

2019 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: _____ Phone Numbers: _____
Parent/Guardian Name: _____ Phone Numbers: _____
Parent/Guardian Email: _____
Emergency Contact Name _____ Phone Numbers: _____
Emergency Contact Name: _____ Phone Numbers: _____
School attended this year: _____

2. HEALTH INFORMATION

Primary Care/Clinic Name _____ Phone Number _____

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please explain:	
Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please explain:	

Participant requires medication during camp?

Yes NO *If yes, signed medication authorization form required prior to the first day of camp!

Participant requires emergency medication at camp?

Yes NO * If yes, signed medication authorization form required prior to the first day of camp!

If yes, Please explain. (i.e. inhaler, epi-pen, etc.):

Please attach any additional information if needed.

Participant requires or would benefit from inclusion support at camp?

Yes NO *If yes, please explain: _____

Please provide any additional information you would like to share: _____

Immunization Information: (Please Note)

- Is this participant exempt from immunization for religious or medical reasons? Yes No If yes, the Maryland Department of Health Immunization Certificate must be completed and attached to this form. Program Staff can provide you with this form.
- A participant who does **NOT** reside within the United States, a United States territory or the District of Columbia must provide proof of immunization (MDH-896).

IMPORTANT REMINDER: Campers may not be admitted to camp until all required forms are signed and submitted. No exceptions. Our camps are licensed by the Maryland State Department of Health and are legally required to comply with safety standards for the benefit of all children in our camp programs.

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. A separate form is required for each medication.

FORM CONTINUED ON BACK

3. PARTICIPANT RELEASE AUTHORIZATION (OTHER THAN PARENT OR GUARDIAN ON PREVIOUS PAGE)

Greenbelt Recreation Day Camp is authorized to release my Child,

Name

Phone Number

Relationship

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:*

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 it 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. Greenbelt Recreation'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 and agree to release the City of Greenbelt and Greenbelt Recreation, 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.

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's publications, cablecasts, and social media, as well as for the production of camp show keepsake videos, which may be ordered through the Greenbelt Recreation 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 Greenbelt Recreation 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 am authorized to provide the releases, authorizations, and permissions as stated below.

X _____
SIGNATURE OF PARENT/GUARDIAN

Print name of parent/guardian

Date



GREENBELT RECREATION
25 Crescent Road, Greenbelt, MD 20770
Business Office: (301)397-2200
Fax: (301)397-2203

Camper's Name: _____

Parent/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, or Tennis 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.

SESSIONS	PAYMENT DUE DATES
Spring Camps	Friday, April 5, 2019/4:30pm
Summer Session 1	Friday, June 7, 2019/4:30pm
Summer Session 2	Friday, June 21, 2019/4:30pm
Summer Session 3	Friday, July 5, 2019/4:30pm
Summer Session 4	Friday, July 19, 2019/4:30pm
Summer Session 5	Friday, August 2, 2019/4:30pm

CAMP NAME	SESSION	BEFORE CARE 7:30am - Start of Camp Day	AFTER CARE CLASS 3:30pm - 5:00pm or 5:15pm			AFTER CARE UNTIL 6:00pm
			STORY BOOK Ends at 5:00pm	CLAY Ends at 5:15 pm	TENNIS Ends at 5:15pm	
<i>Example: Camp Pine Tree I</i>	336503-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

COMPLETE FINANCIAL INFORMATION ON THE BACK OF THIS PAGE!

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 After Care Class payments are due in full at the time of registration.

PAYMENTS DUE

			TOTAL
Number of Camp Sessions		X \$50	
Storybook, Clay, or Tennis Class			
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: _____

CVV#: _____

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 is is due. Initials: _____

FOR ADMINISTRATIVE USE ONLY:

Registration Received by: _____

Date Received: _____

Amount Received: _____

CASH **CREDIT** **CHECK**

VERIFY:

License

Lease

MVA Change of Address Card

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 Rebekah Sutfin, Therapeutic Recreation Supervisor (Senior & Inclusion Programs) at 240-542-2056.</i>	
Greenbelt Recreation - Maintaining a Safe, Fun, and Enriching Environment.	

MEDICATION ADMINISTRATION AUTHORIZATION FORM

For Youth Camps in Maryland

Maryland Department of Health
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES -If yes, see Section III below. <input type="checkbox"/> NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR.		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE		FAX	
ADDRESS			
CITY		STATE	ZIPCODE
14a. PRESCRIBER'S SIGNATURE (<i>Parent/guardian cannot sign here</i>) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>		14b. DATE	

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to supervise the camper 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 authorized individual, as listed in 15c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

III. EMERGENCY MEDICATION

Camp Staff will be responsible for carrying emergency medication during the camp day. Medication will be stored in a secured space over night. Participants requiring emergency medication must maintain a non-expired supply of the emergency medication at the camp facility while enrolled in camp. Participants may not be admitted to camp without the signed medication administration (forms) and the prescribed medication(s).

*Edited for Greenbelt Recreation Department Camps 2018