



Mysteries of History Summer Camp 2017

Historic Annapolis, Inc.

Camp Registration Form

Please print clearly!

I. General Information

Camper's Full Name: _____ Gender: _____

Address: _____

City/State/Zip: _____

Camper's Birthday: ___/___/___ Age on June 1, 2017: _____ Grade in fall 2017: _____

School Attending: _____

Camper's T-Shirt Size: YXS YS YM YL YXL AXS AS AM AL AXL

Please include a photo of your camper so staff may get to know his/her face before the 1st day!

First Parent or Legal Guardian's Full Name: _____

Relationship to Camper: _____

Home Phone Number: _____ Cell: _____ Work: _____

Email Address (for camp info/communication): _____

_____ Please initial if the above-listed person is authorized to drop off/pick up this camper from camp.

_____ Please initial if the above-listed person is an authorized emergency contact for this camper.

Second Parent or Legal Guardian's Full Name: _____

Relationship to Camper: _____

Home Phone Number: _____ Cell: _____ Work: _____

Email Address (for camp info/communication): _____

_____ Please initial if the above-listed person is authorized to drop off/pick up this camper from camp.

_____ Please initial if the above-listed person is an authorized emergency contact for this camper.

Camper's Name: _____

Please check camp session(s) desired:

- | | | |
|-----------------------------------|-----------------------------------|-----------|
| ___ SESSION 1: STEAM Detectives | Monday, June 26 – Friday, June 30 | 9am – 4pm |
| ___ SESSION 2: Time Traveler Kids | Monday, July 10 – Friday, July 14 | 9am – 4pm |
| ___ SESSION 3: STEAM Detectives | Monday, July 24 – Friday, July 28 | 9am – 4pm |

Camp fees and payment due dates are detailed below in section.

II. Emergency Contacts OTHER than Parents/Guardians listed above

First Emergency Contact's Full Name: _____

Relationship to Camper: _____

Home Phone Number: _____ Cell: _____ Work: _____

_____ Please initial if the above-listed person is authorized to drop off/pick up this camper from camp.

Second Emergency Contact's Full Name: _____

Relationship to Camper: _____

Home Phone Number: _____ Cell: _____ Work: _____

_____ Please initial if the above-listed person is authorized to drop off/pick up this camper from camp.

III. Adults Authorized for Drop Off / Pick Up

All listed individuals are required to show valid photo identification. Historic Annapolis Inc. staff will not release a child to any individual without prior written authorization. Historic Annapolis Inc. cannot withhold a child from a biological parent without legal documentation (i.e., court order, custody papers, etc.). Additional individuals may be added to the list of people who are authorized to pick up your child.

First Adult's Full Name: _____

Relationship to Camper: _____

Home Phone Number: _____ Cell: _____ Work: _____

Camper's Name: _____

Second Adult's Full Name: _____

Relationship to Camper: _____

Home Phone Number: _____ Cell: _____ Work: _____

Third Adult's Full Name: _____

Relationship to Camper: _____

Home Phone Number: _____ Cell: _____ Work: _____

I, (print parent/guardian name) _____, hereby authorize Historic Annapolis Inc. staff to release my child (print child's name) _____ to the person(s) specified above. I agree that Historic Annapolis Inc. staff shall not release my child to any person other than those provided on this form unless I have provided alternative written instructions.

Parent/Guardian Signature

Date

IV. Medical and Dental Practitioner Information

Name of Physician/ Clinic: _____

Address: _____

City/ State/ Zip: _____ Phone Number: _____

Name of Dentist: _____

Address: _____

City/State/ Zip: _____ Phone Number: _____

Camper's Name: _____

Medical or hospitalization insurance which provides benefits for this camper:

Name of Insurance Company: _____

Address: _____

Insurance Company Phone Number: _____

Policy Number: _____ Name of Policy Holder: _____

V. Health History and Medical Information

1. Does this child have any allergies (including food, medication, and environmental)?

Please circle: Yes / No

Please explain: _____

2. Does this child have any medical problems, any chronic or recurring illness, or special concerns (physical, mental, emotional) that would affect his/her participation in camp activities?

Please circle: Yes / No

Please explain: _____

3. Please list any history of hospitalizations, operations, or severe illnesses:

4. Does this child have any dietary modifications or concerns?

Please circle: Yes / No

Please explain: _____

5. Any additional health or enrollment information you feel we should know about your child:

6. Required Immunizations:

All campers **MUST** be current on all immunizations. Proof of enrollment in a Maryland school is sufficient to indicate required immunizations. If a camper is not current on all immunizations, a written statement from either a licensed physician indicating that the immunization is medically contraindicated or from the parent or guardian indicating that they object to immunizations for religious reasons **MUST** be provided.

I understand that I am required to submit the above-listed documentation to complete my camper's enrollment in *Mysteries of History Summer Camp*.

Parent/Guardian Signature

Date

VI. Medications

Due to Maryland State summer camp regulations (COMAR 10.16.06), Historic Annapolis Inc.'s summer camp program has established the following medication policy:

- Medications, including prescription and non-prescription drugs, will **NOT** be administered by Historic Annapolis Inc.'s summer camp staff.
- Campers ages 8 years old and older who are able to self-administer medication will be able to take medications under the supervision of camp staff.
 - Camp staff members supervising campers taking medication must know the directions for taking the medication (dosage, etc.), side effects, and toxic effects of the medication. Also, the date of at least one dose taken of prescribed medications must be provided. This information must be provided by the camper's parent or guardian.
- All medication prescribed for a camper or staff member under 18 years old must be kept in the original container bearing a pharmacy label which shows the prescription number, date filled, prescribing physician's name, name of medication, directions for taking medication, and the patient's name.
- All non-prescription medications (Tylenol, Benadryl, etc.) must be supplied by a camper's parent or guardian, and must be in the original container bearing a label that shows the expiration date, name of medication, directions for taking the medication, and the camper's name (name can be labeled by adult).

Camper's Name: _____

- Except for acetaminophen and topical medicines, only one dose of a non-prescription medicine is self-administered unless the child's health practitioner approves an additional dose in writing.
- All medications must include information on possible side effects and toxic effects. This information should be on the side of the bottle or box for non-prescription medications and/or can be obtained from a pharmacist for prescription medications.
- Daily records of distribution of prescription medications will be maintained in the Summer Camp Health Log.
- Medication will be locked in a proper storage compartment under proper storage conditions.
- All medication will be returned to the parent or guardian or destroyed at the end of the camp session when it is no longer needed.

Medications taken by this camper:

Medication Name	Reason for Medicine	Dosage	Date of At Least One Dose Taken at Home	Notes

Please attach an additional sheet if camper takes more than four medications.

____ **Please initial here if this camper takes no medications.**

I, _____, parent or guardian of _____, do hereby allow the Historic Annapolis Inc. summer camp staff to monitor the self-administration of the medications listed above by the camper listed above.

Parent/Guardian Signature

Date

VII. Treatment Authorization

I hereby give the Historic Annapolis Inc. staff permission to administer basic first aid when applicable, including the treatment of minor cuts, scrapes, burns (including sunburns), and stings. I hereby give permission to medical personnel and Emergency Medical Services selected by the staff of Historic Annapolis Inc. to provide transportation and treatments, including X-rays and routine tests, for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Historic Annapolis Inc. to secure and administer treatment, including hospitalization and surgery, for my child. I agree to assume financial responsibility for all medical and hospital expenses.

Parent/Guardian Signature

Date

VIII. Photo Release

I agree to allow the use of my child's photograph for program publicity on Historic Annapolis Inc.'s website or future informational pamphlets.

Parent/Guardian Signature

Date

IX. Discipline Policy

We hope that we will have an enjoyable experience with all the children. Any necessary discipline will be administered and maintained in a positive manner that is child-centered and contributes to the child's development. Behavior that is consistently disruptive, harmful, or causes property damage will result in the following disciplinary actions:

- Step 1. Staff will talk with child about behavior/incident
 - Step 2. Parents will be called if behavior/incident happens again
 - Step 3. If behavior/incident continues parents will be called and child will be asked to leave camp
- If this occurs no refund will be issued.

Parent/Guardian Signature

Date

X. Confirmation and Release

The aforementioned information is correct and the child herein described has permission to engage in all activities in the program, except as noted. On behalf of myself and my child, I agree to release and hold harmless Historic Annapolis Inc., its regents, officers, employees, and agents from any and all liability for personal injury, death, property damage, or loss of any kind or nature whatsoever (whether caused by negligence or otherwise), arising directly or indirectly in connection with my child's participation in Historic Annapolis Inc.-sponsored activities, including any first aid, medical care, surgery, and hospitalization given or withheld from my child.

Parent/Guardian Signature

Date

XI. How did you hear about us? Please check all that apply.

Historic Annapolis Website

School Field Trip

Camp Fair

Print Advertisement: _____

Other Website: _____

Other: _____

Camper's Name: _____

XII. Fee Schedule

Camp Sessions:

\$310 per child per session for Non-Members

\$290 per child per session for HA Members

\$270 per child per session for Family Circle Members

If using member discount, full name under which membership was purchased: _____

Before and After Care:

Before Care 8am – 9am \$5 per child per 30 minutes

After Care 4pm – 5:30pm \$5 per child per 30 minutes

Do you plan to utilize Before and/or After Care? Please Circle: Yes / No

- I understand that I am responsible for all fees incurred by enrolling my child in *Mysteries of History* Summer Camp and by using HA's Before and/or After Care.
- To register my child, I am enclosing a \$50 per session non-refundable deposit (payable to Historic Annapolis, write "Summer Camp Session X" in the memo) OR I have made my non-refundable deposit online at www.annapolis.org
- I understand that the remaining balance of fees is due by credit card or check by **May 19, 2017**.
- I understand that **within seven days** prior to the beginning of the session the camper is registered to attend, there is no refund for illness, early withdrawal, late arrival, or no-show.
- I understand that a cancellation **more than seven days** before the session will result in a **75%** refund, **not** including the non-refundable deposit.
- I understand that a billing invoice will be sent to parents/guardians who utilize Before and/or After Care must be paid within 5 days of receipt.

Parent/Guardian Signature

Date

Camper's Name: _____

IS YOUR 2017 CAMP REGISTRATION FORM COMPLETE?

Did you:

- Sign in ALL places on this form requiring a parent/guardian signature?
- Enclose your \$50 per session non-refundable deposit or pay it online at www.annapolis.org?
- Enclose your camper's immunization record?
- Complete your camper's medication chart?
- Enclose a recent photo of your camper?

When complete, please return this form and all additional required documentation by email, fax, or snail mail, or drop off in person:

Email: Aliya Reich, aliya.reich@annapolis.org

Fax: 410-626-1030, Attn: Aliya Reich

Mail:

Aliya Reich, Public Programs Coordinator
Historic Annapolis
James Brice House
42 East Street
Annapolis, MD 21401

If you have any questions or concerns about this form or camp registration in general, please contact Aliya Reich, Public Programs Coordinator, at aliya.reich@annapolis.org or 410-990-4714.