

**REGISTRATION FORM (Page 1)**

Camper's Name: \_\_\_\_\_

**Last****First****Nickname**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Camper's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ M \_\_\_\_ F Email Address: \_\_\_\_\_

School currently attending: \_\_\_\_\_ Immunizations up to date \_\_\_\_ Y \_\_\_\_ N

**T-Shirt Size:** *Youth Sizes:* XS(4-5) S(6-8) M(10-12) L(14-16) *Adult Sizes:* S M L XL XXL

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Last****First**

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Last****First**

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Emergency Contacts:** In case of emergency, if parent/legal guardian(s) cannot be reached, please provide alternate contacts.

Name	Relationship	Home Phone #	Work Phone #	Cell Phone #

Please indicate the days your child will be attending by placing an 'X' in the appropriate boxes. (Minimum Registration: 2 Days Per Week)

Dates	FULL WEEK	Mon	Tue	Wed	Thu	Fri	Total Fees:	Down Payment:
June 24-28								
July 8-12								
July 15-19								
July 22-26								
July 29-August 2								
August 5-9								
August 12-16								

Approximate Drop Off Time: \_\_\_\_\_

Approximate Pick Up Time: \_\_\_\_\_

For Office Use Only:

Date Registration Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Received at Registration: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Active Net Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## REGISTRATION FORM (Page 2)

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

### Pick-Up Authorization:

Please list all individuals, **INCLUDING PARENT/LEGAL GUARDIAN**, who are authorized to pick up your child from camp.

Name	Relationship	Name	Relationship
1.		4.	
2.		5.	
3.		6.	

Does your child have any allergies? \_\_\_\_ No \_\_\_\_ Yes, please specify: \_\_\_\_\_

Does your child have any physical or mental condition that might require special consideration or attention?

\_\_\_\_ No \_\_\_\_ Yes, please specify: \_\_\_\_\_

Is your child currently on any medication? \_\_\_\_ No \_\_\_\_ Yes, please specify: \_\_\_\_\_

Will your child need medication during camp hours? \_\_\_\_ No \_\_\_\_ Yes **If yes, you must contact the Parks & Recreation Office for a Medication Authorization Form.**

Do you give permission for Parks & Recreation Staff to apply sunscreen to your child? \_\_\_\_ Yes \_\_\_\_ No

**Note: Parent must provide sunscreen.**

Do you give permission for Parks & Recreation Staff to apply bug spray to your child? \_\_\_\_ Yes \_\_\_\_ No

**Note: Parent must provide bug spray.**

## Emergency Release Waiver

The undersigned, as parent/guardian of \_\_\_\_\_ hereby authorize the Town of Elkton Parks & Recreation Department and the nearest hospital to provide and render necessary medical care and treatment of the aforesaid child of any illness or injury, which child may suffer at any time while in their custody. It is understood that time permitting, specific permission of the parent/guardian will be secured in the event of any medical treatment or surgery is to be undertaken, but that, should an emergency arise, this authorization and consent will cover such event. Also, I (we) hereby accept responsibility for an accident which may occur in connection with this recreation activity, hold harmless the Town of Elkton, and all other parties involved in the promotion and/or conducting of the above named activity. As well, I (we) understand that the Town of Elkton provides NO medical insurance coverage for this activity. I give permission for myself and/or my child to be photographed while participating and/or attending a Parks & Recreation activity. I understand that photos may be used in future publicity.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I, \_\_\_\_\_, am confirming that I am the parent or legal guardian of the aforementioned child(ren). *Please print adult name*  
I am also verifying that the information contained on this page is accurate. I understand that my child may be released to any one of the individuals listed above that are authorized to pick up my child from this program. I also understand that if I wish to change any information on this form that I must provide a written notice and/or complete another form.

Signature of Parent Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Elkton Parks & Recreation**

**121 Stockton Street**

**Elkton, MD 21921**

**410-620-7964**

**AUTOMATIC PAYMENT AUTHORIZATION**

Date: \_\_\_\_\_

Customer (Payer's) Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (for receipts and correspondences): \_\_\_\_\_

Participant's Name(s): \_\_\_\_\_

Activity: \_\_\_\_\_

\_\_\_\_\_  
(initial) I authorize the Town of Elkton Parks and Recreation Department to charge my credit/debit card indicated below in accordance with the payment schedule on the registration receipt.

\_\_\_\_\_  
(initial) I understand any changes to my/my child's registration may change the original payment schedule, but any changes will be noted on the new confirmation receipt which will be emailed to the address above. A printed copy may be requested at any time.

\_\_\_\_\_  
(initial) I understand if my credit/debit card is declined for any reason, the Town of Elkton Parks and Recreation Department will attempt to contact me for an alternative payment. If an alternative payment is not provided in three business days, I authorize the Town of Elkton Parks and Recreation Department to attempt to charge my credit/debit card again. If payment is declined again, I understand I/my child(ren) will be not be permitted to participate in the registered activity until payment is made.

\_\_\_\_\_  
(initial) I can cancel the automatic payments at any time by submitting, in writing, a request to cancel the auto payment to the Parks and Recreation Department. Email requests should be sent to [parks@elkton.org](mailto:parks@elkton.org).

\_\_\_\_\_  
Payer's Signature

\_\_\_\_\_  
Date

# Camp Discovery & Camp Discovery Jr.

## Behavior Plan

Campers are expected to be cooperative, kind, and respectful. Additionally, campers who refuse to stay with their group or have to be removed from a group due to behavior are then requiring the direct supervision of other staff which pulls them from their assigned duties. In order to provide the best camp opportunity for all campers, the following behavior plan will be followed.

### Minor Infractions

- Inappropriate language
- Touching (horseplay, minor contact incidents)
- Repeated disrespect of staff and campers
- Refusal to stay with the group
- Repeated disregard of the instructions from staff

### Major Infractions

- Fighting
- Elopement
- Aggressive behavior towards staff or other campers

### Consequences:

#### Minor Infractions:

##### Warning 1:

Child will be removed from the group to discuss infraction. Written warning will be sent home.

##### Warning 2:

Child will be removed from the group to discuss the infraction. Parent will be contacted by phone. Written warning will be sent home.

##### Final Warning/Suspension:

Child will be removed from the group to discuss the infraction. Parent will be contacted by phone. Final written warning will be sent home. Camper will be suspended from camp for one day. Another infraction will result in the child being expelled from camp for the remainder of the summer.

##### Expulsion:

Should a child have a fourth minor infraction within one week, the child will be expelled from camp for the remainder of the summer. The parent will be contacted to pick up the child immediately from camp.

#### Major Infractions:

Should a child have a major infraction, the child will be expelled from camp for the remainder of the summer. The parent will be contacted to pick up the child immediately from camp. Refunds will not be issued for that week of camp but will be issued if payments were made for any future camp.

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Camp Discovery & Camp Discovery Jr. Behavior Plan

*I have read and understand the Camp Discovery & Camp Discovery Jr. Behavior Plan.*

Camper's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_