



# SUMMER CAMP REGISTRATION FORM

NAME OF CAMP \_\_\_\_\_ SESSION: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NO.(home) \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

CELL PHONE NO'S. \_\_\_\_\_ WORK NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ SHIRT SIZE \_\_\_\_ PANTS SIZE \_\_\_\_ MALE \_\_\_\_ FEMALE \_\_\_\_

COST OF PARTICIPATION \_\_\_\_\_ SCHOOL \_\_\_\_\_

PERSON OTHER THAN ABOVE TO NOTIFY IN CASE OF EMERGENCY: IF UNDER 18, PARENT/GUARDIAN

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATE OF LAST TETANUS IMMUNIZATION \_\_\_\_\_

NAME OF MEDICAL PROVIDER \_\_\_\_\_ POLICY NO. \_\_\_\_\_

**IN CASE OF EMERGENCY, I HEREBY GIVE MY PERMISSION FOR A PROGRAM REPRESENTATIVE TO CALL 911 AND HAVE MY CHILD TRANSPORTED TO A HOSPITAL.**

**SIGNED PARENT/GUARDIAN** \_\_\_\_\_

I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS AS ESTABLISHED BY THE LOCAL RECREATION AND PARKS COUNCIL. I FURTHER AGREE THAT WHEN I LEAVE THIS ACTIVITY OR AT ITS COMPLETION, I SHALL RETURN ANY AND ALL EQUIPMENT AND UNIFORMS ISSUED TO ME.

PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**TO THE PARENT/GUARDIAN:**

FOR YOUR PROTECTION OR THE PROTECTION OF YOUR CHILD, PLEASE READ AND COMPLETE ALL INFORMATION. IF THE ANSWER TO QUESTIONS 1 OR 2 IS "YES", A MEDICAL RELEASE IS REQUIRED.

**I HEREBY APPROVE OF THE TERMS OF THIS REGISTRATION FORM. I FURTHER AGREE THAT I WILL NOT HOLD ANY RECREATION AND PARKS COUNCIL, THE ORGANIZERS, SPONSORS, SUPERVISORS, VOLUNTEER LEADERS, OR PARTICIPANTS RESPONSIBLE FOR INJURIES OR ANY UNFORESEEN ACCIDENT WHILE PARTICIPATING IN THE ABOVE-NAMED ACTIVITY. I WILL INFORM THE CHAIRPERSON OF ANY MEDICAL OR HEALTH FACTORS WHICH MAY OCCUR OR DEVELOP WHICH COULD AFFECT MY CHILD'S/MY PARTICIPATION.**

1. ARE THERE ANY MEDICAL OR HEALTH FACTORS OR LIMITATIONS THAT MIGHT AFFECT YOUR/YOUR CHILD'S PERFORMANCE IN THIS ACTIVITY? YES \_\_\_ NO \_\_\_
2. ARE YOU/YOUR CHILD TAKING ANY MEDICATION THAT MIGHT AFFECT HIS/HER/YOUR SAFETY OR PERFORMANCE IN THIS ACTIVITY? YES \_\_\_ NO \_\_\_
3. DOES THE PARTICIPANT REQUIRE ANY SPECIAL ACCOMMODATIONS (DUE TO A DISABILITY)? YES \_\_\_ NO \_\_\_ IF YES, PLEASE STATE SPECIAL REQUIREMENTS: \_\_\_\_\_

**I HEREBY STATE THAT I/MY CHILD AM/IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THIS PROGRAM. I FURTHER ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE-MENTIONED FACTS, AS WELL AS THE PARENTS' CODE OF CONDUCT AND THE FACT THAT THE BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS DOES NOT PROVIDE BACKGROUND CHECKS ON VOLUNTEERS. I CERTIFY THAT ALL ANSWERS, TO THE BEST OF MY KNOWLEDGE, ARE TRUE AND CORRECT.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Parent/Participant (if over 18)

**RETURN REG. FORM W/CHECK MADE PAYABLE TO "HZRPC" TO "CAMP NAME" c/o HEREFORD REC. OFFICE  
17301 YORK RD. PARKTON, MD 21120**