

2024 CHARLES COUNTY CAMP REGISTRATION FORM • Camper Data Sheet

ONE FORM PER PARTICIPANT • PLEASE PRINT • No child permitted to these camps without a completed camper data sheet.



PARENT/GUARDIAN INFORMATION —Please Print

Parent/Guardian				E-Mail Address			
Mailing Address			City		State	Zip	County
Phone #'s	Home		Work			Cell	
Parent/Guardian				E-Mail Address			
Phone #'s	Home		Work			Cell	
Camper Information				First Name		Last Name	
Nickname			Age	Date of Birth		Sex (circle) M F	

Emergency Contacts (other than parent/guardian)	
Name:	Phone:
Name:	Phone:

MEDICAL RELEASE	
Physician's Name: _____	
Does your child require medication: ___ No ___ Yes <i>If yes, medical consent form is required.</i>	
Please explain medications: _____	
Special health conditions (please include physical, psychiatric, or behavioral conditions): _____	
Does your child have allergies: ___ No ___ Yes	
Please list: _____	
Does your child have asthma: ___ No ___ Yes	
Please list any activities your child may not participate in, or any problems which may require special attention: _____	
Last school attended: _____ State _____	
<i>If your child attends a school in Maryland, he/she has received all required immunizations unless exempt for medical or religious reasons. If out of state, please provide a copy of immunization record.</i>	
Has your child been exempted from any immunizations? ___ No ___ Yes	
Please explain: _____	

SWIMMING RELEASE	
Please check which level best describes your child's swimming ability:	
All pools are 3 1/2 ft deep at the shallow end, and anywhere from 9-11 ft at the deep end. No wading pools are available at any pool location.	
<input type="checkbox"/>	My child is not allowed in the pool (ALL children will be transported to the pool. Children not allowed in the pool will be provided with alternate activities at the pool site.)
<input type="checkbox"/>	Non-swimmer/allowed in the pool: Must use U.S. Coast Guard approved flotation vest (no floaties or swimmies).
<input type="checkbox"/>	Learning to Swim
<input type="checkbox"/>	Swimmer
Any changes to a camper's swimming permission must be made in writing.	

TRANSPORTATION RELEASE	
In addition to parent/guardian, my child will be picked up by the following authorized individual(s).	
For the safety of all campers, parents and authorized individuals must show identification every day when signing out a camper.	
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
I understand that transportation will be provided for all necessary camp field trips, and my signature below authorizes my child to be transported accordingly.	
If you wish for your child to arrive or depart by WALKING, RIDING A BIKE, or OTHER MEANS, written parental permission is required. You must provide an explanation, time to be dismissed, and identify the alternate form of transportation in your correspondence.	

An emailed or mailed receipt is confirmation of enrollment, if no receipt has been received, please contact the Registration Office. Charles County Government is not responsible for program cancellations due to Charles County Public Schools programming, inclement weather, or unavoidable/extenuating circumstances. I, agree to participate or as the child's parent and/or guardian, I allow my child to participate in these programs knowing that safety precautions will be taken but realizing that the Charles County Government does not have accident insurance for participants. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. I do hereby release and hold harmless Charles County, Maryland, its officials, employees, instructors, and volunteers from any and all liabilities arising from any injuries that might occur during the supervised programs. I as a participant, or I as the child's parent and/or guardian, do hereby authorize the Charles County Government to take photographs and video of me/my child or my property for promotional and/or educational purposes. I do hereby authorize the Charles County Government to release the information for promotional purposes. I acknowledge that I have been informed that activities in which I/or my child participate may be shared through Charles County Government and Charles County Recreation, Parks and Tourism website and social media accounts, including photographs and live streaming videos, and I authorize and provide my consent for me/my child to being included in any such photographs or live streaming videos. I hereby state that this release is freely, willingly, and voluntarily made.	
FORMS WITHOUT SIGNATURE WILL NOT BE ACCEPTED	
I acknowledge that I have read and understand the Summer Camp Packet, including the refund policy. I understand that if my child forgets his/her camp T-shirt on a field trip, I will purchase one that day for the fee of \$10. A non-refundable late pick-up fee of \$10 per child for the first 15 minutes, or part thereof, will be charged. The fee will be \$1 per minute thereafter.	
By signing this form, I acknowledge the above and give permission to Charles County Government in the event of a MEDICAL EMERGENCY, to transport this child to the nearest hospital emergency room to receive medical treatment.	
Signature _____	Date _____

CHARLES COUNTY CAMP REGISTRATION FORM

Reminders:

- Signature **REQUIRED** on side 1 of this form (Camper Data Sheet).
- A **COMPLETED** Camper Data Sheet must accompany EACH child on the **FIRST** day of camp. No Exceptions.
- Campers must be minimum age listed by first day of camp; and no older than the maximum age listed by the first day of camp.
- Non-Residents: confirm camp registration fees online.
- Week of June 17 and July 4 are prorated due to holidays. Subtract \$30 from the weekly fee for Summer Day Camps, Future Leaders Teen Camp, and Summer Day Camp at Elite only. Prorate amount does not apply to other camps.
- A one-time \$25 non-refundable supply fee is required with the first week of Summer Day Camp, Future Leaders Teen Camp, and Summer Day Camp at Elite registrations.

CAMP SELECTIONS/REGISTRATIONS:

Camper's Name:				
Week of	Camp Title	Code	Location	Weekly Fee
June 17				
June 24				
July 1				
July 8				
July 15				
July 22				
July 29				
August 5				
August 12				
August 19				
TOTAL DUE:				\$

Plan Your Summer Camp Experience!

JUNE						
S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	X	20	21	22
23	24	25	26	27	28	29
30						

JULY						
S	M	T	W	T	F	S
	1	2	3	X	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SUMMER DAY CAMP T-SHIRT ORDER Shirts are issued one time per child; not one per camp week. Campers are required to wear T-Shirt for Summer Day Camp, Future Leaders Teen Camp, and Summer Day Camp at Elite field trips. Lost shirts or additional purchases are \$10 each.	Circle requested size. Selecting the proper shirt size is the responsibility of the parent. • Additional or lost shirts are \$10 each.				
	Child Sizes	6-8	10-12	14-16	SIZES MAY RUN SMALL
	Adult Sizes	S	M	L	XL

Signature required on side 1 of this form (Camper Data Sheet).

Fully completed **CAMPER DATA SHEET** must be provided at time of registration.

Help Send a Kid to Camp Code: 302000-ZZ	I would like to help contribute to sending a kid to camp that otherwise would not be able to attend. I have included the following amount in my payment:	<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 Other: \$ _____ (Indicate Amount)
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Online Registration Available! www.CharlesCountyParks.com
 All camps require a Summer Camp Registration Packet (available online with camp registration) to be completed. No registration fee for Summer 2024

Registration Packets may be faxed to: 301-934-5624
 E-mail: Registration@CharlesCountyMD.gov

Make checks payable to:
Charles County Commissioners

Mail-in payments only accepted at:
 Department of Recreation, Parks, and Tourism
 Attn: Registration Office
 8190 Port Tobacco Road
 Port Tobacco, MD 20677



OFFICE USE ONLY

- | | | |
|-------------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> M/O | <input type="checkbox"/> Check |
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> VISA | <input type="checkbox"/> Discover |

Name on check/card _____

Ck/Card # _____ Expiration _____

Sec # _____ Household # _____

Refund Policy: All requests for refunds must be received, in writing, seven working days prior to the start of a program. Requests for refunds are accepted by email to Registration@CharlesCountyMD.gov. After the program has begun, a prorated refund, based on participation, may be approved if requested in writing with medical verification received prior to the end of the program. No refunds will be considered after a program has ended. A \$15 administrative fee will be deducted from all approved refunds, regardless of circumstances, unless the program is canceled by Charles County Department of Recreation, Parks, and Tourism. Late fees, camp supply fees, and T-shirt costs are non-refundable.