564	O $70	O $70	O $100	

A $50.00 NON-REFUNDABLE NON-TRANSFERABLE DEPOSIT PER CHILD, PER SESSION IS REQUIRED AT THE TIME OF REGISTRATION.

CAUTION:
Registrations will not be processed until all paperwork is complete and the appropriate payments have been submitted.

Total for Page 2: [ ]

[ ] + [ ] = [ ]

Total of Page 1 | Total of Page 2 | Grand Total

CREDIT CARD INFORMATION:
Type: MC VISA AE DS

Credit Card #:_____
Expiration Date:_____CVV#:_____

Signature:_____

AUTOMATIC BILL PAY:
☐ YES! I would like to have my credit card billed for the remaining balance due for each session, on the date that it is due!
INITIALS: _____

# of Camp Sessions _____ X $50 = $_____
Total for After-Care Classes + $_____
(SPECIALTY AFTERCARE CLASSES ARE DUE IN FULL)
TOTAL DUE AT REGISTRATION $_____

FOR ADMINISTRATIVE USE ONLY:
Registration Received By: _____
Date Received: _____
Amount Received:_____
CASH CREDIT CHECK

VERIFY:
O License
O Lease
O MVA Change of Address Card

* FULL PAYMENT IS REQUIRED AT REGISTRATION FOR ALL AFTERCARE "CLASSES"

Greenbelt Department of Recreation
25 Crescent Road
Greenbelt, Maryland 20770
301-397-2200

Medication Authorization Form For Prescription and Non-Prescription Medication

ONE MEDICATION PER FORM

Full Name of Participant:_____

Program Name:_____

- I understand that I must supply the Greenbelt Department of Recreation with the equipment/supplies needed to administer the medication.
- Medications will be kept in a locked storage compartment that is inaccessible to the participant. Participants MAY NOT keep any medication in their possession during their participation in a Greenbelt Department of Recreation Program, with the exception of insulin pumps.
- Any medication which has expired will not be administered.
- PRESCRIPTION medications must be in their original container bearing a pharmacy label that shows the:
    - Prescription number
    - Date filled
    - Prescribing physician's name
    - Medicine name
    - Directions for use
    - Patient's name
- NON-PRESCRIPTION medications must be provided in their *original* container that includes directions for use. The directions for use provided on the original container will be followed. Any modifications to those directions will require written authorization signed by the child's health practitioner.
- With the exception of acetaminophen and topical medicines, only one dose of a non-prescription medicine will be administered per day, unless the child's health practitioner approves an additional dose in writing.

Name and strength of medication:_____

Reason for medication:_____

Has at least one dosage been given to the participant at home? ☐YES ☐NO
If "NO," we are unable to distribute this medication under any circumstances.

Time of day medication is to be given:_____

Date medication begins:_____ Date medication ends:_____

Side effects:_____

Additional information:_____

As the parent or legal guardian of the participant listed above, I hereby authorize the medication listed above to be self-administered by the participant as directed on the original Prescription or Non-Prescription medication label:

X_____

Signature Date

Greenbelt Department of Recreation
25 Crescent Road
Greenbelt, Maryland 20770
301-397-2200

Medication Authorization Form For Epi Pens, Inhalers and Insulin Pumps

ONE MEDICATION PER FORM

Full Name of Participant:_____

Program Name:_____

- I understand that I must supply the Greenbelt Department of Recreation with the equipment/supplies needed to administer the medication.
- Epi Pens and Inhalers will remain in the secure possession of the staff member who has primary responsibility for the participant. Participants MAY NOT keep any medication in their possession during their participation in a Greenbelt Department of Recreation Program, with the exception of insulin pumps.
- Any medication which has expired will not be administered.
- Epi Pens and Inhalers must be in their original container bearing a pharmacy label that shows the:
    - Prescription number
    - Date filled
    - Prescribing physician's name
    - Medicine name
    - Directions for use
    - Patient's name
- Insulin pump users must also supply the above prescription information for the insulin being used in the pump.

Name and strength of medication:_____

Reason for medication:_____

Conditions under which medication is to be given:_____

Side effects:_____

Additional information:_____

As the parent or legal guardian of the participant listed above, I hereby authorize the medication listed above to be self-administered by the participant as directed on the original pharmacy label. I authorize the staff person who has primary responsibility for this participant to keep the medication in their secure possession:

X_____

Signature Date