



**WICOMICO COUNTY DEPARTMENT OF RECREATION & PARKS  
PEMBERTON PARK SUMMER NATURE CAMP  
Participant Registration Form**



# PEMBERTON HISTORICAL PARK SUMMER NATURE CAMP 2011

PARTICIPANT'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

FRIENDS/MEMBERS OF PEMBERTON:  YES  NO

**Nature Camp Week (Please Check the Appropriate Box)**

- |                         |  |   |  |
|-------------------------|--|---|--|
| <b>4 year olds:</b>     | <input type="checkbox"/> "Sense"sations (\$85)<br>July 18 – 22             | <input type="checkbox"/> "Creature Feature (\$85)<br>August 15 - 19               |  |
| <b>5-7 year olds:</b>   | <input type="checkbox"/> Bugging (\$120)<br>June 20 - 24                   | <input type="checkbox"/> Slithers and Scales (\$120)<br>July 11 - 15              | <input type="checkbox"/> Plant-tastic! (\$120)<br>July 25 - 29 |
|                         | <input type="checkbox"/> Mucking Around (\$120)<br>August 1 - 5            |   |  |
| <b>8-10 year olds:</b>  | <input type="checkbox"/> Mucking Around (\$120)<br>June 27- July 1         | <input type="checkbox"/> Things with Wings (\$105)<br>July 5 - 8                  |  |
|                         | <input type="checkbox"/> Conservation Exploration (\$120)<br>August 8 - 12 | <input type="checkbox"/> Fishing (\$120)<br>August 22 - 26                        |  |
| <b>11-14 year olds:</b> | <input type="checkbox"/> Fishing (\$120)<br>July 18 – July 22              | <input type="checkbox"/> So you want to be a Biologist? (\$120)<br>August 15 – 19 |  |

**Before and After Care (Please Check the Appropriate Boxes)**

- Before Care (\$30)  After Care (\$50)

**Before and After Care is NOT available for 4 year old camps**

**TYPE (Please Circle):**

**CASH                      CHECK                      MONEY ORDER                      CREDIT CARD (Visa/MasterCard)**

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ MC or Visa  
(Please Circle one)

Driver's License #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Printed Name: \_\_\_\_\_

AMOUNT ENCLOSED: \$ \_\_\_\_\_

**PLEASE RETURN PAYMENT IN PERSON OR BY MAIL TO:**  
Wicomico County Department of Recreation, Parks and Tourism  
Attention: Kerri Liming, PHP 500 Glen Avenue, Salisbury, MD 21804

**PARTICIPANT INFORMATION**

Participant's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_

Would like to receive email updates on future activities from Wicomico County Recreation and Parks. Yes or No

Father/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_

Would like to receive email updates on future activities from Wicomico County Recreation and Parks. Yes or No

Marital Status of Parents \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced  
If Separated/Divorced, which parent has custody? \_\_\_\_\_  
Is there a problem with either parent visiting, talking with or picking up participant?  
\_\_\_ No \_\_\_ Yes If yes, explain \_\_\_\_\_

Your child will be released **only** to the following in addition to the parent/guardian:  
*(Please have a signed note ready to give to camp staff if this changes)*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_

Emergency Information: Person(s) other than parent (include a relative in the area who may be notified of an emergency). **THIS MUST BE FILLED OUT.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**ELIGIBILITY FOR SUMMER CAMP**

The Wicomico County Recreation and Parks is required to make reasonable accommodations for all participants in this program. The next few questions are asked to make sure your child has found a summer camp that matches his or her needs and provides a safe and suitable environment. We do not provide additional staff or resources for individual needs.

Can your child participate in all activities?       No       Yes

Does your child need any special accommodations?       No       Yes

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Please check any of the following that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hearing Aid                          | <input type="checkbox"/> Uses Sign Language                          | <input type="checkbox"/> Needs Assistance w/Walking  |
| <input type="checkbox"/> Wears Braces                         | <input type="checkbox"/> Use Crutches/Walker                         | <input type="checkbox"/> Needs Assistance w/toiletry |
| <input type="checkbox"/> Wears Diapers                        | <input type="checkbox"/> Has Speech Impediment                       | <input type="checkbox"/> Needs Help Dressing         |
| <input type="checkbox"/> Speaks little English                | <input type="checkbox"/> Menstruates                                 | <input type="checkbox"/> Needs Help with Feeding     |
| <input type="checkbox"/> Uses Wheelchair (manual or electric) | <input type="checkbox"/> Requires Additional Adult Support in School |  |

Is your child on medication?       No       Yes

If yes, what type? \_\_\_\_\_  
When given? \_\_\_\_\_ Who administers? \_\_\_\_\_

***\*Our staff cannot administer medication. We are only permitted to supervise self-medication.***

Does your child have seizures?       No       Yes

If Yes, how often? \_\_\_\_\_ How severe? \_\_\_\_\_

Are there any significant medical problems that we need to be aware of?       No       Yes

If Yes, please explain \_\_\_\_\_

If your child is enrolled in a Special Education program, what is their Special Education Classification? \_\_\_\_\_

Do you have any additional comments that would help us to know or assist your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please check with the Education Director at Pemberton Historical Park if you have questions about any of the above questions in this section. 410-860-2447.**

**ADDITIONAL INFORMATION**

Does your child have any allergies or diet restrictions?       Yes       No

If yes, explain \_\_\_\_\_

Does your child have specific fears?       Yes       No

If yes, explain \_\_\_\_\_

What are your child's favorite indoor/outdoor activities? \_\_\_\_\_

May we have permission to use photographs of your child for camp publicity purposes?

Yes  No

Do you have any special skills or talents that you would like to share with the children as a special guest at our program (Nature-related profession, craft, activity, etc.?) \_\_\_\_\_

Is your child exempt from immunizations for religious or medical reasons  No  Yes

If yes, please explain \_\_\_\_\_

**Date of participant's last tetanus immunization? (MM/DD/YY)** \_\_\_\_\_

*(We must have this information or your child will not be able to participate.)*

What school does your child attend in Wicomico County or other county? \_\_\_\_\_

Please indicate your child's t-shirt size \_\_\_\_\_ youth S \_\_\_\_\_ youth M \_\_\_\_\_ youth L  
\_\_\_\_\_ adult S \_\_\_\_\_ adult M \_\_\_\_\_ adult L \_\_\_\_\_ adult XL

## WICOMICO COUNTY DEPARTMENT OF RECREATION & PARKS PEMBERTON PARK SUMMER NATURE CAMP WAIVERS & CONSENT FORMS

### EMERGENCY CARE CONSENT FORM

In case of illness or accident while my child is under the care and supervision of the Summer Day Camp Program, I the undersigned, hereby consent to the Wicomico County Department of Recreation and Parks authorized staff to provide emergency first aid and/or administer emergency care and/or treatment through a clinic, a doctor and/or hospital should they feel it is advisable or necessary. I also agree to pay all of the cost and fees contingent upon an emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as the participant is registered in the Summer Day Camp Program.

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address of Physician **(must have complete address with street number)** \_\_\_\_\_

Hospital Preference \_\_\_\_\_

My child's medical records are located at \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### PERMISSION FOR TRIPS, EXCURSIONS AND USE OF PUBLIC PARKS AND FACILITIES

I hereby given consent to the W/C Department of Recreation & Parks Summer Day Camp to take

\_\_\_\_\_  
(Child's Name)

on walking or transported field trips to places of interest, including public parks, with such understanding that such trips are under the supervision of authorized Summer Day Camp personnel

and that all possible precautions are taken to ensure the health and safety of my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PERMISSION TO APPLY SUNBLOCK**

I give the leader/director of the same sex permission to apply sun block to my son/daughter when requested by the parent/guardian.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*\*It is your child's responsibility to seek out a counselor to apply sun block. \*\***

**HOW DID YOU HEAR ABOUT PEMBERTON NATURE CAMP**

(Check all that apply)

- Kids Klub After School Prog     Yard Sign     Brochure in Mail  
 School PTA     Brochure at School     Shorebirds Camp Expo  
 PAC 14     Word of Mouth     Previously Attended  
 Other \_\_\_\_\_

**WAVIER**

The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program, that no insurance covering accident or injury has been provided for participants, and that arrangements for any such insurance would have to be made individually by the undersigned.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date