



Therapeutic Recreation Summer Camp Registration Form

New Horizons OR Camp Inspire

Please check the camp that you are registering for. Failure to complete this form in its entirety may result in your child's registration being denied.

PARENT OR GUARDIAN INFORMATION

Name: _____ Relation: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____

CAMPER INFORMATION

Name: _____ Birthday: _____ Age: _____ Grade: _____
 School Attends: _____ *(If camper is not registered in a school within the US, a record of vaccinations and immunity is required)*
 Medical Diagnosis: _____

EMERGENCY CONTACT & AUTHORIZED PERSONS FOR PICK UP *(must be someone other than parent or guardian)*

(1) Name: _____ Relation: _____ Home Phone: () _____ - _____
 Work Phone: () _____ - _____ Cell Phone: () _____ - _____ Other: () _____ - _____
 (2) Name: _____ Relation: _____ Home Phone: () _____ - _____
 Work Phone: () _____ - _____ Cell Phone: () _____ - _____ Other: () _____ - _____

PERMISSIONS AND RELEASES —Please initial each statement below acknowledging your understanding and agreeing to the terms.

RELEASE AND WAIVER OF ALL CLAIMS: The Undersigned participant (Parent/Guardian) understands that this release forever discharges and holds harmless, St. Mary's County Government/Department of Recreation and Parks from any liability or claim that participant may have against St. Mary's County Government with respect to any bodily injury, personal injury, illness, death, property loss or damage that may result from participant's activities, whether caused by the negligence of St. Mary's County Government/Department of Recreation and Parks or its officers, directors, employees, agents, volunteers or otherwise. Participant (Parent/Guardian) also understands there are inherent physical risks associated with activities and programs and that, St. Mary's County Government does not carry or maintain health, medical, or disability insurance coverage for any participant. Each participant is expected and encouraged to obtain his or her own medical or health insurance coverage. I also authorize the Commissioners of St. Mary's County (including its departments, boards, commissions, agents, employees and volunteers when authorized by the Commissioners of St. Mary's County or by the Director of Recreation and Parks) to use my image and/or voice in any media form (including, but not limited to, cable television broadcasts, videos, internet communications, and publications). I release the Commissioners of St. Mary's County from any and all claims and liability regarding the making or use of an audio and/or visual recording of my image and/or voice (including claims related to rights of publicity or privacy, defamation, or portrayal in a false light, whether intentional or unintentional).

EMERGENCY MEDICAL RELEASE : In the event of injury/serious illness, I give permission for *St. Mary's County Recreation & Parks (SMCRP)* staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

TRANSPORTATION RELEASE: I give my permission for my child to be transported to and from bus hubs to camp (New Horizons) and to and from all field trips and activities.

FIELD TRIP/SWIMMING RELEASE : I give permission for my child to participate in the program's field trips. I understand I will be notified of dates, destinations, times, and locations of trips and this information will be available online . Parents will be notified as soon as possible to any changes in the field trip calendar.

USE OF PROTECTIVE SUBSTANCES: I authorize camp staff to assist the camper in the application of sunscreen. All sunscreen sent into camp will be labeled with the campers name.

RELEASE OF MEDICAL ORDERS AND RELATED PAPERWORK: I hereby authorize the release of medication orders and other medical paperwork from St. Mary's County Public Schools to St. Mary's County Department of Recreation and Parks.

RELEASE OF IEP/504: I hereby authorize the release and sharing of my child's IEP/504 plans, behavior intervention strategies and basic care information from St. Mary's County Public Schools to St. Mary's County Recreation and Parks.

TRANSPORTATION - All transportation will occur on state licensed school buses, will your child require any special accommodations on the bus? (i.e. car seats, lap belts etc.)

BUS HUBS- New Horizons Only

Please provide the following information for the bus drivers. Locations and times are subject to change. Children will NOT be dropped off without a parent, guardian or emergency contact present; they will be returned to the camp location and remain there with staff until parents arrive. Recreation and Parks reserves the right to remove campers from the use of transportation if families are late to pick children up more than once. Transportation services are provided in partnership with SMC Public Schools and follow all the same policies, procedures and regulations.



Buses will wait for 15 minutes before they leave to the next stop. (Please circle/highlight the appropriate location)
BELOW IS THE TIME THE BUS LEAVES THE HUB FOR NEW HORIOZONS CAMP

LOCATION	Drop Off	Pick Up
CAMP LOCATION	9:30am	3:00pm
Lettie Marshall Dent Elementary	8:15am	4:00pm
Margaret Brent Recreation Center	8:45am	3:30pm
Dynard Elementary	8:15am	4:00pm
Leonardtown Elementary	8:45am	3:30pm
Hollywood Elementary	8:30am	3:45pm
Greenview Knolls Elementary	9:00am	3:15pm
Park Hall Elementary	9:00am	4:00pm
Lexington Park Elementary	9:20am	3:45pm

CAMPER INFORMATION

Please remember all information on this form is confidential and will only be used to aid in the care of your child. Please feel free to attach any additional information.

Failure to provide all requested information may affect your child's registration status.

SPECIALIZED COORDINATED SERVICES- Recreation and Parks will not coordinate outside services for families. Such services must be organized by the families and information provided to camp staff. **Only approved visitors will be allowed in camp: failure to indicate this information will result in the denial of entrance to outside personnel to camp. All providers are required to complete volunteer applications and sign in and out with the camp director.**

Will your child receive extended school year services during camp hours OR specialized therapy services from an outside provider?

If yes, please complete the below

Providers name: _____ Phone number: _____

Dates and times of services: _____

MEDICAL CARE INFORMATION

Is this camper exempt from immunizations for any reason? **Yes** _____ **No** _____

If yes, List them: _____

Our primary care physician is Dr. _____ Phone: _____

The hospital of my choice is _____

SPECIALIZED EQUIPMENT: Does your child require equipment for positioning or personal care? **YES** _____ **NO** _____

****NOTE** Camp does not provide personal equipment or personal care items. Parents should send all such items in with their child the first day of camp or make arrangements for delivery and be willing to train staff on the proper use of equipment? If yes please describe below.

SPECIALIZED NURSING CARE: Does your child have any medical treatments to be administered while at camp or is there special medical needs nursing staff need to be aware of?) **YES** _____ **NO** _____ **If yes, describe below**

ALLERGIES: Does your child have any allergies? **YES** _____ **NO** _____ **If yes, describe below** (Please include all allergies including medications and anesthetics, seasonal and food.)

****NOTE** Breakfast and lunch is provided for all campers. Menus will be available no later than the first day of camp. Special requests due to allergies may be requested above; however are **NOT** guaranteed. Families should be prepared to send in meals for days their child is unable to eat the meal on the menu OR for meals their child does not enjoy.

MEDICATIONS– Will your child be taking medications at camp? (prescription /Over the counter) **YES** _____ **NO** _____

Camp will receive medication orders from the school your child attends. IF your child's medications or times have changed from the last school year a new medication form must be completed and sent into Recreation and Parks. All medications must be brought to camp in the original container with original label.

SEIZURES- Does your child have seizures? **YES** _____ **NO** _____ (If yes, complete below)

Type of seizure: _____ How long it lasts: _____

How often do they occur: _____

What happens?

When seizures require additional help:

PHYSICAL ACTIVITY & EXERCISE

Does your child have a history of: (If any of these answers are **Yes**, elaborate below.)

1. Fainting with exercise? **Yes** ___ **No** ___
2. Undue tiredness/fatigue? **Yes** ___ **No** ___
3. Family member with sudden unexplained death under the age of 40? **Yes** ___ **No** ___
4. Tendency toward hyperthermia (over heating, elevated temperature)? **Yes** ___ **No** ___
5. Is there any camp activity in which your child should not participate? **Yes** ___ **No** ___
6. Can your child swim? **Yes** ___ **No** ___

NOTE: Recreation and Parks does NOT provide alternative care for field trips. If your child is unable to attend a field trip staff WILL NOT be available at camp until the campers return for the day. Please make alternative care arrangements on these days.

BEHAVIOR/COMMUNICATION - If the child has a current behavior plan, please be prepared to forward this and discuss it with camp staff. ****NOTE:** Although all our children enrolled are diagnosed with a variety of disabilities, if a child behavior infringes on the rights of others or poses a threat of imminent physical harm to themselves, other children, staff, or the general public, Recreation and Parks reserves the right to suspend or remove children from the camp program.

BEHAVIOR

1. Are there behavioral concerns we need to be aware of? **YES** ___ **NO** ___
2. Does your child exhibit sensory disturbances or discomforts? **YES** ___ **NO** ___
3. Does your child wander off during activities? **YES** ___ **NO** ___
4. Does your child frustrate easily? **YES** ___ **NO** ___
5. Does your child have a history of aggressive behavior? **YES** ___ **NO** ___

If you answered yes to any of the above, please describe these occurrences, and how these are best handled.

COMMUNICATION- Behavior typically occurs due to lack of ability to successfully communicate.

1. Does your child communicate verbally? **YES** ___ **NO** ___
2. Does your child use assistive technology to communicate: **YES** ___ **NO** ___
3. Does your child know sign language? **YES** ___ **NO** ___
4. **Tips for communicating with your child:**

Additional helpful hints and ideas staff should be aware of to make educated decisions in order to provide the best care possible for your child.