

# TR Tot Camp 2019 Registration Form

Activity #: 574990 A (HEB)

Activity #: 574991 A (SCC)

## **PARTICIPANT INFORMATION:**

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

Diagnosed Disability \_\_\_\_\_

Medical Condition (Allergies, Seizures, Asthma, etc) \_\_\_\_\_

Further Information (Warning Signs/Duration) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Date of last tetanus immunization (Month/Year format) \_\_\_\_\_

Is camper missing any immunization because of medical contraindication or exemption by religious belief? Yes \_\_\_\_\_ No \_\_\_\_\_

## **FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

PRIMARY contact name and number for this camper \_\_\_\_\_

## **EMERGENCY CARE INFORMATION**

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

## **LIST TWO (2) EMERGENCY CONTACTS**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Please give the names of any individuals authorized to pick up your camper other than yourself and please be aware that our staff is required to ask to see ID for verification.

1. \_\_\_\_\_

2. \_\_\_\_\_

# CAMPER INFORMATION FORM

## COMMUNICATION

Campers Primary Means of Communication	Please Mark Appropriate Response	Comments
Speech is clear/talks in complete sentences		
Uses short or one word phrases		
Uses sign Language/gestures		
Uses PECS		
Nonverbal		

## MOBILITY

Campers Mobility	Please Mark Appropriate Response	Comments
Walks unassisted		
Walks with assistance		
Uses a wheelchair		
If uses w/c can camper independently transfer?      Yes _____ No _____		

## ACTIVITIES OF DAILY LIVING

Please Mark Response	Independent	Requires Some Assistance	Requires Full Assistance	Comments
Eating				
Are there any Dietary Restrictions?		Yes _____	No _____	
Dressing/Undressing				
Toileting				

## BEHAVIORS

Does Camper Exhibit Behaviors Below?	Please Mark Response	Comments
Withdrawn/Shy/Easily Discouraged		
Hyperactive		
Short Attention Span/Easily Distracted		
Runs Away		
Bites/Scratches/Hits/Kicks		
Harms Self		
Displays Strong Fears (Explain)		

Please name some motivators for your camper? \_\_\_\_\_

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Please give a brief description of behavior management and methods used at home/school/daycare so our staff may be consistent in behavior management techniques for your camper \_\_\_\_\_

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**All Provided Information is Confidential and will**  
**Only be shared with Recreation Staff**

# **PARENTAL AGREEMENT**

Parent/Guardian is to read and sign agreement. If not, the application will not be processed!

- In case of an emergency Calvert County Parks and Recreation (CCPR) staff may authorize the physician of choice to provide emergency care if parent/guardian cannot be contacted immediately.

INITIAL \_\_\_\_\_

- I do hereby release and hold harmless CCPR and its duly appointed employees from all claims and damages due to personal injury to the child.

INITIAL \_\_\_\_\_

- CCPR will notify me, should my child become ill or uncontrollable and I will be responsible for picking up my child immediately upon notification.

INITIAL \_\_\_\_\_

- I understand my child may not be accepted or may be released at any time from CCPR programs, if it is determined the child lessened the health, safety, welfare or enjoyment of him/herself or other participants.

INITIAL \_\_\_\_\_

- CCPR has permission to take photographic images of my child while in attendance at the facility & functions. Images will be used for publicity purposes.

INITIAL \_\_\_\_\_

- I give permission for my child's teacher/instructor to release information to CCPR concerning behavior management plans and all other information that may be related to providing a positive experience while attending the program.

INITIAL \_\_\_\_\_

- I realize I am responsible for picking-up my child or having an authorized person on the list to pick-up my child each day. I realize the manual outlines the pick-up policy that includes signing-out procedures, and being on time. If I am not on time, I realize there will be a late fee DUE before my child will be able to return to camp.

INITIAL \_\_\_\_\_

- If I have any questions, I realize I can reach the Therapeutic Services with Calvert County Parks and Recreation either by phone at (410) 535-1600 ext. 8204 or ext. 8205 or via email at [Joy.Weir@calvertcountymd.gov](mailto:Joy.Weir@calvertcountymd.gov) or [Emily.Sullivan@Calvertcountymd.gov](mailto:Emily.Sullivan@Calvertcountymd.gov)

INITIAL \_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Completing Form \_\_\_\_\_

Signature \_\_\_\_\_