

Participant's Name _____ DOB _____

**WICOMICO COUNTY
DEPARTMENT OF
RECREATION & PARKS**

Kids Klub Summer Escape 2019

Monday – Friday
7:00AM – 5:30PM
Age: 5-12
\$125.00/ Week
June 19th- August 23rd

Pemberton Nature Camp 2019

Monday – Friday
7:00AM – 5:30PM
Age: 6-14
\$140.00/ Week Before April 30th
\$150.00/ Week After May 1st
June 17th- August 23rd

If anything is Not Applicable, please put "NA"

FOLDER CHECKLIST

- ___ Participant Registration Form, Completed in full and signed (Pages 1-9)
- ___ Youth Camp Health History For, Completed and signed MDH-4768 (Page 10)

ADDITIONAL QUESITONS

- ___ Does your child have an allergy? Yes No
- ___ Does your child have asthma? Yes No
- ___ Is your child have diabetes? Yes No
- ___ Does your child have a history of seizures? Yes No
- ___ Will your child require medication during program hours? This includes 'as needed' medications like inhalers and epi pens? Yes No
If **yes**, how many different medications will be required? _____

If you answered 'yes' to any of the above, you will need to complete the "Summer Medical Packet". Only the applicable sections that pertain to your child will need to be completed. If the appropriate paperwork has not been received your child's start date may be delayed or place in camp maybe forfeited.

Parent/Guardian

I have reviewed, completed and signed off on all of the documents above and enclosed them in this registration folder. I understand that if the appropriate paperwork has not been received, my child's start date may be delayed or place in camp maybe forfeited.

Parent/ Legal Guardian's Name: _____

Parent/ Legal Guardian's Signature: _____ Date: _____

Pemberton Nature Camp

Monday – Friday
7:00AM – 5:30PM

Age: 6-14

\$140.00/ Week Before April 30th

\$150.00/ Week After May 1st

June 17th- August 23rd

**WICOMICO COUNTY DEPARTMENT OF
RECREATION & PARKS**

Participant Information

Participant's Name _____ Primary Phone _____

Address _____ City/State _____ Zip Code _____

Primary Email _____ Birth Date _____ Age as of 7.1.2019 _____

Gender Male Female School _____ Grade _____

Person Completing this Form _____ Relationship to Participant _____

Parent/ Guardian Information

Mother/ Legal Guardian Name _____

Address _____ City/State _____ Zip Code _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email address _____ Employer _____

Father/ Legal Guardian Name _____

Address _____ City/State _____ Zip Code _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email address _____ Employer _____

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? Or any other pick up concerns? Yes No

If yes, explain _____

Emergency Contact Information

Emergency Contact Information: Person(s) other than a parent who we may contact in an emergency situation in the event the parents cannot be reached. This section cannot be left blank.

| Name | Phone Number(s) | Relationship to Child |
|------|-----------------|-----------------------|
| | | |
| | | |

Participant's Name _____ DOB _____

Authorized Pick up Information

Your child will be released only to the following in addition to the parent/guardian:

| Name | Phone Number(s) | Relationship to Child |
|------|-----------------|-----------------------|
| | | |
| | | |
| | | |

Please let those authorized to pick up know that they will need to bring in their state issued identification when picking up your child. If you need to add or remove someone on this list please contact the program director at 410.548.4900 X109 or at bbelfield@wicomicocounty.org.

About Your Child

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.

Does your child have any dietary restrictions? Yes No

If yes, what kind, what are the signs and symptoms, and treatment(s)? _____

Does your child have an allergy? Yes No **Is an epi-pen used to treat the allergy?** Yes No

If yes, what kind, what are the signs and symptoms, and treatment(s)? _____

Does your child have asthma? Yes No **Is an inhaler used to treat the asthma?** Yes No

If yes, what kind, what are the signs and symptoms, and additional treatment(s)? _____

Is your child diabetic? Yes No **Is insulin used to treat the diabetes?** Yes No

If yes, what kind, what are the signs and symptoms, and additional treatment(s)? _____

Is your child on medication daily? Yes No

If yes, what type? _____ Reason for taking? _____

Dosage? _____ Time of day given? _____ Who administers? _____

Will your child require medication during program hours? This includes 'as needed' medications like inhalers and epi pens Yes No

Are there any medical or behavioral concerns that we need to be aware of? Yes No

If yes, please explain? _____

Does your child have a history of seizures? Yes No

Type of seizure _____ Date of last seizure _____

If you answered 'yes' to any of the above, please contact the program director at 410.548.4900 X109 or at bbelfield@wicomicocounty.org, additional paperwork may be needed to be completed and on file prior to your child's first day of camp. If the proper documents are not on file, your child's start date may be delayed. **We are only permitted to supervise self-administered medication.**

Participant's Name _____ DOB _____

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

If yes, please explain _____

Last Tetanus immunization? (Must have date) _____

Is your child bothered by the heat? Yes No

If yes, please describe _____

Does your child have specific fears? Yes No

If yes, please explain _____

Does your child have a behavior management plan/BIP? Yes No

If yes, please attach the appropriate paperwork.

Is your child is enrolled in a Special Education program? Yes No

If yes, what is their Special Education Classification? _____

Can your child participate in all activities? Yes No

If no, please provide additional information? _____

Does your child need any special accommodations? Yes No

If yes, what is their Special Education Classification? _____

Please check or circle any of the following that apply?

| | |
|---|--|
| <input type="checkbox"/> Wears glasses, hearing aides | <input type="checkbox"/> Has one on one assistant during the school year |
| <input type="checkbox"/> Wears braces (legs, arms) | <input type="checkbox"/> Uses harness on bus |
| <input type="checkbox"/> Uses Wheelchair (manual or electric) | <input type="checkbox"/> Speaks little English |
| <input type="checkbox"/> Use sign languages | <input type="checkbox"/> Menstruates |
| <input type="checkbox"/> Uses crutches or walker | <input type="checkbox"/> Needs assistance with toileting |
| <input type="checkbox"/> Needs assistance with walking | <input type="checkbox"/> Needs assistance with dressing |
| <input type="checkbox"/> Has speech impediment | <input type="checkbox"/> Needs assistance when eating |
| | <input type="checkbox"/> Has a special diet |

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

Participant's Name _____ DOB _____

Permission to Apply Sunblock

I give a staff member of the same sex permission to apply sunblock to my son/daughter when requested by the parent/guardian. Please note it is the parent's responsibility to supply the sunblock.

Participant's Name _____

Brand of Sunscreen _____

Parent/ Legal Guardian's Printed Name _____

Parent/ Legal Guardian Signature _____

Date _____

Permission for Trips, Excursions and Use of Public Parks and Other 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 but not limited to 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.

Each week there will be field trips on Tuesdays and Thursdays (exception of Thursday 7.4.19, camp is closed). Field trips are for campers enrolled for that week of camp. By signing below you are agreeing your child can participate in all field trips while in attendance of camp. The schedule of field trips is as follows and is subject to change:

| Week | Tuesday Field Trip | Thursday Field Trip |
|--|---|---|
| 1. Awesome Amphibians & Reptile Roundup (6.17.19- 6.21.19) | Assateague State Park (Backyard Habitat) | Pocomoke River State Park (Nature Center) |
| 2. A Blast with Chloroplasts (6.24.19- 6.28.19) | Bivalve (Park Beautification) | Cedar Hill Marina |
| 3. Camping in the Great Outdoors (7.1.19- 7.5.19) | Hazel Discovery Center | 7/4/2019 Camp Closed |
| 4. Marvelous Muck & Slime (7.8.19- 7.12.19) | Assateague State Park (Saltmarsh Exploration) | Cove Road Beach |
| 5. Waterpalooza (7.15.19- 7.19.19) | Cedar Hill Marina | Kayaking on Wetipquin Creek and Tyaskin Park |
| 6. Tracks and Traces (7.22.19- 7.26.19) | Delmarva Discovery Center (Nature Detectives) | Hazel Discovery Center |
| 7. Fishing Frenzy (7.29.19- 8.2.19) | Assateague State Park (Surf Fishing) | Cedar Hill Marina |
| 8. Beastly Superpowers (8.5.19-8.9.19) | Chesapeake Bay Farms and Milburn Landing State Park | Salisbury Zoo |
| 9. Backwoods Pioneers (8.12.19- 8.16.19) | Ward Museum and Schumaker Park | Delmarva Discovery Center (Steamship Journey) |
| 10. Nature's Mash-up (8.19.19-8.23.19) | Assateague State Park (Surf Fishing and Scales and Tales) | Cedar Hill Marina |

Parent/ Legal Guardian's Printed Name _____

Parent/ Legal Guardian Signature _____

Date _____

Participant's Name _____ DOB _____

Permission to Swim

I hereby given consent to the Wicomico County Department of Recreation & Parks Summer Day Camp to take _____ **(Child's Name)** on trips and participate in **activities** that involve water. I have understanding that my child will be participating in water related activities on a daily basis. I have such understanding that such trips and activities 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/ Legal Guardian's Printed Name

Parent/ Legal Guardian Signature

Date

Emergency Care Consent

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.

Physician's Name _____ Physician's Phone _____

Physician's Full Address **(must have complete address with street number)** _____

Hospital Preference _____

My child's medical records are located at _____

Participant's Name

Parent/ Legal Guardian's Printed Name

Parent/ Legal Guardian Signature

Date

Non-Perishable Food Acknowledgment

All lunches, AM snacks and PM snacks must be non-perishable and able to be consumed safely without refrigeration. Participants will not have access to refrigerators, microwaves, can openers or any other appliances. Utensils will not be provided.

By signing below you are stating you understand the above stated information.

Participant's Name

Parent/ Legal Guardian's Printed Name

Parent/ Legal Guardian Signature

Date

Participant's Name _____ DOB _____

Concussion Waiver

In compliance with Maryland HB 858 and SB 771, I hereby acknowledge that I have received the information regarding concussions published by the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC). For more information please visit, www.cdc.gov/headsup/parents/index.html.

Participant's Name

Parent/ Legal Guardian's Printed Name

Parent/ Legal Guardian Signature

Date

Social Media/ Photo Release

I hereby grant Wicomico County, Maryland permission to use my likeness in a photograph, video or other digital reproduction in any and all of its publications, including any website entries and social media, without payment or any other consideration.

I understand and agree that these materials will become the sole property of Wicomico County, Maryland and will not be returned. I hereby irrevocably authorize Wicomico County, Maryland to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Wicomico County, Maryland from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

May we use still and/or moving image(s) being photographs, video footage and/or audio footage of your child(ren), if under 18, in printed publicity or promotional literature produced by Wicomico Recreation & Parks, including advertising, leaflets, posters, newsletters and other display material?

Yes No

May we use still and/or moving image(s) being photographs, video footage and/or audio footage of your child(ren), if under 18, on Wicomico Recreation & Parks' website and other social media sites, including, but not limited to, Facebook, Twitter and YouTube?

Yes No

Participant's Name

Parent/ Legal Guardian's Printed Name

Parent/ Legal Guardian Signature

Date

Waiver

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, that arrangements for any such insurance would have to be made individually by the undersigned, and that at no time will my participation in a program be contingent on divulging any confidential medical information.

Participant's Name

Parent/ Legal Guardian's Printed Name

Parent/ Legal Guardian Signature

Date

Parent Contract
WICOMICO COUNTY DEPARTMENT OF RECREATION, PARKS AND TOURISM

Please review the information below to ensure that you understand your responsibilities in enrolling your child in a Wicomico County Recreation, Parks and Tourism Summer Camp Program or After School Program. A copy of this will be provided for your records upon request. Please print, sign and date at the bottom of this page.

1. Payments received after the due date will be considered late and result in a \$15.00 late fee per child. You may pay early. Payments can be made on line or at the Civic Center Box Office. Space is limited and your child's spot in summer camp/ after school program is not held unless payment is received for that week of summer camp or that month (after school).

Summer: Payment must be made prior to dropping off on Monday mornings. Parents are encouraged to pay the Friday before.

After School: Payments must be made by the first calendar day of each month. Payments received after the first calendar day will be considered late. December and June are prorated. No other discounts are given.

2. All lunches, AM snacks and PM snacks must be non-perishable and able to be consumed safely without refrigeration. Participants will not have access to refrigerators, microwaves, can openers or any other appliances. Utensils will not be provided.

3. Participants must bring a water bottle to summer camp every day.

4. Our Programs are Electronics, including cell phones will not be allowed at Camp. Children will be asked to put all electronics away in their bags or leave them at home.

5. Wicomico Country Recreation and Parks is not responsible for lost, damaged, or stolen property. Participants should leave person items at home.

6. If your child breaks or damages equipment that belongs to Wicomico County Board of Education, Wicomico Country Recreation, Parks and Tourism, another entity or another participant the parent is responsible for the repair or replacement cost.

7. All programs end promptly at 5:30PM. Pick up after 5:30PM is considered "late pick up". If picking up late be prepared to pay the late pick up charge which is a \$10.00 minimum and a \$1.00 per minute for every minute past 5:30. Payment for late pick up is expected at the time of pick up that day. Repeated late pick up may result in removal from the program. If removed from the program **refunds will not be made under these circumstances. If you keep the staff past 5:30PM you will be charged a late fee.**

8. When and if the Wicomico County Board of Education closes schools the program will be cancelled. This includes school vacation days, early school closure due to weather or emergency and Teacher Professional Days and Election Days. There will be a School's Out Day (Professional Day Program) at the Civic Center. The cost is an additional **\$28.00** per child on specified days at the Civic Center. You must register and pay in advance. The Profession Day Programs will be canceled if minimum enrollment is not met two weeks prior to the date. **In the event of an emergency or early closings the parent is responsible for picking the child up at the newly designated time school dismissal time set forth by Wicomico County Board of Education. (Only After School Programs/ Summer Programs in the school buildings).**

9. You may be asked to withdraw your child if their behavior patterns threaten their own health and safety or that of other children and staff. **Refunds will not be made under these circumstances.**

10. Bullying and or threats violence will not be not tolerated and are grounds for suspension and or removal from the program. **Refunds will not be made under these circumstances.**

11. If your child receives behavior conduct report (write up), it is up to the program director if the child will be suspended or removed from the program. If the child is removed from the program, **refunds will not be made under these circumstances.**

Participant's Name _____ **DOB** _____

12. Your child cannot attend the program if he or she has any illness that threatens the health of other children or staff. Regulations concerning periods of infection will be enforced.

13. If your child becomes ill during the program, it is your responsibility to arrange immediate pick up from the program. He or she cannot return to the program until they are well and or cleared by a doctor in severe cases.

14. If your child is found to have lice they will be sent home immediately. Your child will not be allowed to return until they are lice and nit free and you must supply a doctor's note or the box lid of the given treatment.

15. It is your responsibility to send your child in or with the appropriate attire daily, which includes closed toe shoes (i.e. tennis shoes) and shorts or leggings under skirts if needed. Flip flops and sandals are not considered appropriate and are unsafe to participate in physical activity and pose an increased risk of injury. If a child does not have closed toed shoe they may be asked to sit out or do an alternative activity.

16. Medication will cannot be administered by staff. If your child requires medication during program hours, you must supply the completed Medication Administration Form and medication. This includes but is not limited to emergency medications such as inhalers and epi pens. He or she must be able to administer the medication without assistance from the staff. The Medication Authorization Form is available in the Medical Packet or upon request.

17. No child will be excluded from activities that are planned based on their abilities. If your child has an IEP or Behavior Intervention Plan if one is written. This is kept confidential and is only used for planning purposes. Activities can be modified based on child's individual needs and guided by the IEP if one is made available. Please note we do not offer one on one support and only **reasonable accommodations are to be made.**

18. Wicomico County Recreation and Parks Child Care programs do not allow participants to possess or use tobacco products, drugs, or alcohol, weapons of any kind (real or fake) on school and county grounds. Use or possession of the before mentioned is grounds for immediate removal from the program. **Refunds will not be made under these circumstances.**

19. Discipline procedures are followed with the Board of Education guidelines. However, Wicomico County Recreation, Parks and Tourism reserves the right to remove a child from the program if the safety of that child and or other children in the program or staff are at risk. **Refunds will not be made under these circumstances.**

20. Staff should only be contacted during program hours. Parents should not contact staff outside of those hours. Please contact the Civic Center Box Office or the Program Director during normal business hours, Monday through Friday at 410.548.4900 if you need assistance during those hours.

I AGREE TO ADHERE TO THE WICOMICO COUNTY DEPARTMENT OF RECREATION, PARKS AND TOURISM'S CHILD CARE PROGRAM PARENT CONTRACT. I GIVE MY CHILD PERMISSION TO PARTICIPATE IN THIS PROGRAM.

Parent/ Legal Guardian's Printed Name: _____

Parent/ Legal Guardian's Signature: _____ Date: _____



Discipline Agreement

To our new and old participants and their families, we welcome you to our program. We are looking forward to an exciting experience! This document is discipline agreement. You are receiving this document so that you and your child(ren) can become familiar with our rules and consequences. Once you and your child(ren) have signed this slip, we will consider this a contract between staff, participants, and parents.

The following are our rules that have been established for the safety and enjoyment of our program.

Rules

1. Show respect to EVERYONE at all times.
2. Follow all directions the first time they are given.
3. Keep hands, feet, and unkind words to yourself.
4. Every day at Kids Klub we will start our homework and eat a snack.
5. Remain seated and quiet during homework and snack time.
6. Use walking feet in the cafeteria and hallways.
7. Be honest and responsible.
8. Be kind and fair to everyone.

If a Participant Chooses to Break a Rule:

1st and 2nd time: Verbal warning and or removal from the current activity applicable.

3rd time: **Green Write Up** and removal from activity for a minimum of 10 minutes.

4th time: **Yellow Write Up** and a phone call to parents. (If the behavior continues after speaking with or leaving a message for parents the write up will escalate to **RED**.)

A Severe Disruption: Is an automatic write up.

Severe disruption or misbehavior includes but is not limited to:

- Cursing/inappropriate language
- Physical violence with a participant or counselor
- Misuse of equipment
- Attempting to run away from the site or leave the immediate area of where staff is present
- Bullying of any kind

***Bullying of any kind will not be tolerated at any camp. We defines bullying as physically intimidating or hurting another camper, repeatedly calling names or taunting others after being asked to stop, targeting campers with the intention of excluding them from group activities or taking their personal belongings.*

*** Any severe disruption or misbehavior will be written up **immediately** and is susceptible to suspension from the program. Depending on severity of the behavior, the parent may be called in order to have the child removed for the remainder of the day.*

***Any child that receives **2 or more behavior write ups** is at the risk of being suspended from the program for a day (without refund).*

A "Kid of the Week" will be chosen each week based on exemplary behavior. This will be determined at the staff's discretion of how well a child is displaying role model behaviors and positive behaviors that go above and beyond. The "Kid of the Week" will be rewarded with a prize and recognition.

Please review these expectations and penalties with your children. Have you and your children sign below.

Participant: I have read the discipline plan and understand it. I will honor it while at camp each day.

Signature: _____ Date: _____

PARENTS: My child has discussed the camp discipline plan with me. I understand it and will support it.

Signature: _____ Date: _____

STAFF MEMBERS: We will be fair and consistent in executing the discipline plan at camp.

Signature: _____ Date: _____

YOUTH CAMP HEALTH HISTORY
CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, Explain: _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:
Must list current residence above.

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? NO

YES, List: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature _____

Date _____