

**2019 Therapeutic Recreation Summer Camp Registration Form**

- Camp Calvert                       TR Aquatic Camp  
 TR Adventure Camp             TR Nature Camp  
 Varsity Crew Add On         Inclusion Camp    A     B

**PARTICIPANT INFORMATION**

Camper's Name \_\_\_\_\_  
 Age \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Diagnosed Disability \_\_\_\_\_  
 Medical Conditions (Allergies, Seizures, Asthma, Etc) \_\_\_\_\_  
 Further Information (Warning Signs/Duration) \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
 Date of last tetanus immunization: (Month/Year format) \_\_\_\_\_  
 Is camper missing any immunization because of medical contraindication or exemption by religious belief? \_\_\_\_\_

**\*\*\* T-Shirt Size** (specify youth or adult) \_\_\_\_\_  
**Registration must be received by May 17, 2019 to guarantee correct t-shirt size.**

**FAMILY INFORMATION**

Father's Name _____	Mother's Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Phone # _____	Phone # _____
Work # _____ Cell # _____	Work # _____ Cell # _____
Email _____	Email _____

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

**GROUP HOME INFORMATION (if applicable)**

Group Home \_\_\_\_\_ Manager \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACTS & AUTHORIZED PERSONS FOR PICK UP** (must be someone other than parent or guardian)

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

# CAMPER INFORMATION

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

Primary 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/IPAD/AAC		
Nonverbal		

Mobility	Please mark appropriate response	Comments
Walks unassisted		
Walks with assistance		
Uses a wheelchair		
If uses w/c can camper independently transfer? Yes ___ No ___		
Uses Stroller on Field Trips		

Exhibited Behaviors	Please mark appropriate response	Comments
Withdrawn/Shy/ Easily Discouraged		
Hyperactive		
Short Attention Span/Easily Distracted		
Runs Away		
Bites/Scratches/Hits/Kicks		
Harms Self		
Does NOT tolerate Loud Noises		
Displays Strong Fears (Explain)		
<u>Please describe methods of behavior management used in school or at home that may be used by staff.</u>		
Is there a behavior plan in place? Yes ___ NO ___ If so please attach a copy		

Safety Knowledge	Please mark appropriate response	Comments
Will Stay with Group		
Communicates Name & Phone #		
Responsible for Own Belongings		
Recognizes Danger		
Manages own Money		
Will Properly Wear Trip Wristbands		
Swimming ability		
If not please provide adaptive equipment (Life-jackets, etc.)		

Activities of Daily Living	Independent	Requires Some Assistance	Requires Full Assistance	Comments
Eating				
Are there any Dietary Restrictions? Yes ___ No ___				
Dressing/Undressing				
Toileting				

<b>Recreation and Socialization</b>	Please mark appropriate response	Comments
Prefers to be alone		
Enjoys being with a group		
Prefers being with a small group		
Interacts well with Peers		
Follows Directions Well		
Requires Verbal Prompts		
Requires Hand Over Hand Assistance		
Does well with a Peer Buddy		
Does well with Modeling/Demonstrations		

**Please mark any sport, recreational, or leisure interests.**

<u><b>Sports</b></u>	<u><b>Recreation Activities</b></u>	<u><b>Leisure</b></u>
<input type="checkbox"/> Baseball	<input type="checkbox"/> Bicycling	<input type="checkbox"/> Animals
<input type="checkbox"/> Basketball	<input type="checkbox"/> Bird Watching	<input type="checkbox"/> Arts and Crafts
<input type="checkbox"/> Bocce	<input type="checkbox"/> Boating	<input type="checkbox"/> Card Games
<input type="checkbox"/> Bowling	<input type="checkbox"/> Camping	<input type="checkbox"/> Chess/Checkers
<input type="checkbox"/> Football	<input type="checkbox"/> Fishing	<input type="checkbox"/> Cooking Sewing
<input type="checkbox"/> Golfing	<input type="checkbox"/> Fossil Hunting	<input type="checkbox"/> Dance
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Frisbee	<input type="checkbox"/> Drama
<input type="checkbox"/> Hockey	<input type="checkbox"/> Gardening	<input type="checkbox"/> Horseshoes
<input type="checkbox"/> Ping Pong	<input type="checkbox"/> Hiking	<input type="checkbox"/> Movies
<input type="checkbox"/> Soccer	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Music
<input type="checkbox"/> Softball	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Reading
<input type="checkbox"/> Tennis	<input type="checkbox"/> Mountain/Rock Climbing	<input type="checkbox"/> Singing
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Nature Programs	<input type="checkbox"/> Spectator Activities
	<input type="checkbox"/> Rollerblading	<input type="checkbox"/> Video Games
	<input type="checkbox"/> Scuba/Snorkeling	<input type="checkbox"/> Weight Lifting
	<input type="checkbox"/> Swimming	<input type="checkbox"/> Yoga
	<input type="checkbox"/> White Water Rafting	
	<input type="checkbox"/> Winter/Water Skiing	

**TRANSPORTATION**

Does camper need Transportation? Yes      No

What area of the county do you live in? (Please circle one) Northern      Central      Southern

If camper uses a wheelchair can he/she ride in a vehicle without it? Yes      No

Does camper require a harness during transportation? Yes      No

Camper's School (2018-2019) \_\_\_\_\_ Teacher \_\_\_\_\_

# **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 & 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 it's 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 \_\_\_\_\_
- Permission is granted for the camper to ride Camp Contracted Buses to, from, and during camp. 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 Camp Calvert. INITIAL \_\_\_\_\_
- **I am aware of the mandatory parent orientation to be held at Calvert Country School. I am aware that if I cannot attend I will send a representative for my family to collect the important information and I am aware that my child is not able to attend camp if no representation from my family is present.** 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 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 \_\_\_\_\_ PRINT Signature \_\_\_\_\_ SIGNATURE

# CAMPER AUTOBIOGRAPHY

(to be filled out by camper if possible)

Place picture here



Hi, my name is \_\_\_\_\_

I am \_\_\_\_\_ years old

My birthday is \_\_\_\_\_

I have been diagnosed with \_\_\_\_\_

I attend \_\_\_\_\_ School and my teacher is \_\_\_\_\_

My favorite hobbies/recreational activities are \_\_\_\_\_

My least favorite activities are \_\_\_\_\_

I am allergic to \_\_\_\_\_

My favorite snacks are \_\_\_\_\_

My least favorite snacks are \_\_\_\_\_

I become frustrated/angry when \_\_\_\_\_

When I am frustrated/angry, help me by \_\_\_\_\_

I am happy when \_\_\_\_\_

Other things you should know about me are \_\_\_\_\_

# Calvert County Division of Parks & Recreation

## MEDICATION RELEASE FORM

**Parent/Legal Guardian:** Please complete and sign if the camper requires medication during camp hours.

I, \_\_\_\_\_, the parent/guardian of

\_\_\_\_\_ Hereby request that identified members of the camp staff be caretakers of medication and administrators of prescribed medication for the camper named above and as prescribed by my physician \_\_\_\_\_.

Physician's Name

I understand that members of the camp staff will be instructed to take any medication from the camper upon arrival at the camp and secure it in a safe location.

I understand that at a prescribed time, a staff member will retrieve the medication and hand it to the camper in the container. The staff member will then watch the camper take the medication.

I also understand that the staff who will administer this medication are medically untrained. I hereby state, without reservation that I will not hold the Calvert Country Division of Parks and Recreation, or any of their employees and volunteers liable for any harm or injury which may be incurred by the camper in connection with this medical assistance, or damage/loss of medical equipment.

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

\_\_\_\_\_  
Date

**PLEASE NOTE THAT APPENDIX A HAS TWO PARTS AND BOTH PARTS MUST BE SUBMITTED PRIOR TO MEDICATION ADMINISTRATION**

# Calvert County Division of Parks & Recreation

## Authorization for Prescription Medication

Does camper require medication during camp hours? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **YES**, camper's physician **MUST** complete the following:

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

### PRESCRIPTION 1

Condition \_\_\_\_\_

Medication \_\_\_\_\_

Dosage/Schedule \_\_\_\_\_

Special Instructions \_\_\_\_\_

Side Effects/Toxic Effects \_\_\_\_\_

### PRESCRIPTION 2

Condition \_\_\_\_\_

Medication \_\_\_\_\_

Dosage/Schedule \_\_\_\_\_

Special Instructions \_\_\_\_\_

Side Effects/Toxic Effects \_\_\_\_\_

Date of Order: \_\_\_\_\_ Duration of Order: \_\_\_\_\_

(if duration is less than current camp program, renewal of order may be necessary)

I hereby authorize the camp staff to dispense these medications as prescribed.

Physician Completing Form \_\_\_\_\_ Signature \_\_\_\_\_

PRINT

SIGNATURE