



2019 Summer Camp Registration Form

Please fill out a separate registration form for each child you register for camp.
PLEASE READ SECTION ON FEES AND PAYMENT TERMS CAREFULLY

Primary Parent/Legal Guardian Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Home Address _____ Email Address _____

Secondary Parent/Legal Guardian Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Home Address _____ Email Address _____

Employer: _____ Address: _____

CAMP WEEK SELECTION AND PAYMENT

Camper's First & Last Name: _____ Gender: M / F Date of Birth: _____

Camper's T-Shirt Size _____

PLEASE CHECK THE CAMP WEEK(S): (see our camp brochure or visit TheFRCC.org for complete program details) **FEE (Mem/NM)**

Week 1 <input type="checkbox"/>	June 10 – 14 Outdoor Adventure 1	\$100/\$125
Week 2 <input type="checkbox"/>	June 17 – 21 Sports	\$100/\$125
Week 3 <input type="checkbox"/>	June 24 -28 Kids Boot Camp	\$100/\$125
Week 4 <input type="checkbox"/>	July 1 -3 Science, Technology, Engineering, Arts, Math (STEAM) I	\$60/\$75
Week 5 <input type="checkbox"/>	July 8 - 12 Crime Scene Investigators (C.S.I.)	\$100/\$125
Week 6 <input type="checkbox"/>	July 15 -19 Space & Aviation	\$100/\$125
Week 7 <input type="checkbox"/>	July 22- 26 Science, Technology, Engineering, Arts, Math (STEAM) 2	\$100/\$125
Week 8 <input type="checkbox"/>	July 29 - August 2 Creativity & Arts	\$100/\$125
Week 9 <input type="checkbox"/>	August 5 – 9 Outdoor Adventure 2	\$100/\$125

Total fees due: \$ _____ Paid today (min: 1st full wk.): \$ _____ Balance due: \$ _____

We accept payment by cash, check, Discover, Master Card or Visa. Make checks payable to: FRCC

FEES: FRCC members: \$100 per week per camper Non-members: \$125 per week per camper

Camper's qualify for the member rate if they or their parents/legal guardians are FRCC members.

TERMS: Payment for your child's first week of camp must be made in full at the time of registration. Payment in full for all subsequent weeks is due at least the two weeks prior to start of the week attending. There will be no exceptions to payment terms and no refunds offered.

FINANCIAL ASSISTANCE: A limited amount of financial assistance may be available based upon need. Please inquire at the Courtesy Desk for more information and an application.

AGES: FRCC camp programs are age appropriate. Campers will be divided into 2 groups for most activities. Camper's birthdate must fall between September 1, 2005 and September 1, 2013; and must have completed kindergarten.

To register for FRCC Summer Camp you must complete and sign this and all other registration/information forms. Your child will not be registered until all forms are completed, returned, and all required payments received.

Parent/Guardian Signature: _____ Date: _____

For staff purposes only:

Week	Signed up	*EDO	**LPU	Date Paid	Staff Initials
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					
Week 9					

*- Early Drop Off (\$5/per day or \$20/per week)

** - Late Pick up (\$5/per day or \$20/per week)



Fort Ritchie Community Center / 14421 Lake Royer Drive / Cascade, MD 21719 / 301-241-5085 www.thefrcc.org

2019 Summer Camp Information Form

PARTICIPANT INFORMATION

Child's Name _____ Age _____ Grade _____

Address _____

Home Phone _____ Date of Birth _____ Gender _____

PARENT AUTHORIZATION WAIVER

Authorization for use of Visual Likeness: On behalf of the Child named above, his/her parents, guardians and heirs, I do hereby consent and agree that the Fort Ritchie Community Center (FRCC), its employees and agents, shall have the right to record visual images of the Child named above for purposes of promoting and publicizing FRCC 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.

Signature of Parent/Guardian

Date

Waiver of liability for injuries: On behalf of the Child 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 Child named above as a result of participating in any and all activities connected with or associated with the Summer Program and to release, hold harmless, indemnify and covenant not to sue the Fort Ritchie Community Center (FRCC), their agents, employees and volunteers for injuries, including death, damages or loss which may be sustained by the Child named above as a result of participating in any and all activities connected with or associated with the Summer Program. In the event of any injury to the Child named above, I will notify the FRCC immediately. I warrant that I am authorized to make the release and waiver indicated herein.

Signature of Parent/Guardian

Date

PICK-UP INFORMATION

Parent/Guardian Contact #1 _____

Parent Phone # Best Daytime _____

Approved Pick-Up #2 Name _____ Phone # _____

Approved Pick-Up #3 Name _____ Phone # _____

The Fort Ritchie Community Center (FRCC) Summer Camp Program is authorized to release my child only to the individuals above. I understand that each authorized person must be at least sixteen (16) years old and that my child will NOT be permitted to leave the camp with anyone not listed above. All authorized individuals will be required to show identification and sign the child out each day. A **late fee of \$5.00** per participant for every 15 minutes will be assessed for campers not picked up by closing time (5:00PM). Payment is due within 7 days of notification of late fee. Your signature below indicates you have read and agree to these terms.

Signature of Parent/Guardian

Date

In the event of an Emergency, I give permission for my child to be transported by ambulance to the hospital _____ Yes _____ No
Parent/Guardian 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 _____