

T-shirt size Circle one
Youth S M L
Adult S M L XL
T-Shirts are not guaranteed if
you register after June 1st.

Baltimore County Department of Recreation and Parks

Summer Day Camp

Please Indicate:
FT (M-F) ____
ESY ____
Weekly ____ ____
____ ____
Paid ____ Int. ____

APPLICATION

Please take the time necessary to thoroughly and accurately complete this application so that we may provide the best program to meet your needs. All information is confidential. Return completed application to the specific camp office.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

1. Camp: _____
2. Camper's Name: _____ Age: _____
3. Address: _____ Phone: _____
_____ Zip: _____
4. Date of birth: ____/____/____ Sex: _____
5. Camper's Disability (please be specific): _____

6. Parent/Guardian (father): _____
Address: _____ Phone (home): _____
_____ Zip: _____ Phone (work): _____
7. Parent/Guardian (mother): _____
Address: _____ Phone (home): _____
_____ Zip: _____ Phone (work): _____
8. Please list two additional day time emergency contacts:
Name: _____ Phone: _____
Name: _____ Phone: _____
9. Has the camper previously attended camp? ____ Yes ____ No
If YES, name camp: _____
10. What is the camper's primary means of communication?
____ Speaks and can be understood by others
____ Speaks but is difficult to understand
____ Gestures
____ Sign Language
____ Other, please specify: _____

11. Does the camper need assistance with mobility?

No, walks independently

Needs assistive devices (walker, manual wheelchair, electric wheelchair, body brace, etc.)

Please specify: _____

Occasionally needs assistance of another person

Always needs assistance of another person

12. Is the camper able to independently take care of his/her own toileting needs?

Yes No If NO, please explain what assistance is needed: _____

13. Is the camper able to independently dress/undress himself/herself (for example, button, tie, zip, etc.)? Yes No If NO, please explain what assistance is needed: _____

14. Is the camper able to independently feed himself/herself? Yes No

If NO, please explain what assistance is needed: _____

15. (FOR FEMALES) Is the camper able to completely care for self for menstruation without assistance or reminder? Yes No DOES NOT APPLY If NO, please explain what assistance is needed: _____

16. Does the camper have an intellectual impairment? Yes No If YES, please indicate if the impairment is mild, moderate, severe, or profound: _____

17. Does the camper have a vision impairment? Yes No If YES, please explain visual ability: _____

18. Does the camper have a hearing impairment? Yes No If YES, please explain hearing ability: _____

19. Can the camper swim? Yes No If YES, please check all that apply:

Can swim independently

Can swim with the use of a swimming aid (life jacket, water wings, etc.)

Aid used: _____

Can swim with the physical assistance of camp leader

20. Please indicate the behaviors that are observed in the camper and explain **YES** responses:

<u>BEHAVIOR</u>	<u>YES</u>	<u>NO</u>	<u>EXPLAIN</u>
Physically Harms Others			
Physically Harms Self			
Bosses/Manipulates Others			
Uses Hostile Language			
Disobeys Persons in Authority			
Bites			
Runs Away			
Withdrawn/Shy			
Hyperactive			
Easily Discouraged			
Demands Excessive Attention			
Exposes Body Improperly			
Engages in Inappropriate Sexual Behavior			

21. Are there key words or phrases you use to stop negative behavior and reinforce appropriate behavior? ___ Yes ___ No If YES, please explain: _____

22. Is a behavior management plan currently being used with the camper? ___ Yes ___ No If YES, please explain the program and behavior for which it is used:

23. Please list any activities that the camper especially enjoys: _____

24. Please list any activities that the camper especially dislikes: _____

25. Please list any activities where the camper may require special assistance (cutting, drawing, etc.) and explain: _____

26. Please list the camper's strong fears (for example, water, insects, heights, etc.): ____

27. Volunteers are a vital resource and contribute significantly to the quality of this camp. If you or another family member are interested in volunteering your time and talents for field trips, special activities, etc., please list your name and phone number:

Name: _____ Phone: _____

Name: _____ Phone: _____

28. Please list any information you feel would be helpful to the camp staff:

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HEALTH HISTORY

Camp: _____

Camper's Name: _____

Date of Birth ___/___/___ Height _____ Weight _____

Disability _____

Parent/Guardian (mother) _____

Address _____ Phone (home): _____
_____ Phone (work): _____

Parent/Guardian (father) _____

Address _____ Phone (home): _____
_____ Phone (work): _____

Please list two emergency contacts:

Name: _____ Phone _____

Name: _____ Phone _____

Camper's Physician _____

Physician's Phone _____

Camper's Medical Insurance Company _____

In emergencies requiring immediate medical attention, the camper will be taken to the nearest hospital emergency room. Your signature authorizes the camp staff to have the camper transported to that hospital.

Signature of Parent/Guardian Date _____

29. Does the camper have any special medical conditions? (i.e. asthma, diabetes, high blood pressure) Yes No If YES, explain: _____

30. Is the camper presently under a physician's care? Yes No If YES, explain: _____

31. Does the camper have a communicable disease or is he/she a known carrier of a communicable disease? Yes No If YES, explain: _____

32. Does the camper have any allergies (for example, insect bites, medication, food, etc.)? Yes No If YES, please explain: _____

33. Does the camper have any special diet requirements? Yes No
 If YES, explain: _____

34. Is it necessary to limit the camper's activities for any reason? Yes No
 If YES, explain: _____

35. Does the camper have seizures? Yes No If YES, explain: _____

36. Date of participant's most recent tetanus immunization? _____
37. Does the camper attend a Maryland school (either public or private)?
 Yes No* If YES, name school: _____

*Any camper not enrolled in a Maryland school, public or private, who is of preschool through 12th grade age, must furnish a photocopy of his/her record of immunization against diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella (German Measles), and mumps, with this application form.

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AUTHORIZATION FOR PRESCRIPTION MEDICATION

Does the camper require prescription medication during camp hours?

___ Yes ___ No If YES, camper's physician **MUST** complete the following:

Camp: _____

Camper's Name _____

a.) Condition _____
Medication _____
Dosage/Schedule _____
Special Instructions _____
Side Effects _____

b.) Condition _____
Medication _____
Dosage/Schedule _____
Special Instructions _____
Side Effects _____

c.) Condition _____
Medication _____
Dosage/Schedule _____
Special Instructions _____
Side Effects _____

Only those medications prescribed and listed by the physician will be accepted. Medications must be in the original pharmaceutical container and labeled with the camper's name, medication dosage, and schedule.

Date of Order _____ Duration of Order _____
(If duration is less than current camp program, renewal of order may be necessary.)

I hereby authorize the camp staff to dispense these medications as prescribed.

Signature of Physician Date

AUTHORIZATION FOR MEDICAL PROCEDURES

Does the camper require any specialized medical procedures? ____ Yes ____ No If YES, camper's physician **MUST** complete the following:

Camp: _____

Camper's Name _____

a. Name of Specific Procedure _____

b. Description of procedure (including time interval between applications and conditions/symptoms that require repeating the procedure) _____

c. Precautions camp staff must be made aware of before, during, and after administration

Date of order _____ Duration of Order _____

(If duration is less than current camp program, renewal of order may be necessary.)

I hereby authorize the camp staff to dispense these medications as prescribed.

Signature of Physician

Date

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MEDICAL PROCEDURE RELEASE FORM

PARENT OR LEGAL GUARDIAN: PLEASE COMPLETE AND SIGN IF THE CAMPER REQUIRES MEDICAL PROCEDURE DURING CAMP HOURS.

I, _____, the parent/guardian of _____ hereby request that identified members of the camp staff be caretakers of medication/supplies/equipment and administrators of specific procedure(s) for the camper named above and as prescribed by my physician, _____.

Physician's Name

I understand that members of the camp staff will be instructed in the prescribed procedure(s) by a registered nurse, as well as my own demonstration of the procedure on the first day of camp or at another pre-arranged time.

I also understand that the staff who will administer this special procedure are medically untrained. I hereby state, without reservation, that I will not hold the Baltimore County Department of Recreation and Parks, its local recreation councils, or any of their employees and volunteers libel for any harm or injury that may be incurred by the camper in connection with this medical assistance, or damage/loss of medical equipment.

Signature of Parent/Guardian

Date

The parent/guardian is responsible for providing all of the medication, supplies, and equipment necessary for the care of the camper. Failure to provide these materials will result in the immediate suspension of the camper.

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CODE OF CONDUCT

The camper agrees to conduct himself/herself in a reasonable manner and obey the following rules of conduct.

1. Dress appropriately for recreational purposes and provide/wear whatever clothing is deemed necessary by the camp staff.
2. Show respect for the rights and property of others.
3. Show respect for the property and facilities of the Baltimore County Department of Recreation and Parks and its local recreation councils.
4. Comply with the camp schedule.
5. Not possess or use any alcohol or drugs during camp unless prescribed by a physician and so noted on the camp application, nor bring to camp any flammable/explosive materials, poisons, weapons, or pets.
6. Take responsibility for personal property.
7. Demonstrate cooperation with, and respect for, camp staff, volunteers, other participants, invited guests, and representatives of the Baltimore County Department of Recreation and Parks and its local recreation councils.
8. Agree to abide by all local, state, and federal laws.
9. Understand and obey the rules and regulations set forth by the camp staff.

**FAILURE TO FOLLOW ANY OF THESE RULES OF CONDUCT WILL RESULT IN
THE EARLY DISMISSAL OF THE CAMPER**

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WAIVER AND RELEASE

This document must be signed by either a parent or legal guardian. All references to "camper" include the parent or legal guardian.

Please read this form carefully and be aware that in registering your child/ward/adult son or daughter for participation in this program, you will be waiving and releasing all claims for injuries your minor child/ward/adult son or daughter may sustain as a result of participating in any and all activities connected with or associated with the Baltimore County Department of Recreation and Parks and its local recreation councils.

As a condition to participating in the summer camp, the camper agrees to the following:

1. Camper acknowledges that a wide variety of activities will be conducted, including swimming. Camper realizes that some of the activities may subject him/her to certain stresses and hazards not all of which can be foreseen. Camper desires and consents to take part in all such activities unless otherwise indicated in writing prior to camp. Camper assumes all of the risks incident to the nature of the activities to be conducted and agrees that neither the Baltimore County Department of Recreation and Parks, its local recreation councils, or any of their representatives shall be responsible for any damages or injuries resulting to the camper.
2. The camper has been furnished with the "Code of Conduct" containing rules and regulations which all campers are expected to follow and obey. Camper acknowledges having read the "Code of Conduct," recognizes its need, and agrees to comply with all of its requirements.
3. Camper understands that the Baltimore County Department of Recreation and Parks and its local recreation councils, reserve the right to dismiss any person from further participation in camp without refund in the event the camp staff determines that the camper has violated the "Code of Conduct." Supervision and transportation resulting from dismissal of such camper are the responsibility of the camper.
4. Camper releases the Baltimore County Department of Recreation and Parks, its local recreation councils, and their representatives from all liability for personal injury resulting from failure of the camper or other campers to obey safety regulations and directions of camp staff, or resulting from exercise of judgment by camp staff in response to emergencies that may occur.

5. Camper understands that the Baltimore County Department of Recreation and Parks, its local recreation councils, and their representatives are not responsible for loss or damage to the personal property and possessions of the camper.
6. Camper is liable for any damage to the property/facilities of the Baltimore County Department of Recreation and Parks, its local recreation councils, and others resulting from the acts of the camper, either solely, or in concert with others.
7. Camper consents to the use of any photographs/video taken during camp, whether for advertising, promotion and/or publicity purposes by the Baltimore County Department of Recreation and Parks, its local recreation councils, and their representatives unless otherwise indicated in writing prior to camp. The camper waives all claims of compensation for such use.
8. Permission is granted for camper to attend all camp field trips upon notification.
9. The Baltimore County Department of Recreation and Parks and its local recreation councils reserve the right to transfer a camper to any Department/council operated day camp for young people with disabilities which it deems appropriate for meeting his/her needs.
10. Camper grants permission for the Baltimore County Department of Recreation and Parks, its local recreation councils, and their representatives to talk with, and receive records from, other professionals involved with the camper, including physician, physical therapist, mental health and/or education professional.

CAMPER REPRESENTS THAT ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT AND THAT THE BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS, ITS LOCAL RECREATION COUNCILS, AND THEIR REPRESENTATIVES HAVE FULL RIGHT AND AUTHORITY TO RELY ON THE INFORMATION CONTAINED THEREIN. CAMPER FURTHER RECOGNIZES THAT THE BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS, ITS LOCAL RECREATION COUNCILS, AND THEIR REPRESENTATIVES RESERVE THE RIGHT TO REJECT ANY CAMPER IN THE EVENT OF THE FAILURE OR REFUSAL OF CAMPER TO ACCURATELY COMPLETE AND SIGN ALL OF THE REQUIRED DOCUMENTS.

I HAVE READ AND FULLY UNDERSTAND THE PROGRAM DETAILS, WAIVER, AND RELEASE.

Signature of Parent/Guardian

Date