



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



KIDS KLUB SUMMER ESCAPE (2010)

Cost \$105.00

Age: 5-13

Time: 7:00AM - 5:30PM

Location (circle): **Fruitland** **North Salisbury** **Pittsville** **Westside**

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 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)

- | | | |
|---|---|---|
| <input type="checkbox"/> Banner at school site | <input type="checkbox"/> Yard Sign | <input type="checkbox"/> Brochure in Mail |
| <input type="checkbox"/> School Office | <input type="checkbox"/> Brochure at School | <input type="checkbox"/> Shorebirds Camp Expo |
| <input type="checkbox"/> School PTA | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Previously Attended |
| <input type="checkbox"/> Kids Klub After School Prog. | <input type="checkbox"/> Kids Klub Website | <input type="checkbox"/> Other _____ |

WAVIER

I further agree that the medical information given above is correct. 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, that arrangements for any such insurance would have to be made individually by the undersigned, and that at no time will my participation in a program be contingent on divulging **any** confidential medical information.

Parent/Guardian Signature

Date