REGISTRATION **FORM**

One form per child. To ensure prompt registration for your child, fill out the form completely.

Family Information:

☐ Resident ☐ Non-resident

*Home Phone _____ Cell Phone _____

*Last Name	First Name	Date of Birth	Work Phone	M/F
_____ (*Main Contact)	_____	_____	_____	____
_____ (Second Contact)	_____	_____	_____	____

*Address: _____
Street City State & Zip

New address? ☐Y ☐N

*Email _____ *Emergency Contact & Phone _____
(Name Other than Parent) (Phone)

Participant Information:

*Last Name	*First Name	*Date of Birth	*M/F
_____	_____	_____	____

Program Modifications: To help us plan for appropriate supports, participants with disabilities should contact 240-314-8620 prior to activity.

Course#	Program Name	Dates	Fees
#_____	_____	_____	$_____
#_____	_____	_____	$_____
#_____	_____	_____	$_____
#_____	_____	_____	$_____
#_____	_____	_____	$_____
#_____	_____	_____	$_____
#_____	_____	_____	$_____

SUB TOTAL: $_____

$5_____ $10_____ $20_____ Contribution to Recreation Fund: (Help Send a Kid to Camp) $_____

☐ **Schedule Payment Plan** **TOTAL:** $_____

Required information

Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program. By providing your email address you are agreeing to sign up for the Rockville & Recreation and Parks mailing list to receive email updates about our programs. All information collected will be used in accordance with the City of Rockville privacy policy. You may withdraw your consent at any time. By my participation in a City of Rockville, Department of Recreation and Parks program and/or entering a facility, I agree to follow all posted and/or published rules and staff member's instructions. Violation may result in removal from the program and/or suspension from the facility.

***Signature of Participant/Guardian** _____

PAYMENT

Make check payable to: **City of Rockville**

Amount Paid $_____ ☐ Cash ☐ Check #_____

☐ MasterCard ☐ VISA _____ Exp. Date_____/____ Security Code_____

Signature (name on card)_____

OFFICE USE ONLY:

Check_____ Cash_____ Charge _____

Other_____

Processed by:

Date Processed:

Total Paid: $_____

Camper Information and Health History

Answer Questions Online

Participant's Name _____

Participant's nickname/preferred pronoun? _____

Primary language? _____

What grade will this child be entering in the fall? _____

Name of Parent/Guardian 1 _____ **Phone** _____

Name of Parent/Guardian 2 _____ **Phone** _____

Emergency Contact (other than parent) _____ **Phone** _____

List the names of any additional individuals who are authorized to pick up your child from camp.

_____

Are there any custody concerns that we should be aware of? ◯ **Yes** ◯ **No**
If yes, please provide a copy of the court order to the camp director on the first day of the program.

What is the camper's swimming ability ◯ **Non-swimmer** ◯ **Beginner** ◯ **Intermediate/Advanced**
If water activities are a part of the program: Non-swimmers will not be tested and will be restricted to areas not to exceed 3 ½ feet of water. All others will be swim-tested. Campers who pass the swim test will have full access to the swim area.

Authorization to Use Sunscreen and Insect Repellent Consent. *Products should be applied to the camper prior to arriving at the program. Staff can assist campers during the day if spray product is provided and authorization is given.*

I grant permission for ◯ **Camper may apply** ◯ **Staff may apply** ◯ **Camper and Staff may apply** ◯ **Not Authorized**

Health Care at Camp

Will the participant have an inhaler at camp? ◯ **Yes** ◯ **No**
Will the participant have an EpiPen at camp? ◯ **Yes** ◯ **No**
List any other medications (prescription or over-the counter) that this participant may need during camp hours. If none, list "none". _____

If "yes" to any of the above, a Medication Authorization form must be completed by the child's health care provider and be submitted ahead of time or brought with the participant on the first day of camp.

General Health

List any other allergies this participant has that are not listed above. If none, list "none": _____
List any medications that the participant currently takes (during non-camp hours). If none, list "none": _____

_____

List any dietary restrictions, special needs, medical, physical, psychiatric, or behavioral conditions that we should be aware of. If none, list "none": _____
Primary Physician: _____ **Physician Phone Number:** _____

Does this participant currently reside OUTSIDE of the United States or a United States Territory? ◯ **Yes** ◯ **No**
If yes, you must submit the participant's record of vaccination on Maryland Department of Health form DHMH-896 to the camp director on the first day of the program.
List any Immunizations this Participant is exempt from: _____

By signing below, I confirm that I have reviewed all information above, and it is correct to the best of my knowledge.

Signature _____ **Print Name** _____ **Date** _____