



Washington County Recreation Department
 11400 Robinwood Dr. Hagerstown, MD 21742
 240-313-2805 / www.washco-md.net



CAMPER INFORMATION FORM

Do NOT return this form to the Recreation Department Office!

The STATE OF MARYLAND requires that one Camper Information Form/per camper be completed in its entirety and presented to the Campsite Director on the first day that your child attends Summer Camp or the child will not be permitted to attend Camp.

CAMPER PROFILE

CAMPER FULL NAME			
CAMPSITE LOCATION			
HOME ADDRESS			
BIRTH DATE	MONTH:	DAY:	YEAR:
GENDER	MALE		FEMALE

PARENT/GUARDIAN & PICK-UP CONTACT INFORMATION

STRICT PICK-UP POLICIES ARE IN PLACE. For the safety of each camper The WCRD Summer Camp Program is authorized to release your child only to the individuals listed on this form. Each authorized person must be at least sixteen (16) years old and show photo identification at time of sign-out. Campers will NOT be permitted to leave the camp with anyone not listed. Your cooperation is appreciated. Please list yourself and any adult permitted to pick your child up from camp. **The people listed will be contacted in an emergency in the order they are listed.** A late fee of \$5 per participant for every 15 min. will be assessed for campers not picked up by the closing time. Payment is due within 7 days of notification. PLEASE NOTE: A signed and dated statement must be delivered to the Campsite Director to receive permission for any adult not listed to retrieve your child.

PARENT/GUARDIAN (1)	FULL NAME:	PHONE NUMBER:
PARENT/GUARDIAN (2)	FULL NAME:	PHONE NUMBER:
PICK UP	FULL NAME:	PHONE NUMBER:
PICK UP	FULL NAME:	PHONE NUMBER:
PICK UP	FULL NAME:	PHONE NUMBER:

PARENT/GUARDIAN PERMISSION WAIVER

Camper Information: I have completed all areas of this form that apply to my camper to the best of my knowledge.

Pick-Up Policy: I have read and understand the WCRD Youth Summer Day Camper Pick Up Policy.

Medical Emergency Transportation: In the event of an emergency, I give permission for my child to be transported by ambulance.

Swim Permission: I give permission for my child to go swimming.

Walking Trips: I give permission for my child to walk to areas surrounding the campsite for special activities.

Authorization for use of Visual Likeness: On behalf of the Camper named above, his/her parents, guardians and heirs, I do hereby consent and agree that the Washington County Recreation Department, its employees and agents, shall have the right to record visual images of the Camper named above for purposes of promoting and publicizing Recreation Department programs and do hereby release and waive all rights, claims, or interests to own, control or receive compensation from the use of such visual images. I warrant that I am authorized to grant the consent and to make the release and waiver indicated herein.

Waiver of liability for injuries: On behalf of the Camper named above, his/her parents, guardians and heirs, I do hereby agree to assume the full risk of any injuries, including death, damages or loss which may be sustained by the Camper named above as a result of participating in any and all activities connected with or associated with the Summer Camp Program and to release, hold harmless, indemnify and covenant not to sue the Washington County Recreation Department, the Board of County Commissioners of Washington County, MD, the Washington County Public Schools, their agents, employees and volunteers for injuries, including death, damages or loss which may be sustained by the Camper named above as a result of participating in any and all activities connected with or associated with the Summer Camp Program. In the event of any injury to the Camper named above, I will notify the Recreation Department immediately. I warrant that I am authorized to make the release and waiver indicated herein.

PARENT/GUARDIAN PRINT NAME:	PARENT/GUARDIAN SIGNATURE:	DATE:
-----------------------------	----------------------------	-------

NOTE: COMPLETE BOTH PAGES OF THIS FORM AND SUBMIT IT TO YOUR CAMPSITE THE FIRST DAY OF CAMP

CAMPER HEALTH INFORMATION

CAMPER FULL NAME: <small>(IN CASE FORMS ARE SEPARATED)</small>	
---	--

IMMUNIZATION HISTORY

All campers must be current on all immunizations, see www.EDCP.org (Immunization)

DOES THE CAMPER RESIDE WITHIN THE UNITED STATES, A US TERRITORY, OR D.C.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO: Provide a record of vaccination or immunity on a form prescribed by Department.
IS THE CAMPER EXEMPT FROM ANY IMMUNIZATION ON PARENTAL/GUARDIAN OBJECTION, MEDICAL OR RELIGIOUS GROUNDS?	<input type="checkbox"/> YES: <small>Attach a signed copy of Maryland DHMH immunization is medically contra indicated, or the parent or guardian indicating that they object to immunizations for religious</small>	<input type="checkbox"/> NO

ALLERGY INFORMATION

LIST ALL ALLERGIES (FOOD, MEDICINE, SUNSCREEN, ENVIRONMENT)	
LIST WARNING SIGNS OF A REACTION	

SUNSCREEN INFORMATION

The WCRD is required to obtain authorization from the parent/guardian before applying sunscreen at camp. The authorization shall include the camper's name, the parent or guardian's signature, the date signed, any known sunscreen allergies and whether staff may assist the camper in the application of the sunscreen. The WCRD will not provide sunscreen. Parents/guardians are encouraged to apply sunscreen to their child before the child attends camp for the day.

CHECK	
	I give permission for staff to assist my camper in the application of the sunscreen. In emergency situations staff may also provide sunscreen for my camper.
	My child has no known allergies to any brand of sunscreen.
	My child is allergic to a particular brand of sunscreen. (List brand)

MEDICAL CONDITION AND OTHER CAMPER INFORMATION

DOES THE CAMPER HAVE AN ASTHMA CONDITION?	NO:	YES: <small>List symptoms and treatment that should be associated with the onset of an asthma attack for the camper.</small>
IS THE CAMPER PRONE TO SEIZURES?	NO:	YES: <small>Provide date of last seizure and list symptoms that should be associated with the onset of a seizure for the camper.</small>
OTHER MEDICAL CONDITIONS OR SPECIAL CONSIDERATIONS:	<small>Provide information on any medical conditions, psychological conditions, behavioral conditions, dietary restrictions, physical activity restrictions, or special needs that we need to be aware of to ensure that your child's camp experience is positive:</small>	

DOES CAMPER USE PRESCRIPTION OR OVER-THE-COUNTER MEDICATION/DEVICE?

NAME OF MEDICATION(S)/DEVICE	
TYPICAL TIME OF DAY THAT MEDICATION IS TAKEN	
WILL CAMPER BRING MEDICATION TO CAMP?	<input type="checkbox"/> YES: <ol style="list-style-type: none"> 1. Must Provide Prescriptive order 2. Complete and submit MEDICATION ADMINISTRATION AUTHORIZATION FORMS 3. Include signature of the Primary Care Physician <input type="checkbox"/> NO
REASON FOR MEDICATION(S)	
POSSIBLE SIDE EFFECTS	

PARENT/GUARDIAN PRINT NAME:	PARENT/GUARDIAN SIGNATURE:	DATE:
-----------------------------	----------------------------	-------

NOTE: COMPLETE BOTH PAGES OF THIS FORM AND SUBMIT IT TO **CAMP SITE** THE FIRST DAY OF CAMP

REQUIRED FOR CAMPERS THAT BRING MEDICATION TO CAMP 2/3

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES -If yes, see Section III below. <input type="checkbox"/> NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR.		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
14a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			14b. DATE

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.

15a. PARENT/GUARDIAN SIGNATURE		15b. DATE
15c. HOME PHONE #	15d. CELL PHONE #	15e. WORK PHONE #

III. AUTHORIZATION FOR SELF ADMINISTRATION / SELF CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self administration. Self carry is only permitted for emergency medications such as inhalers, insulin and epinephrine. Both the prescriber and the parent/guardian must consent to self administration below. However, youth camp operators are not required to permit self administration or self carry.

I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. If indicated below, the child named above may self carry emergency medication.

16a. PRESCRIBER'S SIGNATURE authorizing self administration	16b. SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self administration	17b. SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. DATE

REQUIRED FOR CAMPERS THAT BRING MEDICATION TO CAMP 3/3

MEDICATION FINAL DISPOSITION FORM for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

I. FINAL DISPOSITION OF MEDICATION	
Child's Name:	Date of Birth:
Medication Name:	Final Disposition: <input type="checkbox"/> Returned (Complete Section A) <input type="checkbox"/> Destroyed (Complete Section B)
Section A	
MEDICATION RETURNED TO (NAME)	DATE
MEDICATION RETURNED BY (PERSON'S SIGNATURE)	DATE
Section B	
The above indicated medication was not retrieved by the parent/guardian or authorized individual within 1 week of the camper leaving camp; therefore, it has been destroyed according to COMAR 10.16.07.14.	
SIGNATURE OF PERSON RESPONSIBLE FOR DESTROYING MEDICATION	DATE
SIGNATURE OF PERSON WITNESSING THE DESTRUCTION OF THE MEDICATION	DATE

KEEP FOR 3 YEARS



Washington County Recreation Department
11400 Robinwood Dr. Hagerstown, MD 21742
240-313-2805 / www.washco-md.net

MEDICATION ADMINISTRATION POLICY

Any medication or medical device that is brought onto campsite premises, including a nonprescription (over the counter) medication, requires a prescriptive order and the completion of the MEDICATION ADMINISTRATION AUTHORIZATION FORM, to included the signature of the Primary Care Physician. Camp Staff are NOT authorized to administer ANY medication. Campers must receive medication outside of camp hours OR self-administer during camp. Staff may remind individuals and distribute the medication container to the participant for self-administration. Director or Assistant Director must supervise and document all medication self-administration. To qualify, the child must be capable of safely self-administering the medication appropriately. All medications must be presented to Campsite Staff and are to be kept in an area only accessible by Campsite Staff. All containers must be presented in original pharmaceutical packaging and contained in a plastic baggy clearly labeled with the camper's full name. All medicines must be self-administered under the supervision of the Campsite Director or Assistant Director. Any failure to complete forms accurately or any failure to provide medication to the Campsite Director may result in termination of the Camper from the program and forfeiture of any fees paid. Please communicate with your campsite Director on health/medical issues. Any participant who requires that an Epi-pen and / or asthma inhaler be kept on his/her person while participating in a WCRD activity may do so. Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, parents may request that the camper be allowed to keep the appropriate prescribed Epi-pen and/or Asthma Inhaler on his/her person while participating in all WCRD activities. To qualify for this exemption, this child must be capable of safely storing the Epi-pen or asthma inhaler on his/her person and using the device appropriately.

Washington County Recreation Department **SUMMER YOUTH DAY CAMP REGISTRATION FORM**

Primary Head of Household First/Last Name	Birthdate	Gender	Home Phone #	Work Phone #	Cell Phone #
Home Address			City	State	Zip Code
Secondary Head of Household First/Last Name	Birthdate	Gender	Home Phone #	Work Phone #	Cell Phone #

REG #	LOCATION	TYPE	AGES	IN COUNTY	IN COUNTY	OUT OF COUNTY	OUT OF COUNTY	HOURS OF OPERATION
				EARLY BIRD FEE	REGULAR FEE	EARLY BIRD FEE	REGULAR FEE	
#221006	Maugansville Elem	Classic	5-12yr	\$65/week	\$75/week	\$75/week	\$85/week	7:00AM-5:00PM
#221002	Rockland Woods Elem	Classic	5-12yr	\$65/week	\$75/week	\$75/week	\$85/week	7:00AM-5:00PM
#221008	Williamsport Elem	Classic	5-12yr	\$65/week	\$75/week	\$75/week	\$85/week	7:00AM-5:00PM
#221003	Marty Snook Adventure	Youth	5-8yr	\$73/week	\$83/week	\$83/week	\$93/week	7:00AM-5:30PM
#221004	Marty Snook Adventure	Junior	8-9yr	\$73/week	\$83/week	\$83/week	\$93/week	7:00AM-5:30PM
#221005	Marty Snook Adventure	All-Star	10-12yr	\$73/week	\$83/week	\$83/week	\$93/week	7:00AM-5:30PM

Early Bird Fees are offered for each week. Regular rates will apply to all registrations made after each Early Bird expiration date.

SESSION	SESSION DATES	EARLY BIRD EXPIRATION DATE
A	6/18/18-6/22/18	6/15/18
B	6/25/18-6/29/18	6/22/18
C	7/2/18-7/6/18	6/29/18

SESSION	SESSION DATES	EARLY BIRD EXPIRATION DATE
D	7/9/18-7/13/18	7/6/18
E	7/16/18-7/20/18	7/13/18
F	7/23/18-7/27/18	7/20/18
G	7/30/18-8/3/18	7/27/18

ONLY LIST SESSION(S) THAT WILL MATCH FEES PAID TODAY. MUST COMPLETE A NEW FORM WHEN PAYING/REGISTERING FOR ADDITIONAL SESSIONS.

CAMPER #	CAMPER FIRST & LAST NAME	GENDER	DATE OF BIRTH	CAMP REGISTRATION #	LIST SESSION(S) A, B, C, D, E, F, G	CAMPSITE LOCATION	FEE
CAMPER #1							\$
CAMPER #2							\$
CAMPER #3							\$

Please indicate payment type: cash, check, money order, credit				CASH	CHECK #	MONEY ORDER	CREDIT	TOTAL FEES	\$
Make checks payable to: Washington County Treasurer.									
SIGNATURE of parent/guardian								Date	
Email Address									

CREDIT CARDS ACCEPTED: Discover, Master Card, Visa									
NAME ON CARD									
CARD BILLING ADDRESS									
ZIP CODE									
CARD NUMBER									
EXPIRATION DATE (MM/YY)			/						



Drop off or mail registration & payment to:
Washington County Recreation Department
11400 Robinwood Dr. Hagerstown, MD 21742

Located in the ARCC gymnasium on the campus
of Hagerstown Community College;
2nd Floor Room 227
CONTACT: 240-313-2805
FAX: 240-313-2806
WEB: www.WashCoRecFit.com

Authorization for use of Visual Likeness: I do hereby consent and agree that the Washington County Recreation Department, its employees and agents have the right to record visual images of the above individual (s) for the purpose of promoting and publicizing Department programs and events, and warrant that I have the authority to do so on their behalf. I hereby release to the Department all rights to exhibit this work in print and electronic form and waive any rights, claims, or interest they may have to control or receive compensation for the use of any likeness in whatever media used.

Waiver of liability for injuries: I understand that accidents may occur during participation in the recreation programs in which the above individual (s) are enrolled. I assume for them by their participation in these programs, the risk of injury or death. I will inform the Recreation Department of any injury as soon as practicable. I agree to release, hold harmless, indemnify, and covenant not to sue the Department, the County Commissioners, Washington County Public Schools, their agents, employees and volunteers for any loss or liability that may result or any claims that may arise out of these programs.



YOUTH SUMMER CAMP



Washington County, MD
RECREATION AND FITNESS DEPARTMENT

BASIC HOW-TO REGISTER INFORMATION

www.WashCoRecFit.com

STEP #1 CHOOSE A CAMP PROGRAM

Our camps are divided into two distinct programs, Marty Snook Adventure Camp and Classic Summer Day Camps, each providing unique & exciting experiences for our campers.

CLASSIC SUMMER DAY CAMP

In-County Resident: Early Bird \$65/week; Regular \$75/week
Out-County Resident: Early Bird \$75/week; Regular \$85/week
Ages 5yr-12yr

Monday-Friday 7:00AM-5:00PM

(Choose Location):

Maugansville Elementary #221006
Rockland Woods Elementary #221002
Williamsport Elementary #221008

MARTY SNOOK ADVENTURE CAMP

In-County Resident: Early Bird \$73/week; Regular \$83/week
Out-County Resident: Early Bird \$83/week; Regular \$93/week
Ages 5yr-12yr

Monday-Friday 7:00AM-5:30PM

Single Location: Marty Snook Park

(Choose Age Group):

Youth (5yr-7yr) #221003
Junior (8yr-9yr) #221004
All-Star (10yr-12yr) #221005

STEP #2 CHECK THE SCHEDULE

Calendar Dates for each Week of Camp:

Week A = June 18th-22nd
Week B = June 25th-29th
Week C = July 2nd-6th (NO CAMP JULY 4-NO DISCOUNT)
Week D = July 9th-13th
Week E = July 16th-20th
Week F = July 23rd-27th
Week G = July 30th- Aug 3rd

Marty Snook Adventure Camp Weekly Themes:

Week A-The Project Academy
Week B-Shark Tank Inventors Week
Week C-Hometown Heroes
Week D-Sports/Competition Week
Week E-Splash Bash
Week F-Camper VS Wild
Week G-The Big Show

STEP #3 READ OUR POLICIES

It is very important for you to understand our Camp and Registration Policies and Procedures before attending.

Parent Packets are available at WashCoRecFit.com or our administrative office. Age is determined by the age of the camper on the first day they attend camp. Campers must be at least 5yr old. A 13yr old camper may attend as long as he/she was 12yr old on the first day they attended. (This applies to campers who experience a 13th birthday during camp sessions). All Campers must possess appropriate toileting skills.

STEP #4 REGISTER FOR CAMP

Choose how you would like to register for summer camp; easily register Online or download and print out a form to mail/drop off to our office. Registrations will not be accepted/held unless full payment is made at time of form submission/online registration.

IMPORTANT INFO ABOUT ONLINE REGISTRATION:

To register Online, you will need to have an established Webtrac account. Our office staff must activate your account for first time use. You then can access your account at any time to check your registrations, print receipts, and register and pay for additional programs. You can also contact our office for help with your username and password.

(Office Hours: Mon-Fri, 7:30AM-3:30PM, 240-313-2805)
Registrations will not be accepted/held unless full payment is made at that time. If you want to register/pay for additional weeks/programs later, you will need to log back on to your account and do so. If you register online you must pay by credit card/debit card (VISA, Mastercard, Discover).

Once you complete the registration process, you will receive an email receipt confirming your choices of camp(s) and payment amounts as well as attached parent pack and camper information forms to be completed and brought to camp on your first day. Once you receive this confirmation email - YOU ARE REGISTERED FOR CAMP. Easy as that!
If you do not receive a confirmation receipt by email within 1 hour of registering Online, then your registration may not have been processed. Please contact us if you have any problems. (240-313-2805)

MORE SUMMER CAMP INFORMATION ON THE WEB

Are you new to our Camp Program? Do you have questions about activities, drop off/pick up or even how to register? We invite you to view our Summer Camp Information Video on YOUTUBE. We cover camp policy, procedure, and even some "tricks of the trade". We also introduce new participants to our registration process. Just search Washington County Recreation Department.

CAMP REGISTRATION OPENS MARCH 1st!