



**WICOMICO COUNTY DEPARTMENT OF RECREATION & PARKS  
KIDS KLUB SUMMER ESCAPE  
Participant Registration Form**



# KIDS KLUB SUMMER ESCAPE (2008)

**Cost \$120.00**

**Age: 5-13**

**Early Registration Ends April 28<sup>th</sup> (\$110.00)**

**Camp Site (circle):**    **Westside**                      **Fruitland**                      **Pinehurst**                      **Pittsville**

**PARTICIPANT INFORMATION**

Participant's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Phone \_\_\_\_\_

Would like to receive email updates on future activities from Wicomico County Recreation and Parks. Yes or No

Father/Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Phone \_\_\_\_\_

Would like to receive email updates on future activities from Wicomico County Recreation and Parks. Yes or No

Marital Status of Parents     Single     Married     Separated     Divorced  
 If Separated/Divorced, which parent has custody? \_\_\_\_\_  
 Is there a problem with either parent visiting, talking with or picking up participant?  
 No     Yes    If yes, explain \_\_\_\_\_

Your child will be released only to the following in addition to the parent/guardian:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Relationship \_\_\_\_\_

Emergency Information: Person(s) other than parent (include a relative in the area who may be

notified of an emergency).

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

### ELIGIBILITY FOR SUMMER CAMP

The Wicomico County Recreation and Parks is required to make reasonable accommodations for all participants in this program. The next few questions are asked to make sure your child has found a summer camp that matches his or her needs and provides a safe and suitable environment. We do not provide additional staff or resources for individual needs.

Can your child participate in all activities?       No       Yes

Does your child need any special accommodations?       No       Yes

If yes, please explain \_\_\_\_\_

Please check any of the following that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hearing Aid                          | <input type="checkbox"/> Uses Sign Language                          | <input type="checkbox"/> Needs Assistance w/Walking  |
| <input type="checkbox"/> Wears Braces                         | <input type="checkbox"/> Use Crutches/Walker                         | <input type="checkbox"/> Needs Assistance w/toiletry |
| <input type="checkbox"/> Wears Diapers                        | <input type="checkbox"/> Has Speech Impediment                       | <input type="checkbox"/> Needs Help Dressing         |
| <input type="checkbox"/> Speaks little English                | <input type="checkbox"/> Menstruates                                 | <input type="checkbox"/> Needs Help with Feeding     |
| <input type="checkbox"/> Uses Wheelchair (manual or electric) | <input type="checkbox"/> Requires Additional Adult Support in School |  |

Is your child on medication?       No       Yes

If Yes, what type? \_\_\_\_\_

When given? \_\_\_\_\_ Who administers? \_\_\_\_\_

*\*Our staff cannot administer medication. We are only permitted to supervisor self-medication.*

Does your child have seizures?       No       Yes

If Yes, how often? \_\_\_\_\_ How severe? \_\_\_\_\_

Are there any significant medical problems that we need to be aware of?       No       Yes

If Yes, please explain \_\_\_\_\_

If your child is enrolled in a Special Education program, what is their Special Education Classification?

Do you have any additional comments that would help us to know or assist your child?

**\*\*Please check with the Program Director of the Kids Klub Summer Escape if you have questions about any of the above questions in this section. 410-548-4900 x 109.**

### ADDITIONAL INFORMATION

Does your child have any allergies or diet restrictions?  Yes  No  
If yes, explain \_\_\_\_\_

Does your child have specific fears?  Yes  No  
If yes, explain \_\_\_\_\_

What are your child's favorite indoor/outdoor activities? \_\_\_\_\_  
\_\_\_\_\_

May we have permission to use photographs of your child for camp publicity purposes?  
 Yes  No

Do you have any special skills or talents that you would like to share with the children as a special guest at our program (Firefighter, Artist, Musician etc.) \_\_\_\_\_

Is your child exempt from immunizations for religious or medical reasons  No  Yes  
If yes, please explain \_\_\_\_\_

Date of participant's last tetanus immunization? (MM/DD/YY) \_\_\_\_\_

What school does your child attend in Wicomico County or other county? \_\_\_\_\_  
\_\_\_\_\_

Please indicate your child's t-shirt size \_\_\_\_\_ youth M \_\_\_\_\_ youth L \_\_\_\_\_ adult S  
\_\_\_\_\_ adult M \_\_\_\_\_ adult L \_\_\_\_\_ adult XL

**\*\*Shirt sizes run small\*\***

## WICOMICO COUNTY DEPARTMENT OF RECREATION & PARKS KIDS KLUB SUMMER ESCAPE WAIVERS & CONSENT FORMS

### EMERGENCY CARE CONSENT FORM

In case of illness or accident while my child is under the care and supervision of the Summer Day Camp Program, I the undersigned, hereby consent to the Wicomico County Department of Recreation and Parks authorized staff to provide emergency first aid and/or administer emergency care and/or treatment through a clinic, a doctor and/or hospital should they feel it is advisable or necessary. I also agree to pay all of the cost and fees contingent upon an emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as the participant is registered in the Summer Day Camp Program.

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address of Physician **(must have complete address with street number)**

Hospital Preference \_\_\_\_\_

My child's medical records are located at \_\_\_\_\_

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

\_\_\_\_\_  
Date

### PERMISSION FOR TRIPS, EXCURSIONS AND USE OF PUBLIC PARKS AND FACILITIES

I hereby given consent to the W/C Department of Recreation & Parks Summer Day Camp to take

\_\_\_\_\_  
**(Child's Name)**

on walking or transported field trips to places of interest, including public parks, with such understanding that such trips are under the supervision of authorized Summer Day Camp personnel and that all possible precautions are taken to ensure the health and safety of my child.

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

\_\_\_\_\_  
Date

**PERMISSION TO APPLY SUNBLOCK**

I give the leader/director of the same sex permission to apply sunblock to my son/daughter when requested by the parent/guardian.

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

\_\_\_\_\_  
Date

**\*\*It is your child's responsibility to seek out a counselor to apply sunblock. \*\***

**HOW DID YOU HEAR ABOUT KIDS KLUB SUMMER ESCAPE**

(Check all that apply)

\_\_\_ Banner at school site

\_\_\_ Yard Sign

\_\_\_ Brochure in Mail

\_\_\_ School PTA

\_\_\_ Brochure at School

\_\_\_ Shorebirds Camp Expo

\_\_\_ PAC 14

\_\_\_ Word of Mouth

\_\_\_ Previously Attended

\_\_\_ Kids Klub After School Prog.

\_\_\_ Kids Klub Website

\_\_\_ Other \_\_\_\_\_

**WAVIER**

The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program, that no insurance covering accident or injury has been provided for participants, and that arrangements for any such insurance would have to be made individually by the undersigned.

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

\_\_\_\_\_  
Date