

2020 CHARLES COUNTY CAMP REGISTRATION FORM • Camper Data Sheet

ONE FORM PER PARTICIPANT • PLEASE PRINT • No child permitted to these camps without a completed camper data sheet.



PARENT/GUARDIAN INFORMATION — Please Print

Parent/Guardian				E-Mail Address			
Mailing Address			City		State	Zip	County
Phone #'s	Home		Work			Cell	
Parent/Guardian				E-Mail Address			
Phone #'s	Home		Work			Cell	
Camper Information				First Name		Last Name	
Nickname			Age	Date of Birth		Sex (circle) M F	

Emergency Contacts (other than parent/guardian)	
Name:	Phone:
Name:	Phone:

MEDICAL RELEASE
Physician's Name: _____
Does your child require medication: ___No___Yes <i>If yes, medical consent form is required.</i>
Please explain medications: _____
Special health conditions (please include physical, psychiatric, or behavioral conditions): _____
Does your child have allergies: ___No___Yes Please list: _____
Does your child have asthma: ___No___Yes Please list any activities your child may not participate in, or any problems which may require special attention: _____
Last school attended: _____ State _____ <i>If your child attends a school in Maryland, he/she has received all required immunizations unless exempt for medical or religious reasons. If out of state, please provide a copy of immunization record.</i>
Has your child been exempted from any immunizations? ___No___Yes Please explain: _____

SWIMMING RELEASE
Please check which level best describes your child's swimming ability:
All pools are 3 1/2 ft deep at the shallow end, and anywhere from 9-11 ft at the deep end. No wading pools are available at any pool location.
<input type="checkbox"/> My child is not allowed in the pool (ALL children will be transported to the pool. Children not allowed in the pool will be provided with alternate activities at the pool site.)
<input type="checkbox"/> Non-swimmer/allowed in the pool: Must use U.S. Coast Guard approved flotation vest (no floaties or swimmies).
<input type="checkbox"/> Learning to Swim <input type="checkbox"/> Swimmer
Any changes to a camper's swimming permission must be made in writing.

TRANSPORTATION RELEASE
In addition to parent/guardian, my child will be picked up by the following authorized individual(s).
For the safety of all campers, parents and authorized individuals must show identification every day when signing out a camper.
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
I understand that transportation will be provided for all necessary camp field trips, and my signature below authorizes my child to be transported accordingly.
If you wish for your child to arrive or depart by WALKING, RIDING A BIKE, or OTHER MEANS, written parental permission is required. You must provide an explanation, time to be dismissed, and identify the alternate form of transportation in your correspondence.

No confirmations will be sent. You may assume you are registered unless otherwise contacted. Charles County Government is not responsible for program cancellations due to Charles County Public Schools programming, inclement weather, or unavoidable/extenuating circumstances. I, agree to participate or as the child's parent and/or guardian, I allow my child to participate in these programs knowing that safety precautions will be taken but realizing that the Charles County Government does not have accident insurance for participants. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. I do hereby release and hold harmless Charles County, Maryland, its officials, employees, instructors, and volunteers from any and all liabilities arising from any injuries that might occur during the supervised programs. I as a participant, or I as the child's parent and/or guardian, do hereby authorize the Charles County Government to take photographs and video of me/my child or my property for promotional and/or educational purposes. I do hereby authorize the Charles County Government to release the information for promotional purposes. I acknowledge that I have been informed that activities in which I/ or my child participate may be shared through Charles County Government and Charles County Recreation, Parks and Tourism website and social media accounts, including photographs and live streaming videos, and I authorize and provide my consent for me/my child to being included in any such photographs or live streaming videos. I hereby state that this release is freely, willingly, and voluntarily made.

FORMS WITHOUT SIGNATURE WILL NOT BE ACCEPTED
I acknowledge that I have read and understand the Summer Camp Packet, including the refund policy. I understand that if my child forgets his/her camp T-shirt on a field trip, I will purchase one that day for the fee of \$7.
By signing this form, I acknowledge the above and give permission to Charles County Government in the event of a MEDICAL EMERGENCY, to transport this child to the nearest hospital emergency room to receive medical treatment.
Signature _____ Date _____

CHARLES COUNTY CAMP REGISTRATION FORM

- Signature **REQUIRED** on side 1 of this form (Camper Data Sheet).
- A **COMPLETED** Camper Data Sheet must accompany EACH child on the **FIRST** day of camp. No exceptions.
- Campers must be minimum age listed by first day of camp; and no older than the maximum age listed by the first day of camp.
- Before and After care are offered for select camps. Please refer to the camp descriptions for availability and fees. Add Before and After care fees to the weekly fee when registering.
- Non-Residents: Add \$5/camp, per session, unless otherwise noted.
- Week of June 29 is prorated due to July 3 holiday. Subtract \$20 from the weekly fee for camps holding sessions that week.
- With exception of Camp Co-Op, a one-time non-refundable enrollment fee of \$25 is required for all summer camp registrations.

CAMP SELECTIONS/REGISTRATIONS:

Camper's Name:				
Week of	Camp Title	Code	Location	Weekly Fee
June 15				
June 22				
June 29				
July 6				
July 13				
July 20				
July 27				
August 3				
August 10				
August 17				
August 24				
One-Time Enrollment Fee:				\$25
TOTAL DUE:				\$

Plan Your Summer Camp Experience!

JUNE						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY						
S	M	T	W	T	F	S
			1	2	X	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

CAMP T-SHIRT ORDER Shirts are issued one time per child; not one per camp week. Campers are required to wear T-Shirt for Summer Camp, Gymnastics, and Camp Splash field trips. Lost shirts or additional purchases are \$7 each.	Circle requested size. Selecting the proper shirt size is the responsibility of the parent. • Additional or lost shirts are \$7 each.				
	Child Sizes	6-8	10-12	14-16	SIZES MAY RUN SMALL
Adult Sizes	S	M	L	XL	XXL

Signature required on side 1 of this form (Camper Data Sheet).
Fully completed CAMPER DATA SHEET must be provided at time of registration.

Help Send a Kid to Camp Code: 302000-ZZ	I would like to help contribute to sending a kid to camp that otherwise would not be able to attend. I have included the following amount in my payment:	<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$15
		Other: \$ _____ (Indicate Amount)

Online Registration Available! www.CharlesCountyParks.com
 Before registering online, register for the camp registration packet (302001-01)

Registration Packets may be faxed to:
301-934-5624

Make checks payable to:
Charles County Commissioners

Mail-in payments only accepted at:
 Department of Recreation, Parks, and Tourism
 Attn: Registration Office
 8190 Port Tobacco Road
 Port Tobacco, MD 20677



OFFICE USE ONLY

- Cash M/O Check
 Mastercard VISA Discover

Name on check/card _____

Ck/Card # _____ Expiration _____

Sec # _____ Household # _____

Refund Policy: A request for a refund must be received in writing 7 days prior to the start of a program. Once the program has begun, a prorated refund based on participation may be approved if requested in writing and with medical verification. This written request must be received prior to the end of the program. A \$10 administrative fee per child per session will be deducted for the total refund, regardless of circumstances, unless the program has been canceled. No refunds will be considered after a program has ended. T-shirt and late pick-up fees are non-refundable. Transferred registrations are non-refundable.