

# KENT COUNTY PARKS & RECREATION SUMMER CAMP REGISTRATION

**(Please read carefully and complete ALL sections ~ PLEASE PRINT CLEARLY)**

Please check program your child will attend:

**KIDDIE CAMP** (3 ½ -5 years)   
  **DAY CAMP** (6-10 years)   
  **YOUTH IN ACTION CAMP** (Grade 5 or Grade 6)

(Circle grade for next year)

Child's Name: \_\_\_\_\_ Nick Name (if any): \_\_\_\_\_ **T-shirt Size:**  Child  Adult  
**Circle One:** XS S M L XL XXL

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Circle Gender: Male or Female  
 (As of First Day of Camp)

Sibling Name: \_\_\_\_\_ **Circle Camp Sibling Attending:** Kiddie Day Youth in Action  
 Sibling Name: \_\_\_\_\_ **Circle Camp Sibling Attending:** Kiddie Day Youth in Action  
 Sibling Name: \_\_\_\_\_ **Circle Camp Sibling Attending:** Kiddie Day Youth in Action

Mailing Address: \_\_\_\_\_  
 Street Number and Name or PO Box (where mail is delivered) City State, Zip

Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cell: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

**Medical Exemption to Immunization:** Campers attending a MD school must provide copy of an exemption with registration (if applicable).  
 Campers attending schools other than in MD must provide copy of immunization record or copy of medical exemption (if applicable).

**Kiddie Camp:** Program is held at Worton Elementary School each day and will travel for swimming and occasional trips

**Day Camp:** Program is held at Worton Park each day and will travel for swimming and occasional trips

**Youth In Action:** Program **meets** at Worton Park each day and will travel for trips and activities per weekly schedule

**Registration:** Registration for summer camp is limited and is available by application only. Camp consists of (8), one-week sessions. Children may attend any or all sessions.

**Fee:** 9:00 a.m. - 5:00 p.m. (Regular Hours): \$60.00/session 1<sup>st</sup> child, \$45.00/session per additional child in same household  
 8:00 a.m. - 5:30 p.m. (Extended Hours): \$70.00/session 1<sup>st</sup> child, \$52.50/session per additional child in same household  
 Entire Summer Pre-Pay Discount (Regular Hours): \$420.00 (No additional child discount)  
 Entire Summer Pre-Pay Discount (Extended Hours): \$490.00 (No additional child discount)  
 \*Youth in Action Camp runs 8 am – 5:30 pm: \$70.00/session 1<sup>st</sup> child, \$52.50/session per additional child in same household  
 \* Youth in Action Entire Summer Pre Pay Discount: \$490.00 (No additional child discount)

**Please check each session(s) and hours your child will attend:**

SESSIONS	KIDDIE CAMP 3 ½ - 5 Years Old		DAY CAMP 6 – 10 Years Old		YOUTH IN ACTION CAMP Entering Grade 5 - 6
	Regular Hours 9 am – 5 pm	Extended Hours 8 am – 5:30 pm	Regular Hours 9 am – 5 pm	Extended Hours 8 am – 5:30 pm	8 am – 5:30 pm
Session 1					
Session 2					
Session 3					
Session 4					
Session 5					
Session 6					
Session 7					
Session 8					

**Release and Waiver**

I hereby give permission for my child to attend and be transported to all trips and activities sponsored by the Parks & Recreation department. In consideration of the department accepting my child in this program, I agree to release and discharge Kent County, its employees and agents, from any injuries sustained by my child as a result of participation in this program. I agree to indemnify and hold harmless Kent County, its employees and agents, against any liability incurred as a result of such injury or loss. It is understood and agreed that Kent County, its employees and agents, cannot be responsible for any aggravation or injury caused as a result of a pre-existing physical defect; including, but not limited to, allergies. The Recreation Department will be notified of any such defects or sensitivities in writing prior to enrolling in this program. I also give my permission to have my child photographed or video taped for the purpose of archives, program promotion or educational reasons only.

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE DATE  
 \_\_\_\_\_ **DO NOT WRITE BELOW LINE – OFFICE USE ONLY** \_\_\_\_\_

**Program:** Kiddie Day YIA    **Fee Per Session:** \$60 / \$70    **Sibling Discount (if applicable):** -\$15 / -\$17.50  
**Pre Pay Payment Information:** Amount Paid \$420 / \$490    Date Paid: \_\_\_\_\_ Cash \_\_\_\_\_ or Check # \_\_\_\_\_ Staff Initials \_\_\_\_\_  
**Scholarship:** \_\_\_Yes \_\_\_No    **Award Type:** \_\_\_ Full \_\_\_ Partial    **Fee Reduction:** \_\_\_\_\_ **Amount Due:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to: KCP&R, P.O. Box 67, Worton, MD 21678 \* 410-778-1986/1948

# CHARACTER COUNTS

at

## KENT COUNTY PARKS RECREATION

## CONDUCT CODE AGREEMENT

As a participant in any Kent County Parks & Recreation program your child is expected to exhibit appropriate behavior at all times while participating, spectating, or attending any program or activity sponsored by the department. ***Character Counts at Kent County Parks & Recreation! We promote the six pillars of good character.*** The following participant regulations are designed to provide safe and enjoyable activities for ALL participants.

### PARTICIPANTS SHALL:

1. Show **respect, fairness** and a sense of **caring** to all participants, program staff, supervisors and or guests.
2. Take direction from program staff/supervisors.
3. Refrain from using abusive or foul language
4. Not cause bodily harm to self, other participants, or program staff/supervisors.  
*(Threats and or physical violence of any type WILL NOT BE TOLERATED and is means for immediate dismissal B no exceptions.)*
5. Refrain from damaging equipment.
6. Refrain from vandalism of property/ equipment.
7. Remain with his/her group and or supervisor at all times. Be **responsible** and **trustworthy**.
8. Abide by the program site policies and regulations. And, display at all times good **citizenship**.

**CONDUCT REPORTS WILL BE ISSUED WHEN VERY AGGRESSIVE, DANGEROUS, PERSISTENT OR UNCONTROLLABLE POOR BEHAVIOR IS EXHIBITED.  
APPROVED DISCIPLINE MEASURES WILL BE:**

1. Time Outs: Participant will be asked to sit out, from an activity, for a short period of time.
2. Loss of privileges: Participant will lose privileges such as choice of game or activity.
3. After three written conduct reports suspension from the program for one week.
4. Upon a fourth conduct report, or a single severe behavior problem, dismissal from the program indefinitely.

Please sign below as an indication that you have read, understood and encourage your child to abide by the Code of Conduct. By signing below, you understand the discipline procedures for misbehavior by your child.

CAMPER SIGNATURE: \_\_\_\_\_  
(Children ages 6 and older must sign/print own name. Parent must not complete for child.)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## KENT COUNTY OF PARKS & RECREATION HEALTH HISTORY FORM

(To be completed by parent or guardian--Please print clearly.)

**EACH LINE MUST BE COMPLETED OR REGISTRATION PACKET WILL BE RETURNED FOR COMPLETION.  
REGISTRATION WILL BE DELAYED IF INFORMATION IS INCOMPLETE.**

Child's Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Circle Gender: Male or Female

Maryland School Child Attends \_\_\_\_\_ MD City School located: \_\_\_\_\_

**Note:** If child is not enrolled in a Maryland school, a copy of his/her CURRENT immunization record or medical contraindication or religious objection must accompany this health form.)

Family Physician:

Name	Phone
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DATE of Last Physical Exam: \_\_\_\_\_ **DATE OF LAST TETANUS VACCINE:** \_\_\_\_\_  
 (Must be completed- (Month/Year Only) **\*\*DO NOT LEAVE BLANK\*\*** (Must be completed- (Month/Year Only)

**Has your child experienced any of the following?**

	Yes	No		Yes	No
1) Eating disorder	—	—	14) Allergies	—	—
2) Sleeping disorder	—	—	If yes, explain: _____		
3) Posture problems	—	—	15) Illness/Disability	—	—
4) Dental problems	—	—	If yes, explain: _____		
5) Skin problems	—	—	16) Behavioral problems	—	—
6) Menstruation problems	—	—	If yes, explain: _____		
7) Bowel/bladder disorder	—	—	17) Currently taking medicine	—	—
8) Eye problems	—	—	If yes, explain: _____		
9) Wear glasses or contact lenses	—	—	<b>Additional medical information or special conditions staff should know:</b>		
10) Hearing difficulties-uses aid	—	—	_____		
11) Frequent earaches	—	—	_____		
12) Speech problems	—	—	_____		

Medical Insurance Carrier: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work #: \_\_\_\_\_

Parent Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Name	Relationship to Child	Phone Numbers
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Emergency Contact #2 \_\_\_\_\_

Name	Relationship to Child	Phone Numbers
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**\*\*\*\*\*Emergency contacts must be listed separately on pick up Authorization Form if also authorized to pick up your child\*\*\*\*\***

The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*IF YOU CAN NOT SIGN THIS FORM FOR RELIGIOUS REASONS YOU MUST PROVIDE A SIGNED LEGAL WAIVER WITH THIS FORM.**

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# KENT COUNTY PARKS AND RECREATION

## Child Pick Up Authorization

\_\_\_\_\_  
Name of Child

Please check the program your child attends:

Kiddie Camp       Day Camp       Youth In Action Camp

Individuals listed below are authorized to pick up my child from camp.

Name	Relationship to Child	Phone

I understand Kent County Parks & Recreation will not release my child to anyone not listed above and **it is my responsibility to update this list** as needed.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_