



2022 Summer Camp Registration Form

Please fill out a separate registration form for each child you register for camp.
PLEASE READ THE 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 Age _____ Camper 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 June 13 – 17 **Jump Into Summer!** Canoeing, Kayaking, Wildlife, Oh My! \$125/\$150

Week 2 June 20 – 24 **Ultimate Survivor** Minute to Win It, Scavenger Hunts, Survivor Games \$125/\$150

Week 3 June 27 – July 1 **World of Sports** Worldwide Sports, Fundamentals, & Sportsmanship \$125/\$150

Week 4 July 5 – 8 **Shark Week** JAWesome Week with Shark Facts & Fun-Filled Shark Activities \$100/\$125

Week 5 July 11 – 15 **The Color Games** Compete in Creative Games and Activities \$125/\$150

Week 6 July 18 – 22 **H2 Oh Yeah!** Grab your Swimsuit and Sunscreen for a Water Filled Week! \$125/\$150

Week 7 July 25 – 29 **Warrior Week** Boots on the Ground! Veteran Guest Speakers & Fort History \$125/\$150

Week 8 August 1 – 5 **Outdoor Adventure** Lots of Outdoor Fun! \$125/\$150

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

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

FEES: FRCC members: \$125 per week per camper Non-members: \$150 per week per camper Deposit: \$25/week
Campers 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. A \$25.00 non-refundable deposit is required to hold each week for Summer Camp that is chosen. Payment in full is due two weeks prior to the start of the week your child is attending. **There will be no exceptions to payment terms and no refunds offered.** Limited space is available for Summer Camp.

FINANCIAL ASSISTANCE: A limited amount of financial assistance may be available based upon need. Please inform the camp director or other staff representative if you are interested in this possibility.

AGES: FRCC camp programs are age-appropriate. Campers will be divided into 2 groups for most activities. Camper's birth date must fall between September 1, 2008, and September 1, 2016. Camper must have completed kindergarten to participate in this program.

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: _____



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

2022 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 (5:00 PM). Payment is due within 7 days of notification of the 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: _____



14421 Lake Royer Drive Cascade MD, 21719 301-241-5085

Field Trip Permission Slip

This permission slip serves as an agreement between you and the Fort Ritchie Community Center pertaining to Summer Camp 2022 field trips. Field trips are scheduled throughout Summer Camp and while attendance is encouraged, it is not required. By signing this agreement, you indicate you have read and agree to the following terms:

-
1. My child has my permission to participate in supervised field trips.
 2. I understand I will be informed of the details of field trips on a weekly basis.
 3. I agree to instruct my child to obey all rules, regulations, and instructions given by staff. I further agree that FRCC Staff shall not be held responsible or liable for injuries or other mishaps caused by my child's disregard of rules, regulations, or instructions.

_____ (Please initial) I permit my child to attend all field trips during the summer camp weeks they have registered for in 2022. I understand I may deny permission for any individual trip by letting a camp staff member know prior to the trip.

Child's Name _____

Parent or guardian signature _____

Best Phone # _____

Person to contact in an Emergency: _____

Emergency Phone # _____

River & Trail Outfitters, Inc.
Participant Release of Liability and Assumption of Risk Agreement
- Read Before Signing -

Group Name: _____

Participant Name: _____ Phone: _____

Email: _____ Sign up to receive updates & exclusive promotions

In consideration of being allowed to participate in any way in the program, related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
- 2) **I knowingly and freely assume all such risks**, both known and unknown, **even if arising from the negligence of the releasees or others**, and assume responsibility for my participation.
- 3) I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
- 4) By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to the same.
- 5) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release, indemnify, and hold harmless River & Trail Outfitters, Inc., Eagle Aquatics, Camp Manidokan, City of Hagerstown, or any other affiliates**, their officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (**releasees**), from any and all claims, demands, losses, and liability arising out of or related to any **injury, disability, or death** I may suffer, or loss or damage to person or property, **whether arising from the negligence of the releasees or otherwise**, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Street Address

Emergency contact

City

State

Emergency Phone

X _____
Participants's signature

Age

weight

Date

For parents/guardians of participants of minor age (under 18 at time of registration):

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assign, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, *even if arising from the negligence of the releasees*, to the fullest extent permitted by law.

X _____
Parent/Guardian signature

Date



FRCC Summer Camp

Sunscreen Recommendation and Authorization

We highly recommend the use of sunscreen for your child while attending camp. We suggest you have your child apply sunscreen prior to arrival at camp each day. You may also provide sunscreen for your camper to bring to camp to use at other times during the day. But we need your authorization. Please fill out this form and return it to FRCC before your child’s first day of camp. Keep in mind that FRCC does not provide sunscreen to campers. Because of the rare, but possible, allergic reactions, campers are not allowed to share their sunscreen with others.

From our camp’s 2022 Medical Health Program:

Sunscreen application with an SPF of 15 or higher is recommended every day. However, sunscreen may be applied ONLY upon written authorization from the parent/guardian. The authorization shall include the Camper’s name, the parent/guardian signature, date signed, and the brand of sunscreen.

SUNSCREEN AUTHORIZATION

By your signature below, you, as the parent or legal guardian of the camper(s) listed, agree that your child may bring to camp and apply the sunscreen product you have named.

Camper’s Name _____

(If you have more than one child in camp, you may fill out one form and list all of the names above, but only if this authorization applies to all of your children listed above.)

I, _____, as the parent or legal guardian of the camper(s) listed above, do hereby give my permission for my child to use the following sunscreen product while attending the 2022 FRCC Summer Camp Program: _____

(you must include the brand of sunscreen you will provide.)

Parent/Legal 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? YES 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? YES 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? YES 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

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 78417
Draft Revision Date: 4/4/2018

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, 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. Non prescription 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.

Section I. PRESCRIBER'S AUTHORIZATION									
1. CHILD'S NAME (First Middle Last)			2. DATE OF BIRTH (mm/dd/yyyy)						
3. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 7b below unless more restrictive dates are specified in 3a and 3b. This authorization is NOT TO EXCEED 1 YEAR.					3a. FROM (mm/dd/yyyy)		3b. TO (mm/dd/yyyy)		
Medication Name	Condition Being Treated/PRN Parameters	Dose	Route	Frequency	OK to Self-Administer	OK to Self-Carry (Emerg Meds Only)			
1					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med			
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Known side effects:</i>									
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med			
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Known side effects:</i>									
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med			
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Known side effects:</i>									
4. PRESCRIBER'S NAME/TITLE									
TELEPHONE		FAX		This space may be used for the Prescriber's Address Stamp					
ADDRESS									
CITY		ZIP CODE							
5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) <i>(original signature or signature stamp only)</i>					5b. DATE (mm/dd/yyyy)				

Section II. PARENT/GUARDIAN AUTHORIZATION			
I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized 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 authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.			
6a. PARENT/GUARDIAN SIGNATURE		6b. DATE (mm/dd/yyyy)	
6d. HOME PHONE #		6f. WORK PHONE #	
6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION			
Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)			
THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers 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 authorize self-administration of all of the medications listed in Section I above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in Section I, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."			
7a. PRESCRIBER'S SIGNATURE <i>FOR SELF-ADMINISTRATION/SELF-CARRY</i>		7b. DATE	
8a. PARENT/GUARDIAN'S SIGNATURE <i>FOR SELF-ADMINISTRATION/SELF-CARRY</i>		8b. DATE	

ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 78417

Page 1 of 2

Please complete both pages of this form if the child has an inhaler or other asthma-related medication

1. CHILD'S NAME (First Middle Last) _____	2. DATE OF BIRTH (mm/dd/yyyy) ____/____/____	3. PEAK FLOW PERSONAL BEST: _____
4. ASTHMA SEVERITY (check one): <input type="checkbox"/> Mild Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Exercise Induced		
5. ASTHMA TRIGGERS (check all that apply): <input type="checkbox"/> Colds <input type="checkbox"/> Exercise <input type="checkbox"/> Animals <input type="checkbox"/> Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Food <input type="checkbox"/> Weather <input type="checkbox"/> Other _____		
Section I. ASTHMA ACTION PLAN		
6. THIS ASTHMA ACTION PLAN SHALL BE EFFECTIVE FOR AND MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 9b below unless more restrictive dates are specified in 6a and 6b. This authorization is NOT TO EXCEED 1 YEAR.		
GREEN ZONE - DOING WELL		
You have ALL of these		
Breathing is good	Dose	Route
No cough or wheeze	Frequency	
Can walk, exercise, & play	OK to Self-Administer	
Can sleep all night	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If known, peak flow greater than _____ (80% personal best)		
Exercise Zone		
<input type="checkbox"/> Prior to all exercise/sports <input type="checkbox"/> When the child feels they need it		
YELLOW ZONE - GETTING WORSE		
You have ANY of these		
Some problems breathing	Dose	Route
Wheezing, noisy breathing	Frequency	
Tight chest	OK to Self-Administer	
Cough or cold symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of breath		
Other: _____		
If known, peak flow between _____ and _____ (50% to 79% personal best)		
RED ZONE - MEDICAL ALERT/DANGER		
You have ANY of these		
Breathing hard and fast	Dose	Route
Lips or fingernails are blue	Frequency	
Trouble walking or talking	OK to Self-Administer	
Medicine is not helping (15-20 mins?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____		
If known, peak flow below _____ (0% to 49% personal best)		

ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-9417 or 1-877-463-3464 ext. 78417

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Please complete this form if the child has an inhaler or other asthma-related medication

CHILD'S NAME (First Middle Last)	DATE OF BIRTH (mm/dd/yyyy)
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Section II. PRESCRIBER'S AUTHORIZATION			
This space may be used for the Prescriber's Address Stamp			
8. PRESCRIBER'S NAME/TITLE			
TELEPHONE	FAX		
ADDRESS			
CITY	STATE	ZIP CODE	
9a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)			9b. DATE (mm/dd/yyyy)

Section III. PARENT/GUARDIAN AUTHORIZATION			
I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized 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 authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA			
10a. PARENT/GUARDIAN SIGNATURE	10b. DATE (mm/dd/yyyy)	10c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION	
10d. HOME PHONE #	10e. CELL PHONE #	10f. WORK PHONE #	

Section IV. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)	
THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers 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 authorize self-administration of all of the medications listed in Section I: Asthma Action Plan above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in Section I: Asthma Action Plan, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."	
11a. PRESCRIBER'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY	11b. DATE (mm/dd/yyyy)
12a. PARENT/GUARDIAN'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY	12b. DATE (mm/dd/yyyy)

Section V. CAMP MEDICAL STAFF USE ONLY	
Camp Medical Staff Notes:	
Reviewed by:	DATE (mm/dd/yyyy)

SUMMER DAY CAMP CAMPER CODE OF CONDUCT

COPY FOR PARENT/GUARDIAN TO SIGN AND RETURN TO FRCC

As a camper, I will:

- ☺ Show respect to other campers and treat them as well as I would like to be treated.
- ☺ Show respect to staff and cooperate fully with their instructions.
- ☺ Learn and follow the rules of camp.
- ☺ Respect the rights and beliefs of others and treat others with courtesy and consideration.
- ☺ Communicate in an appropriate manner, which means I must not use foul language or gestures harsh words, or tone of voice.
- ☺ Conduct myself responsibly. I understand that horseplay, unwelcome touching, teasing, or bullying of campers, or other unkind behaviors are not allowed.
- ☺ Refrain from deliberately causing bodily harm to other campers or staff. I understand that pushing, kicking, hitting, and fighting are not acceptable and will not be tolerated.
- ☺ Use equipment, supplies, and facilities carefully and properly.
- ☺ Respect the property of others.
- ☺ Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action, possibly including dismissal from camp.

Parent/Legal Guardian Signature

Your signature below indicates you have received a copy of the FRCC Summer Camp Code of Conduct, that you agree to review it with your child, and that you understand that your child will be required to abide by the code while attending camp.

_____ /
Camper Name

_____ / / _____
Parent/Guardian Signature

Date

SUMMER DAY CAMP CAMPER CODE OF CONDUCT

COPY FOR PARENT/GUARDIAN AND CAMPER TO KEEP

As a camper, I will:

- ☺ Show respect to other campers and treat them as well as I would like to be treated.
- ☺ Show respect to staff and cooperate fully with their instructions.
- ☺ Learn and follow the rules of camp.
- ☺ Respect the rights and beliefs of others and treat others with courtesy and consideration.
- ☺ Communicate in an appropriate manner, which means I must not use foul language or gestures harsh words, or tone of voice.
- ☺ Conduct myself responsibly. I understand that horseplay, unwelcome touching, teasing, or bullying of campers, or other unkind behaviors are not allowed.
- ☺ Refrain from deliberately causing bodily harm to other campers or staff. I understand that pushing, kicking, hitting, and fighting are not acceptable and will not be tolerated.
- ☺ Use equipment, supplies, and facilities carefully and properly.
- ☺ Respect the property of others.
- ☺ Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action, possibly including dismissal from camp.

Payment/Amenities Form

For staff purposes only:

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

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

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

