

Camp Calvert 2008 Registration Form

Patuxent PALS Activity # 573990 A

(Must register in person at the Parks and Recreation Main Office)

PARTICIPANT INFORMATION

Camper's Name _____
Diagnosed Disability _____
Medical Conditions (Allergies, Seizures, Asthma, Etc) _____
Further Information (Warning Signs/Duration) _____
Age _____ Birthdate ____ / ____ / ____ Gender _____ Height _____ Weight _____
*** T-Shirt Size (please circle one) Youth L Adult S Adult M Adult L Adult XL Adult XXL

FAMILY INFORMATION

Father's Name _____ Mother's Name _____
Address _____ Address _____
City _____ Zip _____ City _____ Zip _____
Phone # _____ Phone # _____
Employer _____ Employer _____
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 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. _____

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 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 ___
Uses Stroller on Field Trips		

Activities of Daily Living

Please mark appropriate response	Independant	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 appropriate response	Comments
Withdrawn/Shy/ Easily Discouraged		
Hyperactive		
Short Attention Span/Easily Distracted		
Runs Away		
Bites/Scratches/Hits/Kicks		
Harms Self		
Displays Strong Fears (Explain)		
<u>Please name some Motivators for your Camper?</u>		
Is there a behavior plan in place? Yes ___ NO ___ If so please attach a copy		

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

Camper's School (2007-2008) _____ Teacher _____

Safety

Campers Knowledge of Safety	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		
Swims Independently		
If not please provide adaptive equipment (Life-jackets, etc.)		

Recreation

Camper enjoys the following: Please Check All that Apply						
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Games	<input type="checkbox"/>	Trips	Sports
<input type="checkbox"/>	Boating	<input type="checkbox"/>	Arts and Crafts	<input type="checkbox"/>	Music	Other
<u>Comments:</u>						

Best Method of Assistance

Please Check All that Apply						
<input type="checkbox"/>	Follows Directions Well	<input type="checkbox"/>	Verbal Prompts	<input type="checkbox"/>	Peer Buddy	Hand Over Hand
<input type="checkbox"/>	Modeling/Demonstrations	<input type="checkbox"/>	Physical Prompts	<input type="checkbox"/>	Equipment/Adaptations	Other
<u>Comments:</u>						

Socialization

Please Check All that Apply					
<input type="checkbox"/>	Interacts with Peers	<input type="checkbox"/>	Does not interact with Adults	<input type="checkbox"/>	Prefers to be Alone
<input type="checkbox"/>	Does not interact with Peers	<input type="checkbox"/>	Enjoys being with a Group	<input type="checkbox"/>	Tolerant of Loud Noises
<input type="checkbox"/>	Interacts well with Adults	<input type="checkbox"/>	Prefers Small Groups	<input type="checkbox"/>	Does Not Tolerate Loud Noises
<u>Comments:</u>					

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 & 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 Calvert vehicles 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 on July 2nd at Calvert County 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 or (301) 855-1243 ext. 2542 or ext. 2675 or via email at trservices@co.cal.md.us. INITIAL _____

Child's Name _____ Date _____

Parent Completing Form _____ Signature _____
PRINT SIGNATURE

CAMPER AUTOBIOGRAPHY

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 he 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