



2024 Summer Camp Registration Form

Please fill out a separate registration form for each child you register for camp.

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

Home Address Email Address

Secondary Parent/Legal Guardian Name Primary Phone Work Phone Cell Phone

Home Address Email Address

Employer: Address:

CAMP WEEK SELECTION AND PAYMENT

Camper's First & Last Name: Date of Birth: / /

Camper's Age (At time of Camp) Camper T-Shirt Size (Youth/Adult) Gender: F / M / O

PLEASE CHECK THE CAMP WEEK(S): FEE (Mem/NM)

Week 1 <input type="checkbox"/>	June 10 – 14: Jump Into Summer	\$150/\$175
Week 2 <input type="checkbox"/>	June 17 – 21: Olympians Sports	\$150/\$175
Week 3 <input type="checkbox"/>	June 24 – 28: S.T.E.M./ST.E.A.M.	\$150/\$175
Week 4 <input type="checkbox"/>	July 1 – 3: Spy Week (No Camp Thursday/Friday)	\$90/\$110
Week 5 <input type="checkbox"/>	July 8 – 12: Theater Week	\$150/175
Week 6 <input type="checkbox"/>	July 15 – 19: World of Animals	\$150/\$175
Week 7 <input type="checkbox"/>	July 22 – 26: Warrior Strong	\$150/\$175
Week 8 <input type="checkbox"/>	July 29 – Aug 2: Time Travelers	\$150/\$175
Week 9 <input type="checkbox"/>	Aug. 5 – 9: Outdoor Adventure	\$150/\$175

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

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

FEES & TERMS: See rates above. Campers qualify for the member rate if they or their parent/legal guardian is an FRCC member. Payment for the camper's first week of camp must be paid in full at the time of registration. A \$25.00 non-refundable deposit is required to be held for each week of Summer Camp that is chosen. Payment in full for all subsequent weeks is due at least two weeks before the first day of the week attending. There will be no exceptions to payment terms and no refunds offered. Limited space is available for each week of Summer Camp.

FINANCIAL ASSISTANCE: A limited amount of financial assistance may be available based on need. Please inquire at the Front 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, 2010, and September 1, 2018; and must have completed kindergarten before the first week of Camp.

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

Parent/Guardian Signature: Date:



2024 Summer Camp Camper Information Form

PARTICIPANT INFORMATION

Camper's Name _____ Age _____ Grade _____

Address _____

Home Phone _____ Date of Birth ____/____/____

PARENT AUTHORIZATION WAIVER

Authorization for use of Visual Likeness: On behalf of the Camper named above, their 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 Camper 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 Camper named above, their 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 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 Camper 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 Camper 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: _____



Field Trip Permission Slip

This permission slip serves as an agreement between you and the Fort Ritchie Community Center pertaining to Summer Camp 2024 field trips. Field trips are scheduled each week during 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 camper 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 camper 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 camper's disregard of rules, regulations, or instructions.
-

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

Camper's Name _____

Parent or guardian signature _____

Best Phone # _____

Person to contact in an Emergency: _____

Emergency Phone # _____



Summer Camp

Sunscreen Recommendation and Authorization

We highly recommend the use of sunscreen for your camper while attending camp. We suggest you have your camper 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 camper'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 2024 Medical Health Program:

Sunscreen applications with an SPF of 15 or higher are 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, the 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, you agree that your camper may bring to camp and apply the sunscreen product you have named.

Camper's Name(s) _____

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

I, _____, as the parent or legal guardian of the camper(s) listed above, do hereby give my permission for my camper to use the following sunscreen product while attending the 2024 FRCC Summer Camp Program: _____

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

Parent/Legal Guardian Signature _____ Date _____

Fort Ritchie
COMMUNITY CENTER
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

MDH-4768 (12/2017)

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

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>			
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.										
4. PRESCRIBER'S NAME/TITLE			This space may be used for the Prescriber's Address Stamp							
TELEPHONE		FAX								
ADDRESS		STATE		ZIP CODE						
5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) <small>(Original signature or signature stamp only)</small>			5b. DATE (mm/dd/yyyy)							
Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)										
6a. PARENT/GUARDIAN SIGNATURE			6b. DATE (mm/dd/yyyy)			6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION				
6d. HOME PHONE #		6e. CELL PHONE #		6f. WORK PHONE #						
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			7b. DATE			8a. PARENT/GUARDIAN'S SIGNATURE		8b. DATE		
<small>FOR SELF-ADMINISTRATION/SELF-CARRY</small>			<small>FOR SELF-ADMINISTRATION/SELF-CARRY</small>			<small>FOR SELF-ADMINISTRATION/SELF-CARRY</small>		<small>FOR SELF-ADMINISTRATION/SELF-CARRY</small>		

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

MDH-4758-C (01/2019)

Please turn over - this form has 2 pages with four total sections

Keep for 3 Years

SUMMER DAY CAMP CAMPER CODE OF CONDUCT

COPY FOR PARENT/GUARDIAN AND CAMPER

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 and/or 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.